



David L. Marshak  
Sheriff

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**"Committed to Our Community"**



Timothy S. Whitney  
Undersheriff

**JEFFERSON COUNTY SHERIFF'S OFFICE  
SHERIFF'S CITIZENS ACADEMY APPLICATION**

**REQUIREMENTS:**

- BE 17 YEARS OLD OR OLDER (If 17, parent/guardian must also apply and attend classes.)
- BE A RESIDENT OF JEFFERSON COUNTY OR OWN A BUSINESS IN JEFFERSON COUNTY (unless otherwise approved by the Sheriff)
- NOT HAVE A CRIMINAL RECORD
- ATTEND 10 OF THE 12 CLASSES IN ORDER TO GRADUATE

***PLEASE PRINT THE FOLLOWING INFORMATION:***

**FIRST NAME:** \_\_\_\_\_ **MIDDLE:** \_\_\_\_\_ **LAST:** \_\_\_\_\_

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

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

***I AGREE TO PERMIT THE JEFFERSON COUNTY SHERIFF'S OFFICE TO RUN A BACKGROUND CHECK FOR APPLICATION TO THE JEFFERSON COUNTY SHERIFF'S OFFICE CITIZENS ACADEMY TO INCLUDE A CRIMINAL RECORDS CHECK; THIS IS INDICATED BY MY SIGNATURE & WITNESS SIGNATURE BELOW.***

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WTINESS SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Background Cleared: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_