



L. Paul Bailey
SHERIFF

Charles E. Heit
UNDERSHERIFF

Samuel E. Harris
CHIEF DEPUTY

Office of the Sheriff

Berrien County

919 Port Street, St. Joseph, Michigan 49085-1184
Telephone (269) 983-7111 • Fax: (269) 983-3240

APPLICATION INFORMATION

BERRIEN COUNTY SHERIFF RESERVE DEPUTY

POSITION

The Reserve Deputy is assigned to supplement and assist the Berrien County Sheriff's Department 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 Division which meets once a month. The Reserve 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 Deputy may not wear a weapon except when "on duty".

MINIMUM REQUIREMENTS

The requirements for Reserve Division are basically the same as those for a regular deputy.

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 appointment.

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 back ground investigation by the Berrien County Sheriff's Department, including a fingerprint check. Prior to appointment, applicants must agree to a polygraph test. 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.

ACADEMY EMAMINATION:

Approved applicants are required to take a written test and appear before a three person oral board. Successful completion of both test and interview are required.

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.

Applications may be dropped off or mailed to:

Lt. Tim Ganus
Reserve Division
Berrien County Sheriff's Department
919 Port Street
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 ay 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 _____

Social Security Number _____

Date of Birth _____

Telephone Number _____

Date This _____ Day of _____ in the Year _____

(Signature)



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RESERVE DIVISION APPLICATION FOR EMPLOYMENT

(Application valid for one year from the date submitted)

Type or print information legibly in ink. Answer the questions accurately and completely.
ANY FALSE STATEMENT WILL DISQUALIFY YOU FROM THIS POSITION.

FULL NAME _____
Last First Middle

LEGAL RESIDENCE _____

City State Zip Telephone

Are you a citizen of the United States? Yes No

How long have you been a resident of this State _____ County _____

In case of an emergency, notify _____

Social Security Number _____

MILITARY BACKGROUND: Enlisted _____ Drafted _____ Branch _____

Entry Date _____ Discharge Date _____ Rank _____

Type of Discharge _____ Disciplinary Action _____

Member of Military Reserve Organization? Yes No

Date Enlistment Expires _____ Rank _____

EDUCATION:

	Name and Address of School	From	To	Diplomas Received
Elementary				
High School				
College or Technical				
Miscellaneous				

Give names of clubs, societies, and other similar organizations of which you are a member (other than religious or ethnic)

HEALTH RECORD:

Do you have a disability that would prevent you from performing the essential duties of a Reserve Deputy? Yes No

If so, please list the disability _____

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.

Name of Firm _____ Address _____

Date Employed _____ Date Released _____ Salary _____

Name(s) of your Supervisor(s) _____

Position: Type of Work _____

Reasons for Leaving _____

Name of Firm _____ Address _____

Date Employed _____ Date Released _____ Salary _____

Name(s) of your Supervisor(s) _____

Position: Type of Work _____

Reasons for Leaving _____

Name of Firm _____ Address _____

Date Employed _____ Date Released _____ Salary _____

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Name(s) of your Supervisor(s) _____

Position: Type of Work _____

Reasons for Leaving _____

Name of Firm _____ Address _____

Date Employed _____ Date Released _____ Salary _____

Name(s) of your Supervisor(s) _____

Position: Type of Work _____

Reasons for Leaving _____

DRIVER RECORD: Operator License Number _____ State _____

Expiration Date _____ Restrictions _____

Have your driving privileges ever been denied, suspended or revoked? Yes No

If yes, give dates and complete reasons _____

ARREST RECORD:

Have you ever been arrested? _____ Felony? _____ Misdemeanor? _____

If yes, give circumstances, date, location, crime _____

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	Residence Address and Telephone Number	How Long Acquainted	Business Address

List names of any relatives now employed by the County of Berrien with the degree of relationship _____

As Auxiliary police work is often of an emergency nature, is there any time when you wouldn't be immediately available for emergency duty? Yes No

If yes, explain _____

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 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 as usually written

