



Civil Service Commission

Macomb County Sheriff Department
40 North Main Street
Mount Clemens, MI 48043

Commissioners

Robert Stanley
Diane McGee
William A. Froberg

Carmella Sabaugh
Macomb County Clerk

Civil Service Applicant:

Thank you for your interest in employment with the Macomb County Sheriff Department. This Civil Service Application Packet includes:

- Requirement Form
- Application
- Waiver
- MCOLES Qualifications
- Pre-Employment Drug Screening Policy

You must have a completed/signed application on file with the Civil Service Commission in order to be considered for employment. Upon submission of your application, you must provide all necessary documents listed on the attached **REQUIREMENT FORM**. Your application will not be accepted or considered active without this documentation. ***NOTE: Applications returned via e-mail or fax will not be accepted. The application must be submitted in person.*** Once your application is approved, it will remain on file for two (2) years.

To apply for a clerical position with the Macomb County Sheriff Department, the applicant must apply through the Macomb County Human Resources Department located at 10 North Main Street, 4th Floor, Mount Clemens, MI 48043. To make an appointment for a general clerical and/or typing test, call the Human Resources Department at (586) 469-5280.

If you have any questions, feel free to contact the Civil Service Commission at (586) 783-8142.



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CIVIL SERVICE COMMISSION - REQUIREMENT FORM

NO APPLICATION WILL BE ACCEPTED IF THE PERSON APPLYING IS LESS THAN 18 YEARS OF AGE AND HAS BEEN A RESIDENT OF THE STATE FOR A PERIOD OF LESS THAN ONE (1) YEAR PRIOR TO HIS/HER APPLICATION FOR ANY POSITION IN THE DEPARTMENT, PURSUANT P.A. 1966 NO.298 51.360 SEC.10(c).

COMPLETED APPLICATION MUST BE RETURNED IN PERSON AND MUST INCLUDE THE FOLLOWING

1. **LETTER OF INTEREST:** Include position desired & relevant qualifications.(MANDATORY)
2. **RESUME:** (MANDATORY)
3. **COMPLETE APPLICATION:** Specify desired positions. (MANDATORY)
4. **HIGH SCHOOL DIPLOMA or GED CERTIFICATE:**
5. **HIGH SCHOOL TRANSCRIPT:** Must have graduation date on transcript. (MANDATORY)
6. **MCOLES:** Original test results for Written and Physical Agility Test. (MANDATORY)
(Correction Officer applicants only).
7. **MILITARY DISCHARGE:** Form DD214; MUST be Honorable. (MANDATORY, IF VETERAN)
8. **WAIVER:** One person must witness your signature. (MANDATORY)
9. **SELECTIVE SERVICE NUMBER:** Male applicants born after 1960 MUST have a Selective Service number. Call (888) 655-1825 or go online at <http://www.sss.gov>. (MANDATORY)
10. **REQUIREMENT FORM:** (Oath on back to be signed in front of clerk). (MANDATORY)
11. **College Transcripts:** (OPTIONAL, BUT PREFERRED)
12. **Additional certificates, degrees, diplomas, etc.** (OPTIONAL, BUT PREFERRED)

***** INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED *****

*****THE CIVIL SERVICE COMMISSION RESERVES THE RIGHT UNDER P.A. 298 TO REQUIRE
ADDITIONAL WRITTEN, ORAL AND/OR PHYSICAL TESTING*****

CORRECTION OFFICER QUALIFICATIONS:

- Possess High School Diploma or GED Certificate.
- Passing Scores on Michigan Commission on Law Enforcement Standards (MCOLES) Physical Agility and Written Test. **TO REGISTER FOR TESTING, CALL (586) 498-4060.**
- Pass a drug screen, physical examination and psychological evaluation.
- United States citizenship.

DISPATCHER / DISPATCH LEADER / DISPATCH SUPERVISOR QUALIFICATIONS:

- Possess High School Diploma or GED Certificate.
- Pass typing test with a minimum of 25 wpm.
- Pass Ergometrics Dispatcher Video test with a minimum of 70%.
- Pass a drug screen, physical examination and psychological evaluation.
- United States citizenship.

