Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report

2019-3029
Officer-Involved Critical Incident - Richland County Jail

Investigative Activity:	Information Provided/Obtained
Involves:	Jacob Tyler Frazier (O)
Date of Activity:	11/27/2019
Activity Location:	Frazier, Jacob Tyler - Business - 597 Park Avenue East, Mansfield, OH 44905, Richland County
Author:	SA Eric Lehnhart, #84

Narrative:

On Wednesday, November 27, 2019, Ohio Bureau of Criminal Investigation (BCI) Special Agent Eric Lehnhart received the personnel file for Deputy Sheriff Jacob Frazier (Frazier) from Stephanie L. Schoolcraft of Fishel, Downey, Albrecht, and Riepenhoff, LLP's. Special Agent Eric Lehnhart reviewed the personnel file and noted the following:

The provided personnel file of Deputy Sheriff Jacob Frazier contained 164 total pages.

Performance Evaluations

Frazier was appointed as a Deputy Sheriff on July 16, 2018, by Richland County Sheriff J. Steve Sheldon. The provided file was void of any performance evaluations.

Discipline

Frazier was given one (1) "Instruction & Cautioning" for a traffic accident on January 23, 2019, while on duty.

Commendations

Frazier received a commendation from Richland County Sheriff J. Steve Sheldon for his assistance in the capturing of a fugitive from justice Shawn Christy.

The personnel file was attached to this report. Please refer to the attachment for further details.

Attachments:

Attachment # 01:2019-11/27 Jacob Frazier Redacted from RCSO

INTER-OFFICE COMMUNICATION

TO: Sheriff Sheldon

DATE: 08/22/2019

FROM: Deputy Frazier

EFFECTIVE DATE: 08/23/2019

SUBJECT: Light Duty

DIVISION: Patrol

On 08/22/2019 with the direction of Physician Melissa Burkholder, I am requesting light duty starting on 08/23/2019 and ending on 08/27/2019.

OK

[redacted]

23 Work day 8-4

24 Work day 8-4

25 Work day 8-4

26 RDO

27 RDO

RICHLAND county OHIO

Employee Maintenance

(circle one)
ADD CHANGE DELETE

Name	JACOB FRAZIER
Address	
City, State, Zip Code	
Telephone	
Birthdate	
Social Security Number	
Marital Status:	
Sex	
Race	
Title	
Department Number	
Munis Org	
Business Phone Number	
Start Date	07-16-2019
Rehire Date	
Termination Date	
Reason for Termination	
Status	
Annual Salary	

employee # _____

Has this person ever been employed by Richland County in the past? Yes or No

Class #	
Account #	
Object#	

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

Salary/pay	
Rate/hour	26.8700
Alt Rate/hour	
Longevity Payment	
Annual Hours	
Shift	
Full/Part	
STRS	
PERS	
Direct Dep. Route #	
Direct Dep. Account #	

Signature

Date 7/24/19

1 YEAR INCREASE

Comments

J. Steve Sheldon, Sheriff

Richland County Sheriff's Office & Civil Division
597 Park Avenue East • 2nd Floor
Mansfield, Ohio 44905
Phone: 419-774-5881 Fax: 419-522-8153
Civil Office: 419-774-3570

July 16, 2019

To: Jacob Frazier

Congratulations! You've successfully met your probationary period as a Deputy Sheriff on July 16, 2019.

Over the past year you have proved your hard work and determination through your work ethic. I want to commend you for the job you do and encourage you to keep up the good work you do for the Richland County Sheriff's Office.

You provide many positive qualities to the department:

- Positive Attitude
- Willingness to work
- Eager to learn

We want to commend you for the job you do and encourage you to keep up the good work.

Sincerely,

J. Steve Sheldon

J. Steve Sheldon
Richland County Sheriff

Richland County Jail
73 East Second Street • Mansfield, Ohio 44902
Phone: 419-774-5678 Fax: 419-774-5646

STATE MOTTO

2019 back pa	OLD REG	NEW REG	OWED	OLD OT	NEW OT	OWED	OLD HOLID	NEW HOLII	OWED	VAC C.O OI	VAC C.O NI	OWED
J FRAZIER	19.73	20.30										
	18.93	19.50										
1/18/2019	$1,578.40	$1,624.00	**$45.60**			**$0.00**			**$0.00**			**$0.00**
2/1/2019	$1,578.40	$1,624.00	**$45.60**			**$0.00**			**$0.00**			**$0.00**
2/15/2019	$1,578.40	$1,624.00	**$45.60**			**$0.00**			**$0.00**			**$0.00**
3/1/2019	$1,578.40	$1,624.00	**$45.60**			**$0.00**			**$0.00**			**$0.00**
3/15/2019	$1,578.40	$1,624.00	**$45.60**			**$0.00**			**$0.00**			**$0.00**
3/29/2019	$1,578.40	$1,624.00	**$45.60**			**$0.00**			**$0.00**			**$0.00**
			$273.60			$0.00			**$0.00**			**$0.00**

TOTAL OWED $273.60

BY EMPLOYEE NAME
01/18/2019 to 04/12/2019

[redacted] FRAZIER, JACOB

LOC: 255 ORG: PAYROLL

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER
CHECK DATE: 01/18/2019											
02550000	510200		255	2025	000127942	555 SHFHOL	8.00	0.00			
02550000	510200		255	2025	000127942	561 CTEA	4.00	0.00			
02550000	510200		255	2025	000127942	561 CTEA	3.00	0.00			
02550000	510200		255	2025	000127942	711 SPEC D	0.00	100.00			
02550000	510200		255	2025	000127942	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000127942	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000127942	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000127942	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000127942	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000127942	887 SB .80	8.00	157.84	[redacted]		
02550000	510200		255	2025	000127942	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000127942	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000127942	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000127942	887 SB .80	8.00	157.84			
			255		000127942						
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			255		000127942						
			255		000127942						
02550000	536300		255		000127942						
02550000	536400		255		000127942						
CHECK 01/18/2019 TOTALS:			NET:		1,206.06		95.00	1,678.40			
CHECK DATE: 02/01/2019											
02550000	510200		255	2025	000128980	567 COMPSH	8.00	157.84			
02550000	510200		255	2025	000128980	711 SPEC D	0.00	100.00			
02550000	510200		255	2025	000128980	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000128980	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000128980	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000128980	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000128980	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000128980	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000128980	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000128980	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000128980	887 SB .80	8.00	157.84			
			255		000128980						
			255		000128980						
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			255		000128980						
			255		000128980						
			255		000128980						
02550000	536300		255		000128980						
02550000	536400		255		000128980						

BY EMPLOYEE NAME
01/18/2019 to 04/12/2019

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER
[redacted] **FRAZIER, JACOB**										LOC: 255	ORG: PAYROLL
CHECK 02/01/2019 TOTALS:			NET:		1,206.07		80.00	1,678.40		1,678.40	310.02
CHECK DATE: 02/15/2019											
02550000	510200		255	2025	000130014	561 CTEA	3.00	0.00			
02550000	510200		255	2025	000130014	711 SPEC D	0.00	300.00			
02550000	510200		255	2025	000130014	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000130014	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000130014	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000130014	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000130014	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000130014	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000130014	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000130014	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000130014	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000130014	887 SB .80	8.00	157.84			
			255		000130014				[redacted]	[redacted]	0.00
			255		000130014				[redacted]	[redacted]	0.00
			255		000130014				[redacted]	[redacted]	0.00
			255		000130014				[redacted]	[redacted]	0.00
			255		000130014				[redacted]	[redacted]	0.00
			255		000130014				[redacted]	[redacted]	0.00
			255		000130014				[redacted]	[redacted]	0.00
			255		000130014				[redacted]	[redacted]	0.00
02550000	536300		255		000130014				[redacted]	[redacted]	27.24
02550000	536400		255		000130014				[redacted]	[redacted]	285.70
CHECK 02/15/2019 TOTALS:			NET:		1,371.72		83.00	1,878.40	[redacted]	[redacted]	312.94
CHECK DATE: 03/01/2019											
02550000	510200		255	2025	000131053	555 SHFHOL	8.00	0.00			
02550000	510200		255	2025	000131053	561 CTEA	8.00	0.00			
02550000	510200		255	2025	000131053	567 COMPSH	8.00	157.84			
02550000	510200		255	2025	000131053	742 MHP SH	8.00	157.84			
02550000	510200		255	2025	000131053	742 MHP SH	8.00	157.84			
02550000	510200		255	2025	000131053	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000131053	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000131053	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000131053	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000131053	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000131053	887 SB .80	8.00	157.84			
02550000	510200		255	2025	000131053	887 SB .80	8.00	157.84			
			255		000131053				[redacted]	[redacted]	0.00
			255		000131053				[redacted]	[redacted]	0.00
			255		000131053				[redacted]	[redacted]	0.00
			255		000131053				[redacted]	[redacted]	0.00
			255		000131053				[redacted]	[redacted]	0.00
			255		000131053				[redacted]	[redacted]	0.00
			255		000131053				[redacted]	[redacted]	0.00
			255		000131053				[redacted]	[redacted]	0.00
02550000	536300		255		000131053				[redacted]	[redacted]	22.89
02550000	536400		255		000131053				[redacted]	[redacted]	285.69
CHECK 03/01/2019 TOTALS:			NET:		1,122.94		96.00	1,578.40	[redacted]	[redacted]	308.58

BY EMPLOYEE NAME
01/18/2019 to 04/12/2019

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   ORG       OBJ      PROJ  LOC  JOB      CHECK       PAY TYPE         HOURS       AMOUNT     DED TYPE      EMPLOYEE      EMPLOYER

[redacted]  FRAZIER, JACOB                                                                                 LOC: 255  ORG: PAYROLL

 CHECK DATE: 03/15/2019
   02550000 510200         255  2025 000132095     567 COMPSH        4.00         78.92
   02550000 510200         255  2025 000132095     567 COMPSH        4.00         78.92
   02550000 510200         255  2025 000132095     711 SPEC D        0.00        100.00
   02550000 510200         255  2025 000132095     887 SB .80        8.00        157.84
   02550000 510200         255  2025 000132095     887 SB .80        8.00        157.84
   02550000 510200         255  2025 000132095     887 SB .80        8.00        157.84
   02550000 510200         255  2025 000132095     887 SB .80        4.00         78.92
   02550000 510200         255  2025 000132095     887 SB .80        8.00        157.84
   02550000 510200         255  2025 000132095     887 SB .80        8.00        157.84   [redacted]
   02550000 510200         255  2025 000132095     887 SB .80        8.00        157.84
   02550000 510200         255  2025 000132095     887 SB .80        8.00        157.84
   02550000 510200         255  2025 000132095     887 SB .80        8.00        157.84
   02550000 510200         255  2025 000132095     887 SB .80        4.00         78.92
                           255       000132095
                           255       000132095
                           255       000132095
                           255       000132095
                           255       000132095
                           255       000132095
                           255       000132095
                           255       000132095
   02550000 536300         255       000132095
   02550000 536400         255       000132095
 CHECK 03/15/2019 TOTALS: NET:        1,206.07                      80.00      1,678.40

 CHECK DATE: 03/29/2019
   02550000 510200         255  2025 000133141     561 CTEA          6.00          0.00
   02550000 510200         255  2025 000133141     561 CTEA          4.00          0.00
   02550000 510200         255  2025 000133141     561 CTEA          4.50          0.00
   02550000 510200         255  2025 000133141     567 COMPSH        8.00        157.84
   02550000 510200         255  2025 000133141     742 MHP SH        8.00        157.84
   02550000 510200         255  2025 000133141     742 MHP SH        8.00        157.84
   02550000 510200         255  2025 000133141     887 SB .80        8.00        157.84
   02550000 510200         255  2025 000133141     887 SB .80        8.00        157.84
   02550000 510200         255  2025 000133141     887 SB .80        8.00        157.84   [redacted]
   02550000 510200         255  2025 000133141     887 SB .80        8.00        157.84
   02550000 510200         255  2025 000133141     887 SB .80        8.00        157.84
   02550000 510200         255  2025 000133141     887 SB .80        8.00        157.84
   02550000 510200         255  2025 000133141     887 SB .80        8.00        157.84
                           255       000133141
                           255       000133141
                           255       000133141
                           255       000133141
                           255       000133141
                           255       000133141
   02550000 536300         255       000133141
   02550000 536400         255       000133141
 CHECK 03/29/2019 TOTALS: NET:        1,144.27                      94.50      1,578.40
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BY EMPLOYEE NAME
01/18/2019 to 04/12/2019

