



A.C.E.

Accessibility Compliance Enforcement RESERVE UNIT APPLICATION

Name:		Social Security Number:	
Present Address:		Driver's License Number:	
City:		State:	Zip Code:
Home Telephone Number:		Work Telephone Number:	
E-mail Address:		Date of Birth:	

- Requirements for the position of A.C.E. Reserve Unit Officer:**
- Minimum age 25 years
 - Willing to work 60 hours per year
 - Submit to an interview
 - All applicants must pass a background check
 - Must possess a valid MI Drivers License

Training: Please check if you have been trained in any of the following areas:

<input type="checkbox"/> First Aid	<input type="checkbox"/> Report Writing
<input type="checkbox"/> Radio Communications	<input type="checkbox"/> State Law
<input type="checkbox"/> Courtroom Testimony	<input type="checkbox"/> Citation Writing
<input type="checkbox"/> CPR	

Wages:	This is a volunteer position. There is no pay for your services.
Equipment:	You must provide your own uniform. Shirt, pants, shoes and hats. Program participants will not be allowed to carry weapons while volunteering.
Participation:	All unit members are required to perform a minimum of 60 hours of service per year.
Training Requirements:	A minimum of 8 hours of training is required. This training will be provided by the Sheriff's Office.
Membership Meetings:	Regular membership meeting attendance may be required.

Physical Requirements:	Physical condition must be adequate to perform the function of a member of the A.C.E. Unit.
Conduct & Bi-laws:	The Macomb County Reserve Program is governed by it's own by-laws and the Operations Manual of the Macomb County Sheriff's Office. You must comply with such regulations. Failure to do so may result in disciplinary action up to and including dismissal from the Reserve Program.
Probation:	One year probation. During this time, you are required to successfully complete all training and work assignments.
Background Investigation:	<p>A background investigation will be conducted with the acceptance of this application. You will be required to submit signed waivers so that references can be contacted.</p> <p>1. Do you understand that you will only have the authority to issue parking violation citations and no other police authority? <input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p>2. Have you ever been arrested? <input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p>3. Have you ever been issued a traffic violation or marine citation? <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>
If you answered yes to question 2 or 3 above, please indicate the arresting/citing department, the arrest/violation charge and the disposition of the case:	

Employment History (Current or Previous)	
Company Name:	Current/Previous Position:

Address:	Phone Number:	
	()	
City:	State:	Zip Code:

Please list your regular work schedule:

Family History:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	Dependents #

Please write a short narrative about yourself and your reason for applying to this unit:

REFERENCES:

List three personal references

1	Name:	Home Phone:
		()
	Address:	Cell Phone:
		()
	City, State & Zip Code:	Work Phone:
		()

2	Name:	Home Phone:
		()
	Address:	Cell Phone:
		()
	City, State & Zip Code:	Work Phone:
		()

3	Name:	Home Phone:
		()
	Address:	Cell Phone:
		()
	City, State & Zip Code:	Work Phone:
		()

I, the undersigned applicant, do hereby make application for membership in the Macomb County Sheriff's Office Reserve Division, A.C.E. Unit. I authorize the Macomb County Sheriff's Office to make inquiries and to conduct a background investigation on myself. This will serve to waive any and all rights that I might have under the 1974 Privacy Act, 5 USC 552 A and any claim I might have had under Michigan law on the basis of invasion of privacy.

I further certify that I can and will upon request substantiate all statements and information provided by me on this application and that all statements are complete and correct to the best of my knowledge.

I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of membership.

Applicant's Signature

Witness Signature Date

Date

Witness Name (Please Print)

PLEASE SIGN AND RETURN YOUR COMPLETED APPLICATION TO:

CAPTAIN WALTER ZIMNY
C/O MACOMB COUNTY SHERIFF'S OFFICE
43565 ELIZABETH ROAD
MT. CLEMENS, MI 48043