



EATON COUNTY OFFICE OF THE SHERIFF

THOMAS L. REICH, SHERIFF

JEFFREY G. COOK, UNDERSHERIFF

ADAM MORRIS, CHIEF DEPUTY

1025 Independence Blvd • Charlotte MI 48813 • Phone 517-543-3512 • 517-372-8217 • Fax 517-543-2922

VOLUNTEER APPLICATION

Please check one:

- | | |
|--|--|
| <input type="checkbox"/> Mounted Division | <input type="checkbox"/> ATV Division |
| <input type="checkbox"/> Motorcycle Division | <input type="checkbox"/> Victim Advocate Division |
| <input type="checkbox"/> Handicap Enforcement Division | <input type="checkbox"/> Volunteer in Police Services (VIPS) |

UNDERSTANDING:

Due to the nature of the work to be performed, a criminal history, driving record, and credit check is completed on all applicants. All of the following information must be accurately completed. Failure to do so may be reason enough for rejection of this application.

ANY FALSE STATEMENT WILL DISQUALIFY YOU FOR THIS POSITION

PRINT ALL INFORMATION LEGIBLY IN INK

PERSONAL INFORMATION:

Full Name (Last, First, Middle) _____

Current Address: _____

Previous Address: _____

Date of Birth _____ Social Security Number: _____

MI Driver's License _____ Other State or Foreign License: _____

Height: _____ Weight: _____ Hair color: _____ Eye color: _____

Other names used, including maiden name and/or nickname: _____

DRIVING/CRIMINAL HISTORY:

Have your driving privileges ever been: Denied Suspended Revoked

Give dates and complete reasons:

Excluding parking violations, list all traffic violations for which you have been either fined or ordered to post bond. For each offense list date, nature of violation, name and location of the court and penalty imposed or disposition.

List and describe circumstances of each motor vehicle crash in which you have been involved. Please include location, county/city, state, date and if any injuries:

List below all criminal convictions, if any, other than traffic violations. List date, violation, name and location of court and penalty imposed or disposition.

PHYSICAL RECORD:

List any physical limitations you have which may interfere with your performance.

CREDIT CHECK:

Please list current and/or past loans within the last 5 years. Please include credit cards, mortgages, home improvement, and checking:

Have you had any credit problems that we should be aware of: _____

EMPLOYMENT HISTORY:

Please list the name, address, and telephone number of your current employer. If you have been with this employer for less than 3 years, also list previous employers:

Current employer: _____

Previous employer: _____

Have you ever been dismissed from employment or asked to resign: _____

If so, please explain:

SKILLS/EXPERTISE:

REFERENCES:

Please list three references we may contact. Include name, address and telephone number:

1. _____

2. _____

3. _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts requested is cause for dismissal from the volunteer program. I further understand that the County of Eaton will not pay any wages for services that I may render and that my time is strictly voluntary and no compensation will be made.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Administrative Services remarks: _____ Date: _____

Investigating Officer remarks: _____ Date: _____

Volunteer Committee remarks: _____ Date: _____

Approved

Disapproved

Date: _____ By: _____



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ARREST RECORDS CHECK

Records Staff Please Complete This Section:

Date Request Received: _____ Time Received: _____

Please Mail **OR** Individual Will Pick-Up

Pictured I.D. Presented: Type: _____ I.D. Number: _____

I.D. Verified By (Staff Name): _____

Individual Request Background Check, Please Complete This Section:

FULL NAME (First, Middle, Last): _____

Any other names previously used: _____
(Including Maiden Name, Married Name, Alias', etc.)

Complete Address: _____
Street, City, State and Zip Code

Phone Number: () _____ - _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Purpose of Background Check: _____

I, _____, will hold harmless the Eaton County Sheriff's
(Signature)

Office and/or any of its staff responsible for the release of this information.

-
- Arrest Records Information Attached.
 - No Arrest Records Information Found (See Below).

Background Check Completed By: _____

Position Title: _____ Date: _____

THIS IS NOT A LAW ENFORCEMENT INFORMATION NETWORK (LEIN) CHECK. THIS INFORMATION REPORTS ONLY EATON COUNTY JAIL HOUSING ARREST RECORDS. THIS RECORDS CHECK DOES NOT INCLUDE JUVENILE RECORDS, COURT INFORMATION, OR ANY TRAFFIC VIOLATIONS.