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   ORG       OBJ     PROJ  LOC   JOB      CHECK     PAY TYPE            HOURS       AMOUNT     DED TYPE        EMPLOYEE        EMPLOYER

[redacted] FRAZIER, JACOB                                                                                      LOC: 255   ORG: PAYROLL
 CHECK DATE: 04/12/2019
   02550000 510200         255  2025 000134189    405 SICKSD           7.00       142.10
   02550000 510200         255  2025 000134189    561 CTEA             0.50         0.00
   02550000 510200         255  2025 000134189    887 SB .80           8.00       162.40
   02550000 510200         255  2025 000134189    887 SB .80           8.00       162.40
   02550000 510200         255  2025 000134189    887 SB .80           8.00       162.40
   02550000 510200         255  2025 000134189    887 SB .80           1.00        20.30
   02550000 510200         255  2025 000134189    887 SB .80           8.00       162.40
   02550000 510200         255  2025 000134189    887 SB .80           8.00       162.40
   02550000 510200         255  2025 000134189    887 SB .80           8.00       162.40
   02550000 510200         255  2025 000134189    887 SB .80           8.00       162.40
   02550000 510200         255  2025 000134189    887 SB .80           8.00       162.40
   02550000 510200         255  2025 000134189    887 SB .80           8.00       162.40     [redacted]
                           255       000134189
                           255       000134189
                           255       000134189
                           255       000134189
                           255       000134189
                           255       000134189
                           255       000134189
                           255       000134189
   02550000 536300         255       000134189
   02550000 536400         255       000134189
 CHECK 04/12/2019 TOTALS: NET:         1,155.82                       80.50     1,624.00

EMPLOYEE  010631  TOTALS: NET:         8,412.95                      609.00    11,694.40
_________________________________________________________________________________________

GRAND TOTALS:             NET:         8,412.95                      609.00    11,694.40


                  ** END OF REPORT - Generated by ERIKA SPICER **
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INTER-OFFICE COMMUNICATION

TO:	Captain D.Zehner	DATE:	04-05-2019
FOR:		EFFECTIVE DATE:	04-08-2019
FROM:	Deputy J.Frazier	DIVISION:	Patrol
SUBJECT:	Change of Address		
REF:	☒ MESSAGE ☐ SPECIAL DETAIL ☐ ASSIGNMENT ☐ INTELLIGENCE INFORMATION		

Captain Zehner,

[redacted]

- 04/05/2019

RICHLAND COUNTY SHERIFF'S OFFICE
INSTRUCTION & CAUTIONING

ORIGINAL

Employee's Name: Jacob Frazier Employee's Classification: Deputy

Date Instruction & Cautioning was Issued: 01/25/2019

VIOLATION

Date Violation Occurred: January 23, 2019 Personnel Complaint Number: 2019-11

Location Where Violation Occurred: 832 Randallwood Drive, Mansfield, Ohio

Type of Violation Policy Group I Number 11

Description of Violation:
That on the date listed, you failed to exercised reasonable care in the use of county property or equipment when you were at fault in an accident in your cruiser. This is your 1st Group I # 11 violation.

(Attach Additional sheets if necessary)

This Instruction and Cautioning was issued as a corrective measure in an effort to help you improve your conduct and work performance. A copy of this Instruction and Cautioning will be considered active by management for six (6) months, and will be considered inactive thereafter, provided that you have no additional disciplinary actions during that time period. Any further violations could result in more severe disciplinary actions.

Sgt. B. Henderson 717
Signature of Person Issuing Reprimand

Sergeant Deputy Sheriff
Title

I hereby acknowledge that a copy of the above record of Instruction and Cautioning has been given to me on this date.

#732
Employee's Signature

01/25/2019
Date

cc: Employee
Appointing Authority

J. Steve Sheldon, Sheriff

Richland County Sheriff's Office & Civil Division
597 Park Avenue East • 2nd Floor
Mansfield, Ohio 44905
Phone: 419-774-5881 Fax: 419-522-8153
Civil Office: 419-774-3570

SHERIFF'S COMMENDATION

DEPUTY JACOB FRAZIER, THE HUNT FOR SHAWN CHRISTY WAS PERFECTLY EXECUTED BY THE MEMBERS OF THE RICHLAND COUNTY SHERIFF'S OFFICE ALONG WITH OVER 200 LAW ENFORCEMENT PERSONNEL FROM NEARLY 20 LOCAL, STATE AND FEDERAL AUTHORITIES. HE WAS ACCUSED OF THREATENING TO HARM OR KILL PRESIDENT DONALD TRUMP, A POLICE CHIEF, OTHER LAW ENFORCEMENT OFFICERS AND A DISTRICT ATTORNEY.

THIS WAS NOT AN EASY TASK AS CHRISTY HAD BEEN HUNTED BY THE FBI, US MARSHALS AND THE SECRET SERVICE FOR WEEKS PRIOR TO HIM CRASHING ON I71 IN RICHLAND COUNTY.

DEPUTIES WERE ASSIGNED TO THE MANHUNT, WHICH STARTED WHEN A STOLEN VEHICLE THAT CHRISTY HAD BEEN DRIVING, WAS FOUND CRASHED ABOUT A MILE NORTH OF THE STATE ROUTE 13 EXIT ON INTERSTATE 71 SEPTEMBER 16, 2018. THE MANHUNT INVOLVED LONG DAYS OF HOT WEATHER AND WET FEET. DEPUTIES WERE EXHAUSTED AFTER WALKING THROUGH THICK TERRAIN; CLEARING MULTIPLE BUILDINGS WHILE WEARING THEIR HEAVY LEVEL 4 VESTS AND ADDITIONAL EQUIPMENT.

ON THE 6TH DAY, THE MANHUNT NARROWED TO THE AREA OF CAMP MOWANA WHERE CHRISTY WAS SUSPECTED TO BE. BY LATE THAT AFTERNOON CHRISTY WAS CAPTURED HIDING IN A RAVINE IN THAT AREA. HE HAD WITH HIM A LOADED .380-CALIBER GUN AND A LARGE KNIFE.

EVERYONE ONE HAD A JOB TO DO AND DID IT WELL WITH NO COMPLAINTS.

DUE TO THE QUICK ACTIONS, TEAMWORK AND DEDICATION BY THE EMPLOYEES OF THE RICHLAND COUNTY SHERIFF'S OFFICE AND MULTI-JURISDICTIONAL COOPERATION THIS INCIDENT ENDED WITH THE SUSPECT BEING APPREHENDED AND TAKEN INTO CUSTODY.

PROFESSIONALLY YOURS,

J Steve Sheldon

SHERIFF J. STEVE SHELDON
RICHLAND COUNTY, OHIO

Richland County Jail
73 East Second Street • Mansfield, Ohio 44902
Phone: 419-774-5678 Fax: 419-774-5646

WITH GOD ALL THINGS ARE POSSIBLE

STATE MOTTO

The Buckeye State Sheriffs' Association

Be It Known that the Sheriff, on the recommendation and approval of the Awards Citations Committee awards to

DEPUTY JACOB FRAZIER

This Commendation

In recognition of performance of an efficient and valuable service to the office.

December 8, 2018
Dated:

J Steve Sheldon
Sheriff

OFF-DUTY WEAPON REQUEST FORM

OFFICER'S NAME: JACOB T FRAZIER DATE OF REQUEST 10/11/2018

OFFICER'S UNIT NUMBER: 732 WEAPON MAKE: GLOCK

MODEL# 43 SERIAL# [redacted] WEAPON CALIBER 9mm

BARREL LENGTH 3.39 inch TYPE OF FINISH BLACK

****

LAST QUALIFICATION DATE: 10/11/18

OFFICERS SIGNATURE: #732

FIREARMS INSTRUCTOR VERIFICATION:

☒ APPROVED ☐ NOT APPROVED

SHERIFF J. STEVE SHELDON
RICHLAND COUNTY

MIKE DEWINE
★ OHIO ATTORNEY GENERAL ★

Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, Ohio 43140
www.OhioAttorneyGeneral.gov

RANGE PROFICIENCY RECORD: SEMI-AUTO PISTOL

NAME: JACOB T FRAZIER AGENCY: RICHLAND COUNTY. SO

WEAPON MAKE: GLOCK MODEL: 43 SERIAL #: [redacted]

HITS IN THE PREFERRED AREA (**PA**) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (**NPA**), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (**NF**) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (**MISS**), OFF OF THE TARGET (**MISS**), OR FIRED OVER THE TIME LIMIT (**OT**) ARE A MINUS 1 (-1), EXTRA ROUNDS FIRED (**ERF**) ARE MINUS 1 (-1).

STAGE 1	PA: 3	NPA:	NF:	MISS:	OT:	ERF:
STAGE 2	2 HITS IN THE PREFERRED AREA, ONE HIT IN THE HEAD OR HIP					
	PA: 3	NPA:	NF:	MISS:	OT:	ERF:
STAGE 3A	PA: 4	NPA:	NF:	MISS:	OT:	ERF:
STAGE 3B	PA: 4	NPA:	NF:	MISS:	OT:	ERF:
STAGE 4	PA: 6	NPA:	NF:	MISS:	OT:	ERF:
STAGE 5	PA: 3	NPA:	NF:	MISS:	OT:	ERF:
STAGE 6	PA: 2	NPA:	NF:	MISS:	OT:	ERF:
SUB TOTALS: 25				MISS:	OT:	ERF:

TOTAL: 25 (PASSING IS A MINIMUM OF 20)

DATE TESTED: 10/4/18 PASSED: ✓ FAILED:

TESTED BY: [signature] REQ#: 05375 EXP: 09-01-19

Revised 01/01/2013

MIKE DEWINE
★ OHIO ATTORNEY GENERAL ★

Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

NOTICE OF PEACE OFFICER APPOINTMENT

Check Box if: ☐ Correction to Record ☐ Name Change

1. Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status, or is promoted to Chief.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION

1. Name (Last) Frazier	(First) Jacob	(Middle) Tyler	2. Social Security Number [redacted]
3. Previous Name(s) or Alias (Last) N/A	(First)	(Middle)	
4. Birth date (mm/dd/yyyy) 08/20/1997	5. Officer's Individual Email Address jfrazier@richlandcountyoh.us		6. Phone Number [redacted]
7. Home Mailing Address (#/Street/PO Box) [redacted]	(City) [redacted]	(State) [redacted]	(Zip Code) (County Name)
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)	(Academy Name) North Central State College	(Academy Number) BAS-17-056	(Dates of Training) 08/2017 - 05/2018

AGENCY INFORMATION

9. Agency Name Richland County Sheriff's Office			
10. Reporting Authority's Email Address jpsweat@richlandcountyoh.us	11. Agency Phone Number (419) 774-5881		
12. Agency Mailing Address (#/Street/PO Box) 597 Park Ave. East	(City) Mansfield	(Zip Code) 44905	(County Name) Richland

APPOINTMENT INFORMATION *(Complete Date, Status and ORC)*

13. New Appointment Date 07 / 16 / 18

14. Status Change Date / /

15. Select New Status ✓ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal

For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave; on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.

