



Office of the Sheriff

Berrien County

919 Port Street, St. Joseph, Michigan 49085-1184
Telephone (269) 983-7111 · Fax: (269) 983-9956

L. Paul Bailey
SHERIFF

Charles E. Heit
UNDERSHERIFF

Robert Boyce
CHIEF DEPUTY

APPLICATION INFORMATION

BERRIEN COUNTY SHERIFF RESERVE/MOUNTED UNIT DEPUTY

POSITION

The Reserve/Mounted Unit 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 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, judgement, 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.

ACADEMY EXAMINATION

Approved applicants are required to take a written test and appear before an oral board panel. 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/Mounted Unit Deputy.

Applications may be dropped off or mailed to:

Lt. Joshua Sutherland
Mounted Unit
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 _____

Social Security Number _____

Date of Birth _____

Telephone Number _____

Date This _____ Day of _____ In the Year _____

(Signature)



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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 _____

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 _____



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EDUCATION:

Name and Address of Schools attended. Level of achievement.

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 _____



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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** _____
Name(s) of your Supervisor(s) _____
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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 you're 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 their anytime 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 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 _____



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AUTOBIOGRAPHY

In your own handwriting, write a brief history of your family background, along with complete resume of your background including hobbies, interests, achievements, etc. Do not refer to ethnic or religious activities.

Lined area for writing the autobiography, consisting of two columns of horizontal lines.