DEPUTY SHERIFF QUALIFICATIONS:

- Eligibility for appointment to Deputy Sheriff is limited to current Dispatchers and Correction Officers with at least 3 months of service.
- Associates Degree or 60 credits from an accredited college as determined by the United States Department of Education. (<http://www.ed.gov>)
- Must submit current MCOLES physical agility scores. Passing MCOLES written scores must be on file with the Civil Service Commission.
- Must pass drug screen, physical examination and psychological evaluation before appointment.
- United States citizenship.

INFORMATION BELOW MUST BE SIGNED IN THE PRESENCE OF THE CLERK

- OATH:**
1. I do affirm that the information contained herein is true to the best of my knowledge.
 2. I have read the foregoing job requirements and I certify that I possess the minimum qualifications as outlined for the job(s) for which I applied.

Applicant's signature

Date

Deputy Clerk's signature

Date

CIVIL SERVICE COMMISSION

APPLICATION



MACOMB COUNTY SHERIFF

DEPARTMENT

Position(s) applied for:

- Correction Officer
- Dispatcher
- Dispatch Leader
- Dispatch Supervisor
- Mechanic

INSTRUCTIONS

Read each question carefully and ANSWER EACH QUESTION ACCURATELY. An applicant may be disqualified from further processing if he/she intentionally makes false statements of material fact, practice or attempt to practice, any deception or fraud in his/her application, examination and/or appointment. ALL ENTRIES MUST BE PROVIDED LEGIBLY WITH PEN AND INK. If the space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

PLEASE PRINT

PERSONAL DATA

1. Name _____
(Last) (First) (Middle)
2. Present Address _____
(Street number and name) (Apt. No.) (City) (State) (Zip Code)
3. How long have you been a resident of the State of Michigan? _____
4. Telephone Number (Home) _____ (Business) _____
5. Are you 18 years of age or older? Yes No
6. Are you a United States citizen? Yes No
7. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) Yes No
8. Social Security Number _____ Driver's License Number _____

FELONY CONVICTIONS

9. Have you ever been convicted of a felony? Yes No
 If yes, complete the following:

DATE	OFFENSE	PLACE	DISPOSITION

EDUCATION AND TRAINING

10. List all schools, colleges, and business schools in the order attended:

DID YOU GRADUATE		SCHOOL	DAY OR EVENING	ADDRESS	LAST GRADE OR TERM
YES	NO				

11. Did you graduate and receive a High School Diploma? Yes No
 If no, do you have a High School Equivalent Certificate? Yes No

If yes, who issued certificate? _____ Date Issued _____

12. If you attended college, what was your major _____ minor _____

What Degree, if any, was conferred? _____

13. Were you ever dismissed from a school or college, or was any other disciplinary action, including scholastic probation ever taken against you? Yes No

If yes, indicate below:

 (School or College) (Date) (Type of Action)

 (School or College) (Date) (Type of Action)

14. Have you had any training in law enforcement? Yes No

If yes, give details: _____

15. What foreign languages do you speak? _____

Read? _____ Write? _____

EMPLOYMENT

16. What is your present occupation? _____

17. Are you now involved in any business as an owner or partner (active or silent)? Yes No

If yes, give details: _____

18. Have you ever applied for employment with this department or any other police or fire department, or other government agency? Yes No

If yes, give details, position(s) sought, dates and agencies: _____

19. List below your complete work history, **STARTING WITH YOUR PRESENT POSITION AND WORKING BACKWARD**, to your first employment. List any period of unemployment. All of your time must be accounted for. Include all part-time employment.