16. Select New ORC

____ City Full-Time/Part-Time (737.02)	____ City Auxiliary/Reserve/Special (737.051)	____ City Chief (737.02)
____ Village Full-Time/Part-Time/Special (737.16)	____ Village Auxiliary/Reserve (737.161)	____ Village Chief (737.15)
____ Township Police Officer (505.49)	____ Township Constable (509.01)	____ Other Chief - List ORC/Charter ____
____ Other - List ORC/Charter ____	✓ Deputy Sheriff (311.04)	____ Sheriff (311.01)

ATTESTATION OF REPORTING AUTHORITY

I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.

17. Signature of Reporting Authority J Steve Sheldon	18. Printed Name and Title J. Steve Sheldon, Sheriff	19. Date 07 / 16 / 18
20. Signature of Witness CAPT.	21. Printed Name (First, Middle, Last) Capt. James P. Sweat	22. Date 07 / 16 / 18

This form may be emailed to: SF400@ohioattorneygeneral.gov

Officer Name (Last)	(First)	(Middle)	Social Security Number
Frazier	Jacob	Tyler	[redacted]

23. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

Signature of Appointee

Signature of Appointing Authority

J. Steve Sheldon

Name of Appointing Authority (Typed or Printed Legibly)

Sheriff, Richland County

Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

24. Appointed By (Agency Name and County):	25. From(mm/dd/yyyy): / / To(mm/dd/yyyy): / /
26. Appointment Status (Check Appropriate Box) ____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal	
27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / / To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) ____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal	
30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / / To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) ____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal	
33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / / To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) ____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal	
36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / / To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) ____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal	
39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy): / / To(mm/dd/yyyy): / /
41. Appointment Status (Check Appropriate Box) ____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal	

This form may be emailed to: SF400@ohioattorneygeneral.gov

Gmail by Google

Sweat, James P <jpsweat@richlandcountyoh.us>

SF400

1 message

Sweat, James P <jpsweat@richlandcountyoh.us> Thu, Jul 19, 2018 at 10:33 AM
To: SF400@ohioattorneygeneral.gov

Please process the attached SF400.

Thanks,

Capt. Jim Sweat
Richland County Sheriff's Office
597 Park Ave. East
Mansfield, Oh 44905
Office: (419) 774-3552
Cell: (419) 989-7299

20180717132724603.pdf
1137K

Peoples Door Access Request Form

Date: 07/17/2018

RE: Lost / Damaged / Fob / New Employee

To: Sheriff's Department / Emergency Management Agency

Department: SHERIFF'S OFFICE

Employee: DEP. JACOB FRAZIER FOB # [redacted]

- [ ] My Security ID badge has been (lost, damaged, stolen) and needs replaced. This is my first time issuance of a (lost, damaged, stolen) Security ID badge.
- [ ] My Security ID badge has been (lost, damaged, stolen, or re-printed for any reason) and needs replaced. I understand that the cost of a second time replacement badge is currently ten dollars ($10.00) to be paid to Richland County, which I am responsible for.
- [ ] New Employee

Door Access

Exterior Doors

- [x] Main Entrance
- [x] Veterans Entrance /Dispatch Parking
- [ ] Dock Door

EMA Doors

- [x] EMA Main Entrance

Central Services Doors

- [ ] Central Services Main Hall

Sheriff's Department

- [x] Records Main Hall
- [x] Admin Entry Main
- [x] Admin Entry Stairs

] - MONDAY - FRIDAY 0800 - 1600

- [x] Training Room Main Hall
- [x] Training Room Stairs
- [ ] Records Storage Room 1
- [ ] Records Storage Room 2
- [ ] CCW Office
- [x] 911 Dispatch Center
- [ ] 911 IT Server Room
- [x] Crime Lab Evidence Lockers
- [ ] Crime Lab Rear
- [ ] Crime Lab Inside Main
- [x] Patrol Bureau Hall
- [x] Patrol Bureau Stairs
- [ ] Detective Bureau Hall
- [ ] Detective Bureau Stairs
- [ ] Armory Door

Please approve this form so that a new badge may be issued.

Employee Signature

July 17 2018
Date

Approved:
CAPT.
Sheriff's Office (Only if Applicable)

Approved:

EMA Director (Only if Applicable)

CC: PERSONNEL
FILE

Gmail by Google

Sweat, James P <jpsweat@richlandcountyoh.us>

Training Determination for Jacob Frazier - 7/16/18 appt.

1 message

Judith I. Wilson <Judith.Wilson@ohioattorneygeneral.gov> Tue, Jul 31, 2018 at 2:19 PM
To: "jfrazier@richlandcountyoh.us" <jfrazier@richlandcountyoh.us>, "jpsweat@richlandcountyoh.us" <jpsweat@richlandcountyoh.us>

We have reviewed the information reported to the Commission and find no update training is required.

This review also does not address the officer's annual firearms requalification training requirement.

If you have any questions, you can reach me at the phone number listed below.

Sincerely,

Jill Cury

Jill Cury

Certification Officer

Professional Standards Section

Email: Jill.Cury@OhioAttorneyGeneral.gov

Phone: 740-845-2693

cc: Officer

JC/jw

RICHLAND county OHIO

Employee Maintenance

(circle one)
ADD CHANGE DELETE

Name	JACOB FRAZIER
Address	[redacted]
City, State, Zip Code	
Telephone	
Birthdate	
Social Security Number	
Marital Status:	
Sex	MALE
Race	WHITE
Title	DEPUTY SHERIFF
Department Number	LAW
Munis Org	
Business Phone Number	
Start Date	07-16-2018
Rehire Date	
Termination Date	
Reason for Termination	
Status	
Annual Salary	

Employee# _____

Has this person ever been employed by Richland County in the past? Yes or No

Class #	
Account #	[redacted]
Object#	510200

TAXES	Code	Dep	TY	Add On
Federal				
State				
City				

Salary/pay	
Rate/hour	18.9300
Alt Rate/hour	.80 SHIFT
Longevity Payment	
Annual Hours	2080 HOURS
Shift	
Full/Part	Full-time.
STRS	
PERS	LAW PSHF
Direct Dep. Route #	
Direct Dep. Account #	

Signature

Date 7-16-18

Comments

032.

Frazier
unit umber.
32

CERTIFICATE OF APPOINTMENT

OF Jacob Frazier

As Deputy Sheriff

Office Sheriff
RICHLAND COUNTY

THIS IS TO CERTIFY, that the undersigned being of opinion that the business of this office requires it, has appointed Jacob Frazier

a suitable and competent person as Deputy Sheriff

Therein, beginning on the 16th day of July 2018
and continuing until otherwise ordered.

Said Jacob Frazier

as compensation the sum of $18.9300 dollars
per hour payable bi-weekly from the County Treasury upon the warrant of the County Auditor.

Witness my signature and seal of office, this 16th day of July 2018

J Steve Sheldon Sheriff
RICHLAND COUNTY
J. STEVE SHELDON SHERIFF

OATH OF OFFICE

Rev Code Secs 3.22, 3-23

The State of Ohio, Richland County, ss.

Jacob Frazier being duly sworn, says that he/she will support the Constitution of the United States and the Constitution of the State of Ohio, and that he will faithfully discharge the duties of Deputy in the office of the Sheriff of said County.

Jacob Frazier

Sworn to before me and signed in my presence, this 16th day of July 2018

J Steve Sheldon - Sheriff
J. STEVE SHELDON SHERIFF
Richland County

Future Changes

OATH OF OFFICE

I, JACOB TYLER FRAZIER, do solemnly swear or affirm that I will uphold the constitution of the United States of America, that I will uphold and abide by the laws of the State of Ohio, and that I will faithfully discharge the duties of my appointed office to the best of my abilities. So help me God.

Signature : [illegible]

Appointing Authority: [illegible] - Sheriff

Witness: Erik Spiker.

Date: 7-16-18

OHIO ATTORNEY GENERAL

PEACE OFFICER TRAINING COMMISSION

OHIO PEACE OFFICER TRAINING COMMISSION
&
THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

Jacob T Frazier

has completed the Ohio
Peace Officer Basic Training Program

Conducted by

North Central State College

Awarded on

May 31, 2018

Mike DeWine
Attorney General

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

THE SEAL OF THE ATTORNEY GENERAL OF OHIO

Mary E. Davis, Executive Director
Ohio Peace Officer Training Commission

School Commander

BAS17-056 171874

10631.

Print Form

RICHLAND county OHIO

Employee Notification Form

On Date: 7-16-18
Date of Employment/Termination/etc.

RE: Jacob Frazier
Employee Name

Department: Sheriff / Road Patrol
Employee Department Location

To: Richland County IT

Please note that the above listed employee is considered:

- [x] New Employee
- [ ] Retired Employee
- [ ] Resigned Employee
- [ ] Terminated Employee

Please change your records accordingly to show this change for security purposes via any and all applications.

Thank You.

Eric Spiu 7-16-18.
Supervisor Signature Date

Employee Signature - Stay within the lines

Print Form

Application Security Request Form

Date: 7-16-18

RE: Add additional security clearance

To: Information Systems, County IT

For Employee: Jacob Frazier.

Requested Application Name(s): Road Patrol (apps.)
(example: IAS/ FinX / PayX)

Please list the additional screen names that Jacob Frazier wishes to have added:
(Employee Name)

Please approve this form.

Thank You.

Eric Spon
Supervisor Signature

[redacted]

RICHLAND COUNTY
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize Richland County to initiate credit entries and to initiate, if necessary, debit entries to correct errors to my account indicated below and the financial institution named below, to debit and/or credit the same to such account.

Name of Financial Institution

Checking Account Number

Savings Account Number

Routing Number

Amount

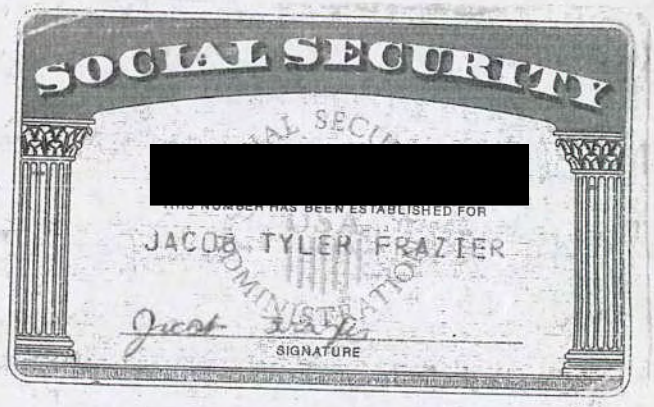
[redacted]

This authority is to remain in full force and effect until Richland County, Finance Department, has received written notification from me of its termination in such time and in such manner as to afford Richland County and the Financial Institution a reasonable opportunity to act on it.

IMPORTANT: Must have a voided check with employees name for direct deposit into a checking account and something from the bank or a deposit with employee's name for a savings account.

Employees Signature

JULY 16 2018
Date


SOCIAL SECURITY
[redacted]
THIS NUMBER HAS BEEN ESTABLISHED FOR
JACOB TYLER FRAZIER
SIGNATURE

[redacted]

Employee Application

Please print clearly in blue or black ink.

