



LIVINGSTON COUNTY SHERIFF'S OFFICE



*Completed application shall be
submitted electronically.
For questions, please contact the
Livingston County Sheriff's Office:
Training Division
150 S. Highlander Way
Howell, MI 48843
Office: 517-546-2440*

LAW ENFORCEMENT APPLICATION

Livingston County does not discriminate in its employment or any other programs or activities on the basis of sex, race, color, creed, height, weight, marital status, national origin, religion, arrest records, disability or any other lawfully protected class.

Requirements for Field Services Application

- Applicant must have passed the Michigan Sheriff's Association - EMPCO written exam for Deputy Sheriff within the past year and submit documentation of their score at the time of application submission. Information on how to register for the written test may be found here: <https://www.empcoc.net/msa/>
- Applicant must be a minimum age of 21 years old.
- Applicant must possess a valid driver's license.
- Applicant must be free of any felony convictions.
- Applicant must be a certified or certifiable police officer in the State of Michigan as governed by the Michigan Commission of Law Enforcement Standards (MCOLES), or be actively enrolled in a MCOLES approved police academy at the time of application and provide documentation of same.
- Applicant must pass a thorough background investigation and be free of any instances of moral turpitude.
- Applicant must have earned sixty (60) credit hours from an accredited college or university, OR two (2) years full-time law enforcement experience, OR two (2) years active duty military experience at time of application.

Requirements for Jail Services Application

- Applicant must have passed the Michigan Sheriff's Association - EMPCO written exam for Corrections Officers within the past three (3) years and submit documentation of their score at the time of application submission.
- Applicant must have taken and passed the MSCTC-LCOPAT physical fitness test within the past year and submit documentation at the time of application submission.
- Applicant must be a minimum of 18 years of age.
- Applicant must possess a valid driver's license.
- Applicant must be free of any felony convictions.
- Applicant must pass a thorough background investigation and be free of any instances of moral turpitude.
- Applicant must possess a high school diploma or equivalent.
- Information on how to register for the written test may be found here: <https://www.empcoc.net/msa/>
- Information on the MSCTC-LCOPAT Physical Test may be found here: <http://www.misctc.org/standards.html>

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General Instructions

Read all instructions carefully

1. This questionnaire must be filled out in detail. Please complete this application and submit electronically.
2. Read all statements and questions carefully before answering.
3. All questions **MUST** be answered. In the event that a question does not apply to you, place the letters N/A in the space provided for the answer.
4. This questionnaire must be typed or written in ink and legible.
5. In the event that there is not sufficient space on this form for your answers, additional sheets may be attached.
6. This questionnaire must be completed accurately and honestly. Omission or falsification of information may result in the rejection of your application.
7. Attach any supporting documents, certificates, and test results.
8. This form will be used to conduct your background investigation. Employers, relatives, neighbors and other associates will be interviewed.
9. This report will not be released to any other agency without your written permission.

Position Applied For: Field Services Deputy
Jail Services Deputy

Date of Application:

PERSONAL BACKGROUND

1. Full Name: (First) (Middle) (Last)
2. Address: (Street) (City/Town) (State) (Zip)
3. Telephone (home) (cell) (work)

4. Social Security No. Email:

5. Have you ever utilized or been known by any other name, including nick names, other than the one listed on this application? Yes No

If yes, list names used:

(Note: if a legal change, indicated date, location and authority)

**Questions 13-17 concern experiences that might affect your attitude toward law enforcement.
“Yes” answers do not mean you cannot be appointed.**

13. Have any immediate family members (father, mother, brothers, sisters, spouse, children) been convicted of other than a traffic violation in the last five years? Yes No

If yes, list name, charge, disposition:

14. Have you ever been investigated by any law enforcement agency for any reason: Yes No
If yes, list date, location, name and address of agency and reason for investigation:

15. Have you or a member of your immediate family been convicted of a crime: Yes No

If yes, list particulars:

16. List all traffic citations which you have been issued (include date, charge, location, name and address of issuing agency and disposition):

17. List all traffic accidents in which you have been involved (include date, location & police dept.):

**ANSWER THE FOLLOWING BY PLACING AN 'X' IN THE APPROPRIATE COLUMN
AND SUPPLYING DETAILED EXPLANATIONS IN THE SPACE BELOW AS NECESSARY**

Yes No

A. Has your driver's or any other vehicle operator's license ever been suspended or revoked?

If yes, give date(s) and reason(s).

B. Have you ever been convicted of any crimes, including any traffic or military offenses? If yes, list each conviction and indicate, when, where and what cause and judicial action taken.

C. Do you have or had a health condition(s) which would impair the health or safety of yourself or others? If yes, explain. Examples include such conditions as heart disease, epilepsy, tuberculosis, diabetes, etc.

D. Do you require any accommodations to perform the essential duties of this position as stated in the job description. If yes, please explain. *(Note: A job description can be requested from the Livingston County Human Resources Department)*

E. Are you now or have you ever been a member of an organization that to your present knowledge seeks the overthrow of the constitutional form of government of the United States by force or violence or other unlawful means? If yes, indicate the name of the organization, dates of your membership, office or position held, and a statement about your understanding of the aims and purposes of the organization at the time of membership.