NAME AND ADDRESS OF EMPLOYER	FROM	TO	BEGINNING SALARY	ENDING SALARY	TYPE OF WORK	REASON FOR LEAVING
	MO./YR.	MO./YR.				
NAME						
ADDRESS						
CITY, STATE						
TELEPHONE						

NAME AND ADDRESS OF EMPLOYER	FROM	TO	BEGINNING SALARY	ENDING SALARY	TYPE OF WORK	REASON FOR LEAVING
	MO./YR.	MO./YR.				
NAME						
ADDRESS						
CITY, STATE						
TELEPHONE						

NAME AND ADDRESS OF EMPLOYER	FROM	TO	BEGINNING SALARY	ENDING SALARY	TYPE OF WORK	REASON FOR LEAVING
	MO./YR.	MO./YR.				
NAME						
ADDRESS						
CITY, STATE						
TELEPHONE						

19. (Continued)

NAME AND ADDRESS OF EMPLOYER	FROM	TO	BEGINNING SALARY	ENDING SALARY	TYPE OF WORK	REASON FOR LEAVING
	MO./YR.	MO./YR.				
NAME						
ADDRESS						
CITY, STATE TELEPHONE						

NAME AND ADDRESS OF EMPLOYER	FROM	TO	BEGINNING SALARY	ENDING SALARY	TYPE OF WORK	REASON FOR LEAVING
	MO./YR.	MO./YR.				
NAME						
ADDRESS						
CITY, STATE TELEPHONE						

NAME AND ADDRESS OF EMPLOYER	FROM	TO	BEGINNING SALARY	ENDING SALARY	TYPE OF WORK	REASON FOR LEAVING
	MO./YR.	MO./YR.				
NAME						
ADDRESS						
CITY, STATE TELEPHONE						

ORGANIZATIONAL AFFILIATION

20. Were you ever or are you now a member of any civic, professional or social organization? (You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status) Yes No

FROM	TO	NAME OF ORGANIZATION	ADDRESS
MO./YR.	MO./YR.		

SELECTIVE SERVICE DATA

21. Are you registered with the Selective Service? Yes No
Selective Service Number _____

MILITARY SERVICE

22. Have you ever served on active duty in the Armed Services of the United States? Yes No
If yes, attach a copy of Discharge (DD214). **MUST BE HONORABLE.**
23. Are you now or have you ever been a member of any reserve or National Guard Organization?
Yes No
If yes, give details: _____
24. Are you required to attend military meetings? Yes No
If yes, check one: Weekly Semi-monthly Monthly Annual
If annual, how long of a period? _____
25. What is the terminal date of your reserve obligation? _____
(Month) (Day) (Year)
26. If you were enrolled in specialist schools while in the Armed Forces, specify the military school,
length of time attended, and type of study: _____
27. Have you ever served in a military organization of any foreign government? Yes No
If yes, give details: _____
28. List all commendations and citations awarded you as a member of the Armed Forces:

MISCELLANEOUS

29. Can you type? Yes No If yes, give words per minute: _____
30. Can you take shorthand? Yes No If yes, give words per minute: _____
31. Can you operate other office machines? Yes No If yes, list: _____
32. Do you have any class of radio operator's license? Yes No If yes, what class? _____
33. Do you currently use illicit drugs? Yes No If yes, give details: _____

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

PRE-EMPLOYMENT INVESTIGATION

I hereby authorize the County of Macomb to make such investigation and inquiries of the personal, previous employment, financial history and other related matters they deem necessary for consideration of my application of employment.

RELEASE OF PRIOR PERSONNEL RECORDS

I hereby release employers, schools or persons from all liability in responding to inquiries regarding my application.

MEDICAL AND PSYCHOLOGICAL EXAMINATION

I have been informed and understand that my employment is contingent upon my ability to perform the essential functions of the position which I have been offered as determined by a medical examination and a psychological evaluation and report. Medical exams will include drug screening.

FINGERPRINTING

I hereby consent to be fingerprinted and authorize the results of any search of fingerprint records to be released to the Employer.

PROBATIONARY PERIOD

I understand that all appointees must successfully complete a probationary period.

PROVIDING FALSE OR MISLEADING INFORMATION

In the event of employment, I understand that false or misleading information given in my application and/or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Employer.

DISABILITY ACCOMMODATION REQUEST

I understand that Michigan and/or federal law require employers to make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the Employer. I further understand that disabled employees and applicants may request an accommodation of their disability by notifying the Employer in writing of the need for accommodation within 182 days of the date the disabled person knows or should know that an accommodation is needed. Failure to properly notify the Employer will preclude any claim that the Employer failed to accommodate the individual with a disability.