RENEWAL

Check one — Employer Use

☒ New Employee ☐ Change ☐ COBRA

Employee Information — *Failure to accurately complete the questions on this application may affect the existence or amount of coverage. Please correct any errors in the information listed below.*

Employee name *(last, first, initial)*	Employer	Employment location
Jacob, Frazier T	Richland County Commissioners	Sheriff

[redacted]

NEW HIRE REQUIREMENTS

- [x] Valid Driver's License Copy OR Copy of a Valid Passport
- [x] SSN Copy
- [ ] Other documents for I-9 Verification as Appropriate (N/A)
- [x] Richland County Auditor Maintenance Form
- [ ] Authorization for Automatic Deposits with Voided Check Attached or Letter from Banking Institution
- [x] Federal W-4
- [ ] Ohio Tax Form
- [ ] Statement of Job Not Covered by Social Security
- [ ] Public Employment Retirement System Enrollment (PERS) Form
- [ ] Federal I-9 Verification Forms
- [ ] Ohio State Auditor Fraud Reporting Acknowledgement Form
- [ ] Certificate of Appointment
- [ ] Sticker is not needed for a new hire

- [ ] Health Insurance Enrollment Form Pending
- [x] Spousal Health Insurance Exemption Notification Form (if appropriate)
- [x] Assurant Enrollment Forms Pending
- [ ] Proof of Spousal Insurance (If Applicable)
- [ ] Please Verify Enrollment in Online Health Insurance/Caremark Systems (Pending)
- [ ] Employee on Buy-out (Spousal Health Coverage Proof Included)

Richland County

RETIRE/REHIRE EMPLOYEE MAINTENANCE

EMPLOYEE# _____ EFFECTIVE DATE _____

NAME _____

VACATION ACCRUAL (CHECK BOX)

- [ ] 3.1 HRS FOR TWO WEEKS VACATION
- [ ] 4.6 HRS FOR THREE WEEKS VACATION
- [ ] 6.2 HRS FOR FOUR WEEKS VACATION
- [ ] 7.7 HRS FOR FIVE WEEKS VACATION

N/A.
NO prior time
7-16-18.

_____
APPOINTING AUTHORITY SIGNATURE

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security,** is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name Richland Co **Employee ID#** [redacted]

Employer Name JACOB TYLER FRAZIER **Employer ID#** [redacted]

Your earnings from this job are not covered under Social Security. Whe[redacted] you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is $395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of $600 based on earnings that are not covered under Social Security, two-thirds of that amount, $400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a $500 widow(er) benefit, you will receive $100 per month from Social Security ($500 - $400=$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee [signature] **Date** July 16, 2018

Dave Yost • Auditor of State

Bulletin 2012-003

Auditor of State Bulletin

Date Re-Issued: **April 4, 2012**

TO: **All Public Offices**
Community Schools

FROM: **Dave Yost, Ohio Auditor of State**

SUBJECT: **House Bill 66 – Fraud Hotline**

In 2003, then Auditor of State Betty Montgomery created the Auditor of State's fraud hotline. The hotline was established as a way for all Ohioans to report potential fraud throughout government. Since its inception, not a week passes without the Auditor of State's office receiving tips or complaints.

Recently passed legislation House Bill 66 (HB 66) makes several changes to the Auditor of State's fraud hotline. The bill requires the Auditor of State to maintain a system for the reporting of fraud, including misuse of public money by any public official or office. The system allows all Ohio citizens the opportunity to make anonymous complaints through a toll-free telephone number, the Auditor of State's website, or through the United States' mail.

The Auditor of State is required to keep a log of all complaints filed. The log is a public record under Section 149.43 of the Revised Code and must contain the following: the date the complaint was received, a general description of the nature of the complaint, the name of the public office or agency with regard to which the complaint is directed, and a general description of the status of the review by the Auditor's office. Information in the log may be redacted if Section 149.43 of the Revised Code or another statute provides an applicable exemption. During the course of Auditor of State investigations, information will be redacted pursuant to Section 149.43(A)(2) in order to conduct thorough investigations.

The new legislation also has a direct impact on all public employers. On the bill's effective date, May 4, 2012, public offices, including community schools, must make their employees aware of the fraud-reporting system. Public offices also must provide information about the fraud reporting system to all new hires. All new employees must confirm that they received this information within thirty days after beginning employment.

Section 117.103 requires the Auditor of State to confirm that public offices have so notified new employees. The statute provides two ways to verify compliance. First, public offices may require new employees to sign forms acknowledging the employees were notified of the fraud-reporting system. The Auditor of State has created a model form, which is appended to this Bulletin and may be found on the Auditor of State website. Alternatively, public offices may consider providing the fraud reporting system information in the employee manual for the public office. The employee should sign and verify the employee's receipt of such a manual. This option satisfies the bill's requirements on public employers.

Finally, the legislation also extends the current whistle-blower protections contained in Section 124.341 of the Revised Code to employees who file a complaint with the new fraud-reporting system. If a classified or unclassified employee becomes aware of a situation and reports it to the Auditor of State's fraud-reporting system, the employee is protected against certain retaliatory or disciplinary actions. If retaliatory or disciplinary action is taken against the employee, the employee has the right to appeal with the State Personnel Board of Review.

Dave Yost

Dave Yost
Ohio Auditor of State

Example language regarding the Auditor of State's fraud reporting-system

The Ohio Auditor of State's office maintains a system for the reporting of fraud, including misuse of public money by any official or office. The system allows all Ohio citizens, including public employees, the opportunity to make anonymous complaints through a toll free number, the Auditor of State's website, or through the United States mail.

Auditor of State's fraud contact information:

Telephone: 1-866-FRAUD OH (1-866-372-8364)

US Mail: Ohio Auditor of State's office
Special Investigations Unit
88 East Broad Street
P.O. Box 1140
Columbus, OH 43215

Web: www.ohioauditor.gov

Acknowledgement of receipt of Auditor of State fraud reporting-system information

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging (insert public employer) provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud reporting system.

I JACOB T FRAZIER, have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

JACOB T FRAZIER DEPUTY SHERIFF SHERIFF'S OFFICE
PRINT NAME, TITLE, AND DEPARTMENT

PLEASE SIGN NAME

JULY 16. 2018
DATE

Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642
1-800-222-PERS (7377) www.opers.org

OPERS

Personal History Record

INSTRUCTIONS

1. As a public employee you are required to complete and file this Form within 30 days of commencing employment. Failure to do so may limit the options available to you as well as delay transactions. Please fill out the form in **blue or black ink.**
2. For elected officials: An elected official, or person appointed to a publicly elected position, who is not retired from an Ohio retirement system and does not have contributions on deposit with OPERS through previous elected service, has the option of contributing to OPERS or Social Security. Elected officials who choose OPERS membership are required to contribute to OPERS for all subsequent elected positions.
3. Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
4. Sign the form in SECTION 4 - **EMPLOYEE CERTIFICATION.** DO NOT print or type.
5. The employer is required to complete SECTION 5 - **EMPLOYER CERTIFICATION.**
6. The employer is required to mail the ***completed*** form to OPERS at the above address immediately upon hire.

Section 1 - Personal Information

[redacted]

Last Name: FRAZIER

First Name: JACOB

MI: T

Street or Mailing Address: [redacted]

Apt. Number:

Section 2 - Current Employment Information

Job Title: DEPUTY SHERIFF

If this is an elected position or if you have been appointed to an elected position, provide date present elective service began.

Please turn page to complete remainder of form

Section 3 - Prior Service Information

1. Have you previously worked in public employment in Ohio? Yes ☐ No ☒ If "yes," give first date of public service:

If "yes," list employer(s)

2. Do you have previous public service for which OPERS contributions were not submitted? Yes ☐ No ☒
If "Yes" and you wish to request a determination relative to your non-contributing service, please provide OPERS with a completed *Certification of Unreported Public Service (Form AA)*.

3. Are you currently a member of, have you been a member of, or are you receiving a disability benefit from any of the following retirement systems? *(If applicable, check Refunded, Receiving a Disability Benefit or Receiving a Retirement Benefit.)*

	Yes	No	Refunded	Receiving a Disability Benefit	Receiving a Retirement Benefit
Ohio Public Employees Retirement Systems (OPERS)	☐	☒	☐	☐	☐
State Teachers Retirement Systems (STRS)	☐	☒	☐	☐	☐
School Employees Retirement System (SERS)	☐	☒	☐	☐	☐
Ohio Police and Fire Pension Fund (OP&F)	☐	☒	☐	☐	☐
State Highway Patrol Retirement System (HPRS)	☐	☒	☐	☐	☐
Cincinnati Retirement System (CRS)	☐	☒	☐	☐	☐

Section 4 - Employee Certification

I state that the information contained in this form is complete and true to the best of my knowledge and belief.

Jack Fan

Employee Signature (Do not print or type.)

Today's Date JULY 16 2018

Section 5 - Employer Certification

Employer Code - Start Date

Is this an elected position? **Yes** ☐ **No** ☐ If "yes," provide Employer Code for elected position -

Elected Position Title

Is this a law enforcement position? **Yes** ☐ **No** ☐ **Full-Time** ☐ **Part-Time** ☐

I hereby certify that _____ began earning salary from which OPERS
Employee Name

retirement contributions are deducted with the above employer on the start date indicated above and the statements set forth are true and accurate as disclosed by the records of

_____
Signature of Certifying Officer

Print Certifying Officer's Name

INTER-OFFICE COMMUNICATION

TO:	ALL FOP ROAD SUPERVISOR/DEPUTIES	DATE:	08-23-12
FOR:	RICHLAND COUNTY AUDITOR'S OFFICE	EFFECTIVE DATE:	08-23-12
FROM:		DIVISION:	
SUBJECT:	MANSFIELD CITY INCOME TAX		
REF:	☒ MESSAGE ☐ SPECIAL DETAIL ☐ ASSIGNMENT ☐ INTELLIGENCE INFORMATION		

Spousal Eligibility Form
Richland County

Section 2 – to be completed by Spouse's Employer or Retiree's Former Employer

Richland County implemented a "spouse policy" starting January 1, 2016. The spouse policy requires spouses of County employees who have access to medical insurance to accept that insurance as primary.

Is medical coverage available to your employee or retiree? _____ Yes ____ No

If no, explain: _____

Please note: "Loss of eligibility" under the Richland County Health Plan group health plan is considered a Qualifying Event under HIPAA. Your employee may qualify as a "special (late enrollee" under your group health plan.

If "No" to question immediately above, what is the earliest date that your employee or retiree will be allowed to join your employer-sponsored health plan? _____

Please provide Name of Insurance Plan, Group #, Address and Phone #: _____

_____

Please provide Name and Title of HR Representative completing this Form

Name and Title:_____

Employer Name:_____

Employer Address:_____

Employer Phone #:_____

_____ _____

Human Resources Representative Signature **Date**

This completed signed form must be submitted to Richland County Central Services, 597 Park Avenue E., Mansfield, OH 44905 within 31 days of date eligible.

Note: For continuing employees, this form must be completed annually during each enrollment period if your spouse is going to continue as primary under the Richland County Health Plan.

Richland County Employee

Hepatitis Vaccine

_____ is a Richland County employee with _____ and is eligible for the Hepatitis B, three part vaccination.

Please invoice Richland County Central Services for the vaccination.

Jacob is current.

MANSFIELD CITY INCOME TAX

I hereby authorize the Richland County Auditor to make the proper deduction for the Mansfield City Income Tax from my compensation.

Signature_____

Date_____

I am not subject to Mansfield City Income Tax.

Signature_____

M10 code!

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

▶**START HERE:** **Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*
Frazier	Jacob	T	

[redacted]

connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

- [x] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States *(See instructions)*
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
  Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*
[signature]	07/16/2018

Preparer and/or Translator Certification (check one):

- [x] I did not use a preparer or translator.
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date *(mm/dd/yyyy)*	
[signature]		7-16-18	
Last Name *(Family Name)*	First Name *(Given Name)*		
Spiler	Erika		
Address *(Street Number and Name)*	City or Town	State	ZIP Code
591 Park Ave.	Mansfield.	OH	44905

STOP *Employer Completes Next Page* STOP

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: drivers Lic.		Document Title		Document Title
Issuing Authority: [redacted]		Issuing Authority		Issuing Authority
		Document Number		Document Number
		Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*
Issuing Authority		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: 7-16-18 ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative
[illegible]	7-16-18	Sher H

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code
Richland Co. Sher H	Mans. OH		44905

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			B. Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

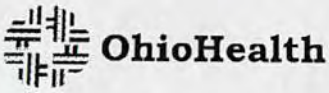
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



WorkHealth Mansfield
1750 West Fourth St., Ste 5
Ontario, OH 44906
PH: (419) 526-8444
FX: (419) 529-8617

RECOMMENDATION OF EXAMINING PHYSICIAN

Patient Name Jacob T. Frazier (PRINTED NAME) Company Name Richland County Sheriff

Social Security Numi [redacted] Date of Exam 06/28/2018

Patient Arrived Time: 10:49 AM Departed Time: 11:54 AM

I have completed my examination and the following is my recommendation:

- [x] *Acceptable for proposed work. No significant medical restrictions noted.*
- [ ] *Acceptable for proposed assignment only. Medical approval required for any change of activity or assignment.*
- [ ] *Acceptable after correction of impairments.*
- [ ] *Acceptable for proposed work for a period of ____ month(s). This clearance will expire on _____.*
  NOTE: The patient has been instructed to follow up with our office prior to the expiration date of the clearance.
- [ ] *Not acceptable for proposed work.*
- [ ] *Comments regarding special examinations (respirator,firefighters, etc.).*
- [ ] *Able to wear respirator.*

Statement of Communicable Disease Status:

- [ ] *Free of communicable disease.*
- [ ] *Free of communicable disease and active Tuberculosis - cannot rule out latent Tuberculosis without completing a 2-step test.*
- [ ] *Free of communicable disease pending completion of:* [ ] *tuberculosis test and/or* [ ] *chest xray*
- [ ] *Free of communicable disease - Tuberculosis test not performed.*

Comments:

Physician's comments and summary of positive findings related to proposed job assignment and recommendations.