F. Do you use alcohol to excess or have you ever had police contact due to consumption of alcohol?

G. Do you now or have you ever illegally used controlled substances?

H. May we contact your present employer?

SPACE FOR DETAILED ANSWERS. Please indicate the item number to which explanations apply and be certain that you give complete detailed information.

EMPLOYMENT HISTORY

Current/Most Recent Employer _____

Employer: _____

Telephone: _____

Reason for leaving: _____

Were you dismissed or asked to resign from this position? _____

If yes, please explain: _____

Name your were employed under, if different from name shown on application: _____

Address: _____

City: _____ State: _____ Zip: _____

Number of hour per Week: _____

Dates Worked _____

Salary: _____ Supervisor's Name & Title: _____

Your Job Title: _____

Your Duties: _____

Next Previous Employer _____

Employer: _____

Telephone: _____

Reason for leaving: _____

Were you dismissed or asked to resign from this position? _____

If yes, please explain: _____

Name your were employed under, if different from name shown on application: _____

Address: _____

City: _____ State: _____ Zip: _____

Number of hour per Week: _____

Dates Worked _____

Salary: _____ Supervisor's Name & Title: _____

Your Job Title: _____

Your Duties: _____

Next Previous Employer _____

Employer: _____

Telephone: _____

Reason for leaving: _____

Were you dismissed or asked to resign from this position? _____

If yes, please explain: _____

Name your were employed under, if different from name shown on application: _____

Address: _____

City: _____ State: _____ Zip: _____

Number of hour per Week: _____

Dates Worked _____

Salary: _____ Supervisor's Name & Title: _____

Your Job Title: _____

Your Duties: _____

Next Previous Employer _____

Employer: _____

Telephone: _____

Reason for leaving: _____

Were you dismissed or asked to resign from this position? _____

If yes, please explain: _____

Name your were employed under, if different from name shown on application: _____

Address: _____

City: _____ State: _____ Zip: _____

Number of hour per Week: _____

Dates Worked _____

Salary: _____ Supervisor's Name & Title: _____

Your Job Title: _____

Your Duties: _____

EDUCATION

High School

School Name & Location: _____

Degree/Certificate Received: _____

Dates of Attendance: _____

College/University

School Name & Location: _____

Degree/Certificate Received: _____

Dates of Attendance: _____

Applicable Courses: _____

Credit Hours Completed: _____

College/University

School Name & Location: _____

Degree/Certificate Received: _____

Dates of Attendance: _____

Applicable Courses: _____

Credit Hours Completed: _____

College/University

School Name & Location: _____

Degree/Certificate Received: _____

Dates of Attendance: _____

Applicable Courses: _____

Credit Hours Completed: _____

Other

School Name & Location: _____

Degree/Certificate Received: _____

Dates of Attendance: _____

Applicable Courses: _____

Credit Hours Completed: _____

Additional Questions:

If you are currently enrolled in school, please indicate your anticipated date of graduation: _____

Name as it appears on your college transcripts: _____

Do you possess any professional licenses, certifications or registrations?

If yes, please complete the following information :

Title/Type: _____ Registration/Affiliation number: _____

Date received: _____ Expiration Date: _____

Title/Type: _____ Registration/Affiliation number: _____

Date received: _____ Expiration Date: _____

Title/Type: _____ Registration/Affiliation number: _____

Date received: _____ Expiration Date: _____

Title/Type: _____ Registration/Affiliation number: _____

Date received: _____ Expiration Date: _____

Title/Type: _____ Registration/Affiliation number: _____

Date received: _____ Expiration Date: _____

Title/Type: _____ Registration/Affiliation number: _____

Date received: _____ Expiration Date: _____

Use this page to write/type your reasons for seeking employment with the Livingston County Sheriff's Office:

APPLICANT UNDERSTANDINGS AND AGREEMENTS – I have read and understand the following:

I certify that the answers given on this application are true and complete to the best of my knowledge and I understand that false or misleading statements or omissions on this application may be considered sufficient cause for cancellation of my application or for dismissal if hired, whenever they may be discovered.

I authorize my former and/or current employer(s) and other persons who may have information regarding my qualifications to give the County representative(s) any and all information concerning my previous or current employment and any pertinent information that they may have, personal or otherwise, and I release all parties from all liability for any damages, causes of action, including, but not limited to, slander and libel, that may result from furnishing any such information to the County representative(s). Pursuant to the Bullard-Plawecki Employee Right-to-Know Act, I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel file (even if more than four years old). I authorize investigation of all statements contained in this Application of Employment as may be necessary in arriving at an employment decision.

I understand that this employment application does not represent an offer or promise of employment and the use of this application form does not indicate that there are any positions open and does not, in any way, obligate the County.

I understand and agree that I am required to abide by all the rules and regulations of the County. I further understand that the County will require me to undergo a physical and psychological examination and/or drug and alcohol test. I agree to take such an examination(s) and/or test(s) and understand that my employment may be conditioned on the results of such an examination(s) and/or test(s).

I understand that any applicant for employment or employee needing accommodation either to participate in the hiring process or to perform the essential functions of his or her job because of handicap or disability must notify the County in writing of the need for accommodation within 182 days after the date the disabled or handicapped individual knew or reasonably should have known that an accommodation was needed.

Date: _____ Signature of Applicant: _____