Date

Signature of Applicant



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WAIVER

TO WHOM IT MAY CONCERN:

I hereby authorize the release of confidential information to any member of the Macomb County Sheriff Department to be used in conjunction with my application for employment with the Macomb County Sheriff Department. 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. A copy of this document may be relied upon as if it were an original.

PRINT NAME:	
STREET ADDRESS:	
CITY, STATE, ZIP:	
PHONE NUMBER: (INCLUDE AREA CODE)	
SIGNATURE:	
DATE SIGNED:	

Witness Signature: _____

Directions: Please have your signature witnessed by (1) one person.



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CORRECTION OFFICER QUALIFICATIONS

MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS
(MCOLES)

WRITTEN EXAM: Does not expire

PHYSICAL EXAM: Valid for six (6) months

Current Police Officers must get a letter from MCOLES verifying their certification. They must send a written request to:

MCOLES

Attn: Mr. Raymond Beach
7426 N. Canal Road
Lansing, MI 48913

CERTIFICATION WAIVED IF:

- 1) The person has previously completed the mandatory training requirements and less than one (1) year of police service, has voluntarily or involuntarily discontinued his work as a law enforcement officer, and is again employed within one (1) year after discontinuing work as a police officer.
- 2) The person has served more than one (1) year and less than five (5) years, has completed the mandatory training requirement, and takes employment with another police agency within 18 months of discontinued service.
- 3) The person has served five (5) years or more and takes employment with another police agency within two (2) years of discontinued service.

NOTE: Questions and concerns regarding issues of certification should be directed to Raymond Beach, Executive Director of MCOLES at (517) 322-1417. **To register for testing, please call (586) 498-4060.**



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Pre-Employment Drug Screening Policy

The County of Macomb has a vital interest in maintaining a safe, healthful and efficient working environment for its employees and to the public it serves. Being under the influence of a drug on the job may pose serious safety and health risks not only to the user but also to all those who work with the user and members of the public. The use of illegal or legal drugs in the workplace may also pose unacceptable risks for safe, healthful and efficient operations.

The County recognizes that its own health and future are dependent upon the physical and psychological health of its employees and members of the public. Accordingly, it is the right and obligation of the county to maintain pre-employment drug screening practices which are designed to prevent hiring individuals in the Sheriff Department who use illegal drugs or individuals whose use of legal drugs indicate a potential for impaired or unsafe job performance.

With these objectives in mind, the Macomb County Civil Service Commission has established the following Pre-Employment Drug Screening Policy:

1. All candidates for positions as new hires in the Sheriff Department shall be given notice at the time of application that he/she will have to submit to a drug screening test as part of the pre-employment physical examination and that he/she will be considered for hire only after they successfully pass the drug screening test(s). The applicant must sign a consent form for the drug screening.
2. The initial drug screening shall be done by analyzing a urine sample using the immunoassay technique. As part of the drug-screening test, the candidate shall provide information concerning all drugs or medications used within the previous thirty (30) days.
3. The urine samples of candidates shall be obtained during the pre-employment physical examination and shall be sent to an independent drug-testing laboratory.
4. Any candidate who fails the drug screening test (immunoassay) shall be notified of same by letter and shall have the right to request a further confirmatory test of the same sample using a gas chromatography/mass spectrometry technique. The request for further testing shall be made within ten (10) days of date the candidate is notified of his/her failure.
5. The cost of all testing shall be paid for by the Civil Service Commission. Any testing in addition to the initial immunoassay test shall only be conducted by the laboratory, which did the initial testing. No new sample may be submitted.
6. Refusal to submit to the drug screening shall disqualify a candidate from appointment by the Sheriff.
7. The Commission, Sheriff, and their staff and all medical personnel shall keep the results of said drug screening confidential. The results of said drug screening might be released to the candidates upon submission of a formal request for it. The Commission may release the results of the testing if required by court order or if the candidate should contest the results of the drug screening.