- [ ] *Full job description on file in medical record at the WORKHEALTH CENTER.*

PHYSICIAN (PRINTED NAME)	PHYSICIAN SIGNATURE	DATE
Melissa Burkholder CNP	Melissa Burkholder CNP	06/28/2018

Avita Health Psychology
715 Richland Mall
Ste A
Ontario OH 44906-3802
Phone: 419-522-0948
Fax: 419-526-7347

J. Steve Sheldon, Sheriff
Richland County Sheriff's Office
597 Park Ave. East
Mansfield OH 44905
VIA Mail

Visit Date: 7/12/2018
MRN: 980743396
Patient Name: Jacob Frazier
[redacted]

Dear Sheriff J. Steve Sheldon:

At your request I was able to evaluate Jacob Frazier in the position of Deputy Sheriff with the Richland County Sheriff's Office.

Jacob Frazier is recommended for hire in the position of Deputy Sheriff with the RCSO with no reservations.

Sincerely,

Aaron R Becker, PsyD

Recipients:
J. Steve Sheldon, Sheriff
Richland County Sheriff's Office
597 Park Ave. East
Mansfield OH 44905
VIA Mail

Print Letter

VIA Print Letter

11085

J. Steve Sheldon, Sheriff

Richland County Sheriff's Office & Civil Division
597 Park Avenue East • 2nd Floor
Mansfield, Ohio 44905
Phone: 419-774-5881 Fax: 419-522-8153
Civil Office: 419-774-3570

RICHLAND COUNTY SHERIFF'S OFFICE

CONDITIONAL OFFER OF PROBATIONARY EMPLOYMENT

Dear Jacob Frazier:

This letter is to advise you that your application for employment with the Richland County Sheriff's Office for the position of Deputy Sheriff has been processed.

You have successfully completed the initial phases of the employment process. As a condition of employment, you must successfully meet the Minimum employment standards for a Deputy Sheriff for and/or required training entrance standards as mandated by state law. You must also successfully complete a physical and drug test.

Following successful completion and review of the aforementioned inquiries, you will be informed by letter of your employment status.

Thank you for your interest in employment with the Richland County Sheriff's Office. Upon successful completion of the employment process, your application will be presented to the Sheriff who will make the final determination as to your suitability for employment. This conditional offer of employment shall remain valid and in affect for one year from the effective date of this agreement, provided however, this offer shall be immediately withdrawn upon applicant's failure to meet any one of the above terms and conditions.

ACKNOWLEDGEMENT AND ACCEPTANCE OF OFFER

I hereby acknowledge and accept the terms and conditions provided above. I exercise this acceptance of my own free will, in good faith and with the understanding that I will be employed in the position of Deputy Sheriff satisfactory completions of the conditions.

Jacob Frazier
Applicant

06.26.2018
Date

J Steve Sheldon - Sheriff
Witness

06 28 2018
Date

Richland County Jail
73 East Second Street • Mansfield, Ohio 44902
Phone: 419-774-5678 Fax: 419-774-5646

WITH GOD ALL THINGS ARE POSSIBLE
STATE MOTTO

RICHLAND COUNTY SHERIFF'S OFFICE - LAW ENFORCEMENT DIVISION
APPLICATION FOR EMPLOYMENT
DEPUTY SHERIFF

6-4-18 recieved 7/1

PRINT CLEARLY AND ANSWER ALL QUESTIONS

Date of Application: 05.30.2018 Position Applied For: **Deputy Sheriff**

A. MINIMUM QUALIFICATIONS

1. Be a United States Citizen;
2. Be (18) eighteen years of age or older;
3. Possess a high school diploma or GED;
4. Possess a valid Ohio Driver's License;
5. Possess a current Ohio Peace Officer Certification;
6. Pass a Physical Fitness Evaluation;
7. Pass a Background Investigation to Include;
   a. Criminal History Examination;
   b. Financial History Examination;
   c. Employment History Examination;
   d. Personal, Family and/or Reference Interviews;
8. Pass a Truth Verification Examination;
9. Pass a Physical, Drug and Alcohol Examination;
10. Pass a Psychological Examination.

B. GENERAL INFORMATION

Name: FRAZIER (Last) JACOB (First) TYLER (Middle (Full))

Additional Names: NA

[redacted]

☑ Yes ☐ No
Are You a Citizen of the United States of America?

NORTH CENTRAL STATE COLLEGE — Peace Officer Academy Attended
05.04.2018 — Date Completed
Certificate No.

Corrections Officer Academy Attended
Date Completed
Certificate No.

1. Have you ever had any type of protection order filed against you? Yes ☐ No ☑
   If YES, please list the date(s) of issue and type:

2. Have you filed an application with Richland County before? Yes ☐ No ☑
   If YES, when? Which Department/Office?

RICHLAND COUNTY SHERIFF'S OFFICE - LAW ENFORCEMENT DIVISION
APPLICATION FOR EMPLOYMENT
DEPUTY SHERIFF

3. Do you have relatives currently employed at the Richland County Sheriff's Office? Yes ☑ No ☐

If YES, list their name(s): RAYMOND FRAZIER

C. MILITARY SERVICE INFORMATION

1. Are you a United States Military Veteran? Yes ☑ No ☐

If YES, Branch of Service AIRFORCE Highest Rank Achieved (E-3) Airman First Class (A1C)

Total Length of Consecutive Active Duty Time On going

Type of Discharge NA **(Less than Honorable Discharge will not be considered)**

Reserve or National Guard Status NATIONAL GUARD

D. EDUCATION INFORMATION

High School Diploma ☑ **G.E.D.** ☐ **Date Received** JUNE 03 2016

1. ONTARIO HIGH SCHOOL — ONTARIO — OH
High School — City — State

Course of Study — Degree Completed — 08.20.2012 - 06.03.2016 Dates Attended

2. NORTH CENTRAL STATE COLLEGE — MANSFIELD — OH
College — City — State

CRIMINAL JUSTICE — ON GOING — 08.21.2017 - 05.04.2018
Course of Study — Degree Completed — Dates Attended

3. Other — City — State

Course of Study — Degree Completed — Dates Attended

E. PERSONAL REFERENCE INFORMATION

1. ANNE STROUTH — 2441 GENWOOD CIRCLE — [redacted] — ACADEMY COMMANDER
Name — Address — Phone — Relationship

2. BENJAMIN ADKINS — 5157 BROADVIEW ROAD 43230 — [redacted] — SUPERVISOR
Name — Address — Phone — Relationship

3. BRETT BAXTOR — 2491 MILLSBORO ROAD 44906 — [redacted] — FORMER BOSS
Name — Address — Phone — Relationship

4. TRACY BAXTOR — 2491 MILLSBORO ROAD 44906 — [redacted] — FORMER BOSS.
Name — Address — Phone — Relationship

RICHLAND COUNTY SHERIFF'S OFFICE - LAW ENFORCEMENT DIVISION
APPLICATION FOR EMPLOYMENT
DEPUTY SHERIFF

F. EMPLOYMENT HISTORY INFORMATION

Account for ALL times of employment including periods of unemployment. Begin with PRESENT position or occupation. If you need more room, use a separate piece of paper. A resume is welcome in addition to this application, however, it MAY NOT be substituted for any part of this application. Incomplete information may prevent your application from being processed.

Company Name: AIR NATIONAL GUARD Address: 1947 HARRINGTON MEMORIAL ROAD Phone: (419)-520-6259

Dates of Employment: From 11/08/2015 (MM/DD/YYYY) To CURRENT (MM/DD/YYYY) Job Title: SECURITY FORCES

Current Salary: $ (E-3) Per Hour Your Duties: PERFORM I.D CHECKS AND VEHICLE SEARCHES

Reason for Leaving: N/A

Company Name: DEPARTMENT OF THE AIRFORCE Address: 1947 HARRINGTON MEMORIAL ROAD Phone: (419) 520-6259

Dates of Employment: From 10/29/2017 (MM/DD/YYYY) To 02/17/2018 (MM/DD/YYYY) Job Title: POLICE OFFICER

Current Salary: $ 17.80 Per Hour Your Duties: MAIN GATE SECURITY / C-130 SECURITY

Reason for Leaving: TO FOCUS ON THE POLICE ACADEMY

Company Name: BESTA FASTA PIZZA Address: 325 SHELBY-ONTARIO ROAD Phone: (419) 529-4030

Dates of Employment: From 03/15/2015 (MM/DD/YYYY) To 10/20/2017 (MM/DD/YYYY) Job Title: GENERAL EMPLOYEE

Current Salary: $ 9.00 Per Hour Your Duties: PREPARE PIZZA, CASH OUT CUSTOMERS

Reason for Leaving: TO WORK THIRD SHIFT AT THE 179TH AW WHILE AT THE POLICE ACADEMY

Company Name: UNEMPLOYED Address: 832 RANDALL WOOD DRIVE Phone: (419) 775-6915

Dates of Employment: From 09/01/2014 (MM/DD/YYYY) To 03/15/2015 (MM/DD/YYYY) Job Title: NA

Current Salary: $ NA Per Hour Your Duties: NA

Reason for Leaving: NA

RICHLAND COUNTY SHERIFF'S OFFICE - LAW ENFORCEMENT DIVISION
APPLICATION FOR EMPLOYMENT
DEPUTY SHERIFF

Company ROOSTERS (Name) 2140 WEST FOURTH STREET (Address) (419) 709-8537 (Phone)

Dates of Employment: From 06/01/2014 (MM/DD/YYYY) To 09/01/2014 (MM/DD/YYYY) Job Title: COOK

Current Salary: $ 9.50 Per Hour Your Duties: COOK PIZZA'S AND SUB'S

Reason for Leaving: SCHEDULE CONFLICT WITH SCHOOL

Company UNEMPLOYED (Name) 832 RANDALL WOOD DRIVE (Address) (419) 775-6915 (Phone)

Dates of Employment: From 03/01/2014 (MM/DD/YYYY) To 06/01/2014 (MM/DD/YYYY) Job Title: NA

Current Salary: $ NA Per Hour Your Duties: NA

Reason for Leaving: NA

Company CiCi'S PIZZA (Name) 2156 WALKER LAKE ROAD (Address) (419) 747-2424 (Phone)

Dates of Employment: From 12/01/2013 (MM/DD/YYYY) To 03/01/2014 (MM/DD/YYYY) Job Title: COOK

Current Salary: $ 8.10 Per Hour Your Duties: COOK PIZZA

Reason for Leaving: OBTAINED EMPLOYMENT WORKING WITH A FAMILY MEMBER

Company UNEMPLOYED (Name) 832 RANDALL WOOD DRIVE (Address) (419) 775-6915 (Phone)

Dates of Employment: From NA (MM/DD/YYYY) To 12/01/2013 (MM/DD/YYYY) Job Title: NA

Current Salary: $ NA Per Hour Your Duties: NA

Reason for Leaving: HAD NOT YET OBTAINED MY FIRST JOB.

Company (Name) (Address) (Phone)

Dates of Employment: From (MM/DD/YYYY) To (MM/DD/YYYY) Job Title:

Current Salary: $ Per Hour Your Duties:

Reason for Leaving:

RICHLAND COUNTY SHERIFF'S OFFICE - LAW ENFORCEMENT DIVISION
APPLICATION FOR EMPLOYMENT
DEPUTY SHERIFF

G. RELEASE AND AUTHORIZATION – PLEASE READ CAREFULLY

I certify that all statements contained herein or at any step of the employment process are true, complete, and correct to the best of my knowledge. I understand that a false answer or material omissions may be grounds for dismissal from the Richland County Sheriff's Office.

By signing this waiver, I expressly authorize the Richland County Sheriff's Office to complete a thorough investigation of my past employment and activities which may include, but not be limited to, an operator license record check, criminal history check, financial credit check, etc. I also authorize the Richland County Sheriff's Office to complete an inquiry of my former employer(s) concerning my work record, job qualifications and performance. I authorize my former employer to furnish the Richland County Sheriff's Office with this information upon their request. I recognize the right of the Richland County Sheriff's Office to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources, and information obtained there from.

Jacob Frazier
Signature of Applicant

05.30.2018
Date

JACOB T FRAZIER
Printed Name of Applicant

Applications may be filed in person or mailed to the following listed location. After submitting an application, please do not call the Sheriff's Office to inquire as we will notify you on the decision made to either cease or continue with the employment process. Thank you for your interest in serving our community.

Richland County Sheriff's Office
Attn: Deputy Applications
597 Park Ave. East
Mansfield, Ohio 44905

Jacob Tyler Frazier

[redacted]

Objective

To obtain a position as a Deputy Sheriff with the Richland County Sheriff's Department

Education

NORTH CENTRAL STATE BASIC POLICE ACADEMY

- Started august 21, 2017 – Completion date May 4, 2018
  - Asp certified
  - Radar/Lidar NHTSA certified
  - Incident command system (ICS) certified
  - National incident management system (NIMS) certified
  - NHTSA O.V.I Detection

| SECURITY FORCES TECH SCHOOL (AIRFORCE MILITARY POLICE)

- Started September 5, 2016 – Completed December 16, 2016

| AIRFORCE BASIC MILITARY TRAINING

- Started July 5, 2016 / completed September 2, 2016
- Graduated Thunderbolt [90 or above on PT test]

| ONTARIO HIGH SCHOOL

Degree Acquired on June 3, 2016

Awards and Job-Related Experience

| RICHLAND COUNTY EXPLORERES

- Volunteered in county events to assist Richland county sheriff deputy's duties to learn firsthand experience the everyday duties of a police officer.
- Finger Printed children along with taking fascial photographs as a part of the Moose lodge to supply parents with the tools to provide to the authorities to help find their children in the occurrence of a disappearance.
  - 100 hours of community service 2012
  - 128 hours of community service 2013
  - 2nd place car stops [Ohio state Competition] 2013
  - 3rd place building search [Ohio state Competition] 2013

Job Experience

Department of the Airforce

Police Officer

October 29, 2017 – February 17, 2018

Duty Station – 179 Air National Guard Base Mansfield, Ohio

- Performed the duties of a police officer on third shift, to maintain the safety and security of the personal and property of the 179 Air National Guard Base.

RICHLAND COUNTY SHERIFF'S OFFICE
PERSONAL HISTORY QUESTIONNAIRE

A. APPLICANT IDENTIFICATION: Information provided in this section is used for identification purposes only.

1. NAME: FRAZIER (LAST) JACOB (FIRST) TYLER (MIDDLE)

[redacted]

8. ARE YOU A U.S. CITIZEN? ✓ YES ____ NO

[redacted]

10. HEIGHT: 6-02 WEIGHT: 190

11. EYE COLOR HAZ HAIR COLOR: BLN

12. SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS: NA

C. **WORK HISTORY: Beginning with your present or most recent job, list all employment held for the past ten years, including part-time, temporary or seasonal employment. Include all periods of employment.**

1. FROM: 10 - 29 - 2017 TO: 02 - 17 - 2018 EMPLOYER DEPARTMENT OF THE AIRFORCE

ADDRESS: 1947 HARRINGTON MEMORIAL ROAD MANSFIELD OHIO 44903

PHONE: (419) 520 - 6259 JOB TITLE: POLICE OFFICER

DUTIES: PROVIDE SECURITY FOR AIRFORCE B-130 PLANES

SUPERVISOR: BENJAMIN ADKINS NAME OF CO-WORKER: MATHEW GARBER

REASON FOR LEAVING: TO FOCUS ON THE POLICE ACADEMY.

2. FROM: 05.01.2015 TO: 10-28-2017 EMPLOYER BESTA FASTA

ADDRESS: 325 SHELBY-ONTARIO ROAD, ONTARIO, OH 44906

PHONE: (419) 529-4030 JOB TITLE: GENERAL EMPLOYE

DUTIES: MAKE PIZZA AND CASH OUT CUSTOMERS

SUPERVISOR: TRACY BAXTOR NAME OF CO-WORKER: BRONX BAXTOR

REASON FOR LEAVING: EMPLOYMENT WITH THE 179th AIRFORCE BASE

3. FROM: 06.01.2014 TO: 08.31.2014 EMPLOYER ROOSTERS

ADDRESS: 2140 WEST FOURTH STREET, MANSFIELD, OHIO 44906

PHONE: (419) 709-8537 JOB TITLE: PIZZA AND SUB MAKER

DUTIES: MAKE PIZZA'S AND SUBS

SUPERVISOR: Eric Long NAME OF CO-WORKER: HALEY FRAZIER

REASON FOR LEAVING: TO WORK AT BESTA FASTA, TO WORK AROUND MY SCHOOL SCHEDULE

4. FROM: 11-15-2013 TO: 02-15-2014 EMPLOYER CICI'S PIZZA

ADDRESS: 2156 WALKER LAKE ROAD MANSFIELD, OHIO 44903

PHONE: (419) 747-2424 JOB TITLE: COOK

DUTIES: MAKE PIZZA

SUPERVISOR: VERNON FOWLER NAME OF CO-WORKER: ASHLEY CANANKAMP

REASON FOR LEAVING: WAS OFFERED A JOB TO WORK WITH A FAMILY MEMBER

5. FROM: _____ TO: _____ EMPLOYER _____

ADDRESS: _____

PHONE: _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____ NAME OF CO-WORKER: _____

REASON FOR LEAVING: _____

6. FROM: _____ TO: _____ EMPLOYER _____

ADDRESS: _____

PHONE: _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____ NAME OF CO-WORKER: _____

REASON FOR LEAVING: _____

D. MILITARY RECORD:

1. HAVE YOU SERVED IN THE U.S. ARMED FORCES? ✓ YES _____ NO

2. DATE OF SERVICE: FROM: 11.08.2015 TO: —

3. BRANCH OF SERVICE: AIRFORCE NATIONAL GUARD

UNIT DESIGNATION: 179 ᴿᴳ SFS MANSFIELD OHIO

MILITARY SERVICE NUMBER: _____

HIGHEST RANK HELD: E-3 A1C

TYPE OF DISCHARGE: NA

4. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE, INCLUDE COURT-MARTIAL, CAPTAIN'S MASTS, COMPANY PUNISHMENT, ETC.? _____ YES ✓ NO

CHARGE	AGENCY	DATE	AGE AT TIME	DISPOSITION

IF YOU RECEIVED A DISCHARGE OTHER THAN HONORABLE, GIVE COMPLETE DETAILS:

NA

E. EDUCATIONAL HISTORY:

HIGH SCHOOL	CITY/STATE	DATES ATTENDED (FROM TO)	GRADUATED (YES OR NO)
ONTARIO HIGH	ONTARIO	AUGUST 2012	YES
SCHOOL	OHIO	JUNE 2016	

1. COLLEGES OR UNIVERSITY ATTENDED: NORTH CENTRAL STATE COLLEGE

CITY AND STATE: MANSFIELD, OHIO DATES ATTENDED: AUGUST 2017 - CURRENT

UNITS COMPLETED: 12 CREDIT HOURS MAJOR / MINOR: CRIMINAL JUSTICE

DEGREE RECEIVED: NO DATE RECEIVED: NA

2. COLLEGES OR UNIVERSITY ATTENDED: NA

CITY AND STATE: _____ DATES ATTENDED: _____

UNITS COMPLETED: _____ MAJOR / MINOR: _____

DEGREE RECEIVED: _____ DATE RECEIVED: _____

3. LIST OTHER SCHOOLS ATTENDED: (TRADE, VOCATIONAL, BUSINESS, ETC.) GIVE NAME AND ADDRESS OF SCHOOL, DATES ATTENDED, COURSE OF STUDY, CERTIFICATE, AND ANY OTHER PERTINENT INFORMATION.

NA

F. SPECIAL QUALIFICATIONS AND SKILLS:

1. LIST ANY SPECIAL LICENSES YOU HOLD: SUCH AS PILOT, RADIO OPERATOR, SCUBA, ETC., SHOWING LICENSING AUTHORITY, ORIGINAL DATE OF ISSUE AND DATE OF EXPIRATION.

ASP CERTIFIED, RADAR / LIDAR CERTIFIED, OVI DETECTION CERTIFIED.

2. LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT THAT YOU CAN OPERATE.

NA

3. IF YOU ARE FLUENT IN A FOREIGN LANGUAGE, INDICATE IN EACH AREA, YOUR DEGREE OF FLUENCY (EXCELLENT, GOOD OR FAIR.)

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING

4. LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

NA

G. CONVICTIONS, ARRESTS, DETENTIONS AND LITIGATION:

1. HAVE YOU EVER BEEN CONVICTED, ARRESTED, DETAINED BY POLICE OR SUMMONED INTO COURT? _____YES ✓ NO

IF YES, COMPLETE THE FOLLOWING: (LIST JUVENILE AS WELL AS ADULT OCCURRENCES.)

CRIME CHARGED	CITY/STATE POLICE AGENCY	DATE	CASE DISPOSITION

2. HAVE YOU EVER BEEN INVOLVED AS A PARTY IN CIVIL LITIGATION?

_____YES ✓ NO IF YES, GIVE DETAILS: _____

H. TRAFFIC RECORD:

1. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? _YES ✓ NO

IF YES, GIVE DATE, LOCATIONS AND REASONS: NA

2. WITH WHAT COMPANY DO YOU CARRY AUTO INSURANCE? PROGRESSIVE

3. LIST TO THE BEST OF YOUR MEMORY, ALL DRIVING CITATIONS YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, EXCLUDING PARKING TICKETS:

MONTH & YEAR	CHARGE	CITY & STATE	CASE DISPOSITION
03. 2018	A.C.D.A	COLOMBUS, OHIO	PAID BY WAIVER

4. DESCRIBE IN A BRIEF NARRATIVE, ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS.

ON 03.16.18 I WAS TRAVELING SOUTHBOUND ON I 71 IN COLOMBUS, TRAFFIC IN FRONT OF ME CAME TO A STOP, AND I HIT THE REAR OF THE VEHICLE ~~BEHI~~ IN FRONT OF ME.

[redacted]

5. LIST ALL OTHER DEPENDENTS

NAME	ADDRESS	RELATIONSHIP

6. LIST OTHER RELATIVES IN THE FOLLOWING ORDER: FATHER, MOTHER (INCLUDE MAIDEN NAME) BROTHERS AND SISTERS.

[redacted]

J. REFERENCES OR ACQUAINTANCES: LIST FIVE PERSONS WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR FORMER EMPLOYERS.

