



BERRIEN COUNTY SHERIFF'S OFFICE

919 PORT STREET, ST. JOSEPH, MICHIGAN 49085-1184
PHONE: (269) 983-7111 • FAX: (269) 983-9956
WWW.BCSHERIFF.ORG

L. PAUL BAILEY
SHERIFF
CHARLES E. HEIT
UNDERSHERIFF
ROBERT E. BOYCE
CHIEF DEPUTY

BERRIEN COUNTY RESERVE/MOUNTED DEPUTY APPLICATION INFORMATION

POSITION

The Reserve/Mounted Deputy is assigned to supplement and assist the Berrien County Sheriff's Office at times when additional personnel are needed, over and above available regularly employed police officers. It is a voluntary position serving the Berrien County area without compensation.

Applicants are required to attend the Reserve Academy. Upon completion of the training period, the Deputy is assigned to the Reserve/Mounted Division which meets once a month. The Reserve/Mounted Deputy primarily assists in road patrol duties. However, assistance may be required in other areas such as Parades, the Berrien County Youth Fair, second officer in a patrol unit, to work special events or during emergency situations.

The Reserve/Mounted Deputy may not wear a weapon except when "on duty".

MINIMUM REQUIREMENTS

The requirements for Reserve/Mounted Division are basically the same as those for a regular deputy. Mounted Deputies are required to own their own horse.

GENERAL

United States citizenship and a loyalty oath are required. Applicant must be a resident of Berrien County. Employees of police regulated businesses are not eligible for membership in the Reserve Division.

AGE

Twenty-one years at the time of application.

LICENSE

Valid Michigan driver's license at the time of application.

EDUCATION

High school graduate or equivalent.

PHYSICAL

Uncorrected vision must be no less than 20/60 corrected to 20/20 with glasses or contact lenses. Must be free from any physical disability which would prevent the applicant's performance of the essential duties of the position.

POLICE AND MILITARY RECORD

Any of the following items would disqualify an applicant: conviction of a felony offense in civilian or military court, repeated or numerous convictions for minor offenses, conviction that would indicate a lack of character, judgment, or a discharge from military service under other than honorable conditions. Cases will be evaluated on an individual basis.

All appointees are subject to a thorough background investigation by the Berrien County Sheriff's Office, including a fingerprint check. False Statements are grounds for refusal or immediate dismissal.

Reserves are required to be of good character and reputation, maintain good poise, bearing, alertness, and emotional stability. They have the ability to speak well and be clearly understood, able to read and to interpret communications, write reports, and effect good working and public relations.

MEDICAL EXAMINATION

Successful candidates may be required to have a medical examination at their own expense prior to appointment if there is any doubt about their physical or mental ability to perform as a Reserve Deputy.

Reserve Division Applications may be dropped off or mailed to:

Lt. Steven Campbell
Reserve Division
Berrien County Sheriff's Office
919 Port St.
St. Joseph, MI. 49085

Mounted Division Applications may be dropped off or mailed to:

Lt. Ryan Sullivan
Mounted Division
Berrien County Sheriff's Office
919 Port St.
St. Joseph, MI. 49085



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TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Berrien County Sheriff's Department bearing this release to obtain information from your files or other source pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer.

This release is executed with the full knowledge and understanding that the information is for the official use of the Berrien County Sherriff's Department. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may result at any time to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below:

Full Name: _____
(Typed or Printed)

Current Address: _____

Soc Sec #: _____ - _____ - _____ Date of Birth: _____

Phone #: _____ Email: _____

Date This: _____ Day of: _____ In the Year: _____

Signature



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BERRIEN COUNTY RESERVE/MOUNTED DIVISION APPLICATION FOR EMPLOYMENT

(Application valid for one year from the date submitted)

Please type or print information legibly in ink. Answer the questions accurately and completely.

ANY FALSE STATEMENT WILL DISQUALIFY YOU FROM THIS POSITION.

FULL NAME: (First) _____ (Middle) _____ (Last) _____

LEGAL RESIDENCE: _____

CITY _____ STATE _____ ZIP _____

PHONE #: _____ Soc Sec #: _____ - _____ - _____

In case of emergency, contact: _____ Phone#: _____

Are you a citizen of the United States?: YES NO How long have you been a residence of this state? _____

MILITARY BACKGROUND: Enlisted Drafted Branch: _____

Entry Date: _____ Discharge Date: _____ Rank: _____

Type of Discharge: _____ Disciplinary Action (if any) _____

Member of Military Reserve Organization? YES NO

Date Enlistment Expires: _____ Rank: _____

HEALTH RECORD:

Do you have a disability that would prevent you from performing the essential duties of a Reserve/Mounted Deputy?

YES NO

If YES, please list disability(ies) _____

EDUCATION

Name of School	Location	(Check) Last Year Completed	Major Studies	Name of Degree or Certificate
Elementary				
High School		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
College OR Technical		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		If no degree, # credits earned
Miscellaneous				

Name(s) of any clubs, societies and other similar organizations of which you are a member (other than religious/ethnic)

EMPLOYMENT:

Start with the present or most recent and work backward for ten years. Include any part time or Temporary employment. Add as many separate sheets as necessary.

1. Employer, Address, Phone #	Position Title	From ____/____/____ month / year
	Reason for Leaving	To ____/____/____
Description of Duties	Supervisor's Name	Salary: Starting \$ _____ Ending \$ _____
2. Employer, Address, Phone #	Position Title	From ____/____/____ month / year
	Reason for Leaving	To ____/____/____
Description of Duties	Supervisor's Name	Salary: Starting \$ _____ Ending \$ _____
3. Employer, Address, Phone #	Position Title	From ____/____/____ month / year
	Reason for Leaving	To ____/____/____
Description of Duties	Supervisor's Name	Salary: Starting \$ _____ Ending \$ _____
4. Employer, Address, Phone #	Position Title	From ____/____/____ month / year
	Reason for Leaving	To ____/____/____
Description of Duties	Supervisor's Name	Salary: Starting \$ _____ Ending \$ _____

ARREST RECORD:

Have you ever been arrested? YES NO IF YES: Felony Misdemeanor

Have you ever had contact with any police agency as a juvenile offender? YES NO

If YES, give circumstances, date, location, crime: _____

Have you ever been a defendant in a court action? YES NO

If YES, give circumstances, date, location, crime: _____

PERSONAL REFERENCES:

Give **five** personal references (not relatives, former employers, fellow employees, or school teachers) who are householders or property owners, business or professional men or women of good standing in the community, and who have known you for more than five years.

Name, Address, Phone#	Relationship/ Acquaintance	Years Acquainted	Business/Work Name/Address

List names of any relatives now employed by the County of Berrien with the type of relationship:

As Auxiliary police work is often of an emergency nature, is their anytime when you wouldn't be immediately available for emergency duty? YES NO

Could you be called to emergency duty from your present employment? YES NO

Would you be willing to study on your own time? YES NO

When would you be you be available for class room instruction? _____

Please provide the following information which is necessary to perform a criminal history background investigation. This information will ONLY be used for this purpose.

Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Other names used by you, which are necessary to find criminal history:

NOTICE:

Any false statement, evasion, or deception in answering the above questions will be considered sufficient grounds for rejection or dismissal from the department.

SIGNATURE OF APPLICANT

DATE OF SIGNATURE

