

MERCER COUNTY SHERIFF'S OFFICE

CITIZEN'S ACADEMY APPLICATION



Mercer County Sheriff's Office
4835 State Route 29
Celina, OH 45822-8216
Telephone: 419-586-7724 Fax: 419-586-2234

JEFF GREY
SHERIFF

Jodie Lange
CHIEF DEPUTY OF CORRECTIONS

Doug Timmerman
CHIEF DEPUTY OF ENFORCEMENT

Read the Instructions Carefully

Print in ink and answer every question. If the question does not apply to you, indicate with N/A. If space available is insufficient, use a separate sheet of paper. Do Not Misstate or Omit material facts, since the statements made herein are subject to verification to determine your qualifications for acceptance.

GENERAL INFORMATION:

Date Filed: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip) (County)

Telephone No. Home: _____ Cell: _____

E-mail address: _____

PERSONAL INFORMATION:

Are you 21 years of age or older? Yes No Place of Birth: _____

Are you a U.S. Citizen? Yes No

Have you ever been fingerprinted? Yes No

If so, why? _____

Do you have a valid driver's license? Yes No

Driver's License No. _____ State: _____ Expiration Date: _____

Restrictions: _____

Have you ever used another name? Yes No

If yes, please list names: _____

How long have you lived at your current address? _____

List all previous addresses for the past 10 years:

Address: _____
(Street) (City) (State) (Zip) (County)

Address: _____
(Street) (City) (State) (Zip) (County)

ARREST AND DETENTION:

Are you under a disability that prohibits you from owning or possessing a firearm? Yes No
Have you ever been convicted of a Felony? Yes No
Have you ever been convicted of Domestic Violence? Yes No
Have you ever been arrested or charged with a criminal offense? Yes No
Have you ever been issued a ticket, citations, or summons for a traffic offense? Yes No

If yes, explain:

EDUCATIONAL BACKGROUND:

List all schools you attended including High School, beginning with the most recent:

High School Attended: _____

Address: _____
(Street) (City) (State) (Zip) (County)

Year Graduated: _____

Are you a high school graduate? Yes No

College Attended: _____

Address: _____
(Street) (City) (State) (Zip) (County)

Year Graduated: _____

Major: _____

Total years attended: _____

Did you graduate? Yes No

EMPLOYMENT SECTION:

Employer's Name: _____

Job Title and Classification: _____

Address: _____
(Street) (City) (State) (Zip) (County)

Employer's Phone No. _____

Years of Employment: _____

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RELEASE OF LIABILITY

I hereby release the Mercer County Sheriff, the Mercer County Sheriff's Office and/or its employees, and the Mercer County Commissioners from any/and all liability incurred while accompanying a Deputy Sheriff in performance of his/her duties. I understand that I am strictly an observer and am not to take an active part in any situation which arises unless specifically instructed by the Deputy Sheriff to do so. I take full responsibility for any injuries that may occur.

PHOTOGRAPHY RELEASE

I hereby give permission to the Mercer County Sheriff's Office to take photographs of me during the course of the program. I give the Mercer County Sheriff's Office permission to use the photographs to document the training, post the photographs online, and for whatever other reasons they deem fit.

Dated: _____

Signature: _____

(Print your name) _____

Address: _____

Telephone No: _____

Approved:

Jeff Grey, Mercer County Sheriff