

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 CORRECTIONS OFFICER

GERY THOBE  
CHIEF DEPUTY

**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:

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**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: \_\_\_\_\_





**MERCER COUNTY SHERIFF'S OFFICE  
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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