1. NAME: CHRISTIE CRASHE ADDRESS: 500 EDGEWOOD ROAD MANSFIELD, OHIO 44907

HOME PHONE: [redacted] YEARS KNOWN: 5

BUSINESS ADDRESS: NA BUSINESS PHONE: NA

2. NAME: W. DON CRASHE III ADDRESS: 500 EDGEWOOD ROAD MANSFIELD, OHIO 44907

HOME PHONE: [redacted] YEARS KNOWN: 5

BUSINESS ADDRESS: 335 GLESSNER AVE. MASFIELD, OHIO BUSINESS PHONE: (419) 526-800

3. NAME: JENNIFER ANDREWS ADDRESS: 1825 WESTOVER LANE

HOME PHONE: [redacted] YEARS KNOWN: 5

BUSINESS ADDRESS: 770 BALGREEN DRIVE BUSINESS PHONE: (419) 522-3341

4. NAME: GREGORY HOOD ADDRESS: 28613 LEE STREET ORANGE BEACH AL 36561

HOME PHONE: [redacted] YEARS KNOWN: 3

BUSINESS ADDRESS: NA BUSINESS PHONE: NA

5. NAME: KATIE SHAFER ADDRESS: 69 WALNUT STREET SHELBY

HOME PHONE: [redacted] YEARS KNOWN: 1

BUSINESS ADDRESS: NA BUSINESS PHONE: NA

K. FINANCIAL HISTORY: (SOURCES OF INCOME)

1. WHAT IS YOUR PRESENT SALARY OR WAGES? NA

2. DO YOU HAVE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION?

YES ✓ NO _____ IF YES, HOW MUCH 700

HOW OFTEN: ONCE EVERY MONTH

THE SOURCE: AIR NATIONAL GUARD

3. DO YOU OWN ANY REAL ESTATE? YES ____ NO ✓ VALUE _____

LOCATION: _____

4. Have you ever filed for bankruptcy or defaulted on any loans. Yes _____ No ✓

If yes please explain:

L. MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT.)

NAME & ADDRESS	TYPE (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)	DATES BELONGING
RICHLAND COUNTY EXPLORERS	PROFESSIONAL	2011 - 2015
597 PARK AVE. E, MANSFIELD		
OH 44905		

M. PERSONAL DECLARATIONS:

1. DESCRIBE IN YOUR OWN WORDS, THE FREQUENCY AND EXTENT OF YOUR USE OF INTOXICATING LIQUORS? I HAVE HAD ALCOHOLIC BEVERAGES, BUT IT IS NOT SOMETHING THAT I TAKE PART IN OFTEN, IT WOULD BE LESS THAN MONTHLY IF THAT

2. HAVE YOU EVER USED MARIJUANA OR ANY OTHER DRUG NOT PRESCRIBED BY YOUR PHYSICIAN? YES _____ NO ✓

   IF YES, WHAT WERE THE CIRCUMSTANCES? _____

3. HAVE YOU SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE?
   YES _____ NO ✓

   IF YES, EXPLAIN IN DETAIL. _____

4. ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED HEREIN, WHICH MAY INFLUENCE THIS DEPARTMENT'S EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A LAW ENFORCEMENT OFFICER? YES _____ NO ✓

   IF YES, EXPLAIN IN DETAIL. _____

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

I hereby certify that I will provide to the Richland County Sheriff's Office, at my expense, (3) three complete credit reports completed by reputable credit agencies/companies.

Signature of Applicant

06.10.2018
Date

Deputy Sheriff Interview Questions

Date: 6-28-18 Applicant's Name: Jacob Frazier

1. What education and/or police officer training have you completed and are you currently a certified peace officer in the State of Ohio?

0 1 2 (3) 4

NC. State certificate
Exp. Proper
175M MP 2years Dec. 2021, Dec.

2. Tell us about your employment history. Include any employment positions you been terminated from and/or asked to leave?

0 1 2 (3) 4

Air Nation
Brady Fast Pizza Jr. High School
Roosters
Cicia's pizza Southside High School

3. Provide us (3) three of your strengths and how those strengths make you the best applicant?

0 1 2 (3) 4

1) Do Everything best of ability,
2) Self motivated person
3 Trustworthy, honest in everything to do., Very honest

4. Explain what provides the most stress in your life and how you manage your stress?

0 1 2 (3) 4

military get scheduled around, Coaching Aid, Hunt, Fish, Family, Gym

5. Provide us (3) three areas in which you could improve yourself, explaining why improvement is needed in those areas?

0 1 2 (3) 4

Organization Working on it, Attention to detail,
Grammar, Spelling Working progress
Getting to know area, Driving around on his own using a map

6. Professional Presence: 0 1 2 (3) 4 _____

7. Professional Conduct: 0 1 2 (3) 4 _____

Evaluator's Signature: _____ Total Score: 21

Deputy Sheriff Interview Questions

Date: 6/28/18 Applicant's Name: JACOB FRAZIER.

1. What education and/or police officer training have you completed and are you currently a certified peace officer in the State of Ohio?

0 1 2 (3) 4

YES. TESTED EARLIER THIS MONTH. EXPLORERS 13-17 AT RCSO. - AGE 20 NOW
military - 179th military police office 11/8/15. 3 months TECH
School - military police. 11/7/2021 END of CONTRACT. GOING BACK FOR ASSOCIATES.

2. Tell us about your employment history. Include any employment positions you been terminated from and/or asked to leave?

0 1 (2) 3 4

CURRENTLY AIR NAT'L GUARD,
BESTA PASTA PIZZA.
ROOSTERS WORK W/my SISTER - mad subs.
CE, CI's - MAKING PIZZAS.
NEVER TERMINATED

3. Provide us (3) three of your strengths and how those strengths make you the best applicant?

0 1 2 (3) 4

- I try to do everything to the BEST of my ABILITIES -
- Do things w/out being told - self INITIATED.
- MOST WORTHY - I try to be HONEST IN EVERYTHING THAT I do - Integrity.

4. Explain what provides the most stress in your life and how you manage your stress?

0 1 2 (3) 4

MILITARY - NOT A GREAT DEAL. - HASSLE about PAY -> HUNT or FISH. or w/FAMILY. WORKOUT AT GYM.

5. Provide us (3) three areas in which you could improve yourself, explaining why improvement is needed in those areas?

0 1 (2) 3 4

1) ORGANIZATION - EVER SINCE H.S. - military and POLICE ACADEMY helped me.
2) GRAMMER & SPELLING -> ?
3) Getting FAMILIAR w/ CO. -> military moved CO to get FAMILIAR w/ CO. ROADS.

6. Professional Presence: 0 1 2 (3) 4 _____

7. Professional Conduct: 0 1 2 3 (4) _____

Evaluator's Signature: [signature] Total Score: 20

Deputy Sheriff Interview Questions

Date: 06/28/2018 Applicant's Name: JACOB FRAZIER

1. What education and/or police officer training have you completed and are you currently a certified peace officer in the State of Ohio?

0 1 (2) 3 4

YES
→ JUST ACAD
NCSC - GRADUATED
EXPLORE 13-18 W/RCSO
MILITAR - AIRFORCE SECURITY FORCES MILITARY POLICE TRAINING TECH SCHOOL

2. Tell us about your employment history. Include any employment positions you been terminated from and/or asked to leave?

0 1 (2) 3 4

AIR NATIONAL GAURD.-
BEST-A-FASTA - 3 YEARS
ROOSTERS - BUS BOY / KITCHEN
CI-CI - FOOD SERVICE
NO TERMINATIONS

3. Provide us (3) three of your strengths and how those strengths make you the best applicant?

0 1 2 (3) 4

(1) WORK TO THE BEST OF MY ABILITIES
(2) - SELF MOTIVATED
(3) TRUSTWORTHY - HONESTY & INTEGRITY

4. Explain what provides the most stress in your life and how you manage your stress?

0 1 2 (3) 4

MILITARY - - SCHOOLING / PAY
LIKE TO HUNT / FISH SPEND TIME W/ FRIENDS FAMILY
LIKE TO WORKOUT

5. Provide us (3) three areas in which you could improve yourself, explaining why improvement is needed in those areas?

0 1 2 (3) 4

(1) ORGANIZATION - NEED TO GET BETTER - MILITARY / ACAD - HAS HELPED
(2) GRAMMER / SPELLING - NEED TO GET BETTER
(3) FAMILIARITY OF RICHLAND CO. - I AM DRIVING AROUND TO BETTER LEARN COUNTY

6. Professional Presence: 0 1 2 3 (4) SAT UP STRAIGHT / DRESSED W/ TIE / LOOKED IN EYE

7. Professional Conduct: 0 1 2 (3) 4 SOFT SPOKEN / WELL MANNERED / POLITE

Evaluator's Signature: CAPT. [signature] Total Score: 20

RICHLAND COUNTY SHERIFF'S OFFICE
EMPLOYER QUESTIONNAIRE

Name of Applicant: JACOB FRAZIER Employer Contacted: 179TH

Person Contacted: SGT DAVID FOLK Title: SGT

Date of Employment From: 11/15 To: PRESENT

First Job Title: SECURITY FORCES/CRAFTSMAN Last Job Title: CURRENT

Description of Job Duties During Employment: BASIC SECURITY FORCES / LAW ENFORCEMENT COP DUTIES / ANTI-TERRORISM

Did the Applicants Get Along With Other Employees? VERY WELL

Applicant's Ability to Resolve Work Related Problems/Situation? NO ISSUES

Applicant's Ability to Respond to Stress/Pressure? DONE WELL SO FAR

Quality of Work? GOOD Reliability? VERY GOOD

Sick Leave Usage? NEVER Was Applicant Ever Late? NOT TO MY KNOWLEDGE

How Did Applicant Deal With Public Contacts? NO NEGATIVE FEEDBACK

Was Applicant Ever Rude/Obnoxious? NO

Did Applicant Ever Have Any Complaints Filed Against Him/Her? NO

Was Applicant Ever Disciplined? Is So Why? NEVER

Security Clearance? SECRET SECURITY Reason for Clearance: GUARD BASE DUTIES CLASSIFIED BRIEFINGS

If Not Able to Obtain Clearance, Why? —

Did Applicant Handle Anything of Monetary Value? NO

Any Question of Honesty? NONE

Was Applicant Easy to Supervise? YES HE WAS

Did Applicant Self Initiate Work or Ideas? If So, Explain: HE HAS TO DOESWELL

Other Employee Acquaintances of Applicant:

Additional Comments:

HE' A GOOD KID, I HIGHLY RECOMMEND HIM

DONE BY P/S
Signature of Employer

6-26-18
Date

☑ Completed by Interviewer:

Signature of Interviewer

6-26-18
Date

RICHLAND COUNTY SHERIFF'S OFFICE
EMPLOYER QUESTIONNAIRE

Name of Applicant: _____ Employer Contacted: _____

Person Contacted: _____ Title: _____

Date of Employment From: _____ To: _____

First Job Title: _____ Last Job Title: _____

Description of Job Duties During Employment: _____

_____

Did the Applicants Get Along With Other Employees? _____

_____

Applicant's Ability to Resolve Work Related Problems/Situation? _____

_____

Applicant's Ability to Respond to Stress/Pressure? _____

_____

Quality of Work? _____ Reliability? _____

Sick Leave Usage? _____ Was Applicant Ever Late? _____

How Did Applicant Deal With Public Contacts? _____

Was Applicant Ever Rude/Obnoxious? _____

Did Applicant Ever Have Any Complaints Filed Against Him/Her? _____

_____

Was Applicant Ever Disciplined? Is So Why? _____

_____

Security Clearance? _____ Reason for Clearance: _____

If Not Able to Obtain Clearance, Why? _____

_____

Did Applicant Handle Anything of Monetary Value? _____

RICHLAND COUNTY SHERIFF'S OFFICE
Pre-Employment Background Closeout Letter

Applicant: Jacob Frazier **Assigned Investigator:** Det. Lewis

Background Investigation Summary:

On June 6th 2018 I was instructed by Capt.Zehner to conduct a background investigation on Jacob Frazier for employment with the Richland County Sheriff's Office as a Deputy Sheriff.
On 06/06/2018 I made contact with Jacob and made arrangements for him to come to the Sheriff's Office on 06/06/2018 I gave him a list of documents to bring with him. Jacob arrived on time and brought with him all the documents that I requested him to bring . He was finger printed and FBI/BCI . a CCH and Ohleg was ran on Jacob.

.

I faxed records request to all Richland Police Agencies and to all surrounding county Sheriff Offices.
All the record request returned no record found .

On 6-12-18 Jacob arrived on time and he brought with him three credit reports. Jacob's credit report indicated he was current and in good standings. He had no adverse credit history. Jacob was given a CVSA exam. No deception was indicated on the exam. ..

On 6-12-18 and 6-13-18 I completed personal references which were all good with no areas of concern jacob Has been in the air guard the last couple years. I will also contact Besta Fasta pizza which he worked at several years ago.

I have found nothing during my background investigation that would keep Jacob from becoming an employee of the Rcso

Investigator's Signature

6-14-18
Date

RICHLAND COUNTY SHERIFF'S OFFICE
PERSONAL REFERENCE QUESTIONNAIRE

Name of Applicant JACOB FRAZIER

Person Contacted ANNE STROUTH

Address of Contact CELL-PHONE / COLLEGE

How long have you personally know the applicant, and what capacity? 1 YEAR ACADEMY COMM

When is the last time you saw or spoke to the applicant? CONTACE WEEK

Do you consider the applicant reliable? YES Why?

How would you describe the applicant's temperament? EVEN KEELED, DOESN'T GET EXCITED

Does the applicant drink? _____Light _____Moderate _____Heavy / Alone / with friends

____Social events ✓ Does not drink to my knowledge. _____ Have you ever seen the applicant drunk?

Does the applicant gamble? UNKNOWN

To your knowledge, has the applicant ever used any type of illegal drugs? NO

If so, what type of drugs? NO

What irritating traits, if any, are you familiar with? ABSOLUTELY NONE

Is the applicant argumentative? NO Has the applicant ever over-reacted to minor problems? NO

If yes to any above, explain:

Does the applicant make friends easily? 50 50 Does the applicant keep to his/her self? NO

Does the applicant converse freely with others? YES Is the applicant an extrovert or introvert? COULD BE BOTH

How would you describe the applicant's personal appearance? VERY NEAT

Does the applicant exhibit close familial relationships? YES

Is there anything in the applicant's background, which could prevent the applicant from functioning in a fair or impartial manner?
NO

Is there anything you may want to add concerning observations about the applicants overall character, friendships, suitability, or non- suitability for the position?

What is the applicant's best quality or trait? REPORT WRITING IS INCREDIBLE

What is the applicants worst quality or trait? HAVENT SEEN ANY

Additional Comments

Signature _____ Date _____

☑ Completed by Interviewer

Interviewer's Signature _____ Date 6-12-18

RICHLAND COUNTY SHERIFF'S OFFICE
PERSONAL REFERENCE QUESTIONNAIRE

Name of Applicant JACOB FRAZIER

Person Contacted CHRISTIE CRASKE

Address of Contact 300 EDGEWOOD RD

How long have you personally know the applicant, and what capacity? 3 OR 4 YEARS GOOD FRIENDS

When is the last time you saw or spoke to the applicant? 2 WEEKS

Do you consider the applicant reliable? YES Why? VERY RESPECTABLE

How would you describe the applicant's temperament? GOOD SHOWS GOOD JUDGEMENT

Does the applicant drink? _____Light _____Moderate _____Heavy / Alone / with friends

✓ Social events _____Does not drink to my knowledge. _____ Have you ever seen the applicant drunk?

Does the applicant gamble? NOT AS FAR AS I KNOW

To your knowledge, has the applicant ever used any type of illegal drugs? NO

If so, what type of drugs? _____

What irritating traits, if any, are you familiar with? CAN'T THINK OF ANY

Is the applicant argumentative? NO Has the applicant ever over-reacted to minor problems? NO

If yes to any above, explain: _____

Does the applicant make friends easily? YES Does the applicant keep to his/her self? NO

Does the applicant converse freely with others? YES Is the applicant an extrovert or introvert? IN THE MIDDLE

How would you describe the applicant's personal appearance? NEAT AS A PIN

Does the applicant exhibit close familial relationships? YES

Is there anything in the applicant's background, which could prevent the applicant from functioning in a fair or impartial manner?

NO

Is there anything you may want to add concerning observations about the applicants overall character, friendships, suitability, or non- suitability for the position?

NO

What is the applicant's best quality or trait? VERY RELIABLE GOOD AS HIS WORD

What is the applicants worst quality or trait? CANT THINK OF ANY

Additional Comments

Signature _____ Date _____

☒ Completed by Interviewer

Interviewer's Signature [signature] Date 6-12-18

Richland County Sheriff's Office
Employment CVSA Report

Applicant: Jacob Frazier

Position Applied For: Deputy Sheriff

Date: 06/13/2018 Time: 1600

Completed By: Det Lewis

☒ The applicant was found to be truthful and provided no information of concern.

☐ The applicant was found **NOT TO BE TRUTHFUL**.

☐ The applicant provided information of concern:

1.

2.

3.

4.

5.

Respectfully,
Detective Lewis

FAX

Date	*June 6, 2018*
Number of pages including cover sheet	*2*

TO:

Phone
Fax Phone

FROM: *Detective JOE LEWIS*

Richland County Sheriff's Office
597 Park Avenue East
Mansfield, OH 44905

Phone *419-774-5611*
Fax Phone *419-774-4018*

CC:

REMARKS: ☒ *Urgent* ☒ *For your review* ☐ *Reply ASAP* ☐ *Please Comment*

To whom it may concern:

Our agency is requesting your assistance regarding a background check on the following individual for the purpose of employment with the Richland County Sheriff's Office.

JACOB TYLER FRAZIER [redacted]

Thanks in advance for your assistance and cooperation concerning this matter your professional courtesy is appreciated.

Respectfully,

Detective Joe Lewis

ECJ 6/7/18
VLM 6/7/18- dispatch

FAX

Date	*June 6, 2018*
Number of pages including cover sheet	*2*

TO:

Phone
Fax Phone

FROM: *Detective JOE LEWIS*

Richland County Sheriff's Office
597 Park Avenue East
Mansfield, OH 44905

Phone *419-774-5611*
Fax Phone *419-774-4018*

CC:

REMARKS: ☒ *Urgent* ☒ *For your review* ☐ *Reply ASAP* ☐ *Please Comment*

To whom it may concern:

Our agency is requesting your assistance regarding a background check on the following individual for the purpose of employment with the Richland County Sheriff's Office.

JACOB TYLER FRAZIER [redacted] Name search only.

Thanks in advance for your assistance and cooperation concerning this matter your professional courtesy is appreciated.

Respectfully,

Detective Joe Lewis

NO CRIMINAL RECORDS ON FILE
MORROW CO. SHERIFF'S OFFICE
101 HOME ROAD
MT. GILEAD, OHIO 43338

DEPUTY: Dep PJFox
DATE: 6-7-18

FAX

Date June 6, 2018

Number of pages including cover sheet 2

TO:

Phone
Fax Phone

FROM: Detective JOE LEWIS

Richland County Sheriff's Office
597 Park Avenue East
Mansfield, OH 44905

Phone 419-774-5611
Fax Phone 419-774-4018

CC:

REMARKS: ☒ Urgent ☒ For your review ☐ Reply ASAP ☐ Please Comment

To whom it may concern:

Our agency is requesting your assistance regarding a background check on the following individual for the purpose of employment with the Richland County Sheriff's Office.

JACOB TYLER FRAZIER [redacted]

Thanks in advance for your assistance and cooperation concerning this matter your professional courtesy is appreciated.

Respectfully,

Detective Joe Lewis

NO RECORDS FOUND
AT KNOX COUNTY SHERIFFS OFFICE
Mount Vernon, Ohio
Unit # 4299

FAX

Date	June 6, 2018
Number of pages including cover sheet	2

TO: From

GALION POLICE DEPARTMENT
301 HARDING WAY EAST
GALION, OHIO 44833

Phone
Fax Phone

FROM: TO

Detective JOE LEWIS

Richland County Sheriff's Office
597 Park Avenue East
Mansfield, OH 44905

Phone 419-774-5611
Fax Phone 419-774-4018

CC:

REMARKS: ☒ Urgent ☒ For your review ☐ Reply ASAP ☐ Please Comment

To whom it may concern:

Our agency is requesting your assistance regarding a background check on the following individual for the purpose of employment with the Richland County Sheriff's Office.

JACOB TYLER FRAZIER [redacted]

Thanks in advance for your assistance and cooperation concerning this matter your professional courtesy appreciated.

Respectfully,

Detective Joe Lewis

NO RECORD
GALION POLICE DE

GALION POLICE DEPARTMENT
301 HARDING WAY EAST
GALION, OHIO 44833

6-13-18 KW

RICHLAND COUNTY SHERIFF'S OFFICE
Pre-Employment Background Checklist

Applicant: JACOB FRAZIER **Assigned Investigator:** DET JOE LEWIS

Required Documentation

- [x] Copy of Driver's License
- [x] Copy of Birth Certificate
- [x] Copy of Social Security Card
- [ ] Copy of DD-214 [ ] N/A
- [ ] Copy of College Degree(s) [ ] N/A
- [x] Copy of O.P.O.T.A. Certification(s) [ ] N/A
  FORTHCOMING

Criminal / Financial Information

- [ ] BMV Printout
- [x] OHLEG Printout
- [x] CCH Printout
  Local Police Record Checks Completed
  - [x] Richland County Sheriff's Office
  - [x] All Richland County Police Agencies
  - [ ] All Contiguous County Sheriff's Offices
  - [x] All Police Agencies in the Applicant's County of Residence
- [x] BCI & FBI Fingerprints Completed
- [x] BCI & FBI Results Received
- [x] (3) Three Credit Reports Received

Questionnaires

- [x] Personal History Questionnaire Completed
- [x] Home Visit & Questionnaire Completed
- [x] Personal Reference Questionnaire(s) Completed Number Completed: 2
- [ ] Employer Questionnaire(s) Completed Number Completed: _____

Examinations

- [x] CVSA & CVSA Report Completed

Closeout

- [x] Pre-Employment Background Investigation Summary Report Completed

Det Joe Lewis
Investigator's Signature

6-13-18
Date

FAX

Date	June 6, 2018
Number of pages including cover sheet	2

TO:	
Phone	
Fax Phone	
CC:	

FROM:	Detective JOE LEWIS Richland County Sheriff's Office 597 Park Avenue East Mansfield, OH 44905
Phone	419-774-5611
Fax Phone	419-774-4018

REMARKS: ☒ Urgent ☒ For your review ☐ Reply ASAP ☐ Please Comment

To whom it may concern:

Our agency is requesting your assistance regarding a background check on the following individual for the purpose of employment with the Richland County Sheriff's Office.

JACOB TYLER FRAZIER [redacted]

Thanks in advance for your assistance and cooperation concerning this matter your professional courtesy is appreciated.

Respectfully,

Detective Joe Lewis

NO RECORD OF INCARCERATION FOUND
ASHLAND COUNTY SHERIFF'S OFFICE
RECORDS DIVISION 6-6-18
ASHLAND, OHIO SS

THE ASHLAND COUNTY SHERIFF'S OFFICE HAS NO RECORD FOUND.
DATE: 6-6-18
COMPLETED BY: DR
(OTHER LAW ENFORCEMENT AGENCIES AND /OR CLERK OF COURTS RECORDS MAY EXIST)

[redacted]

[redacted]

DO NOT WRITE IN MARGIN RESERVED FOR ODH DATA CODING

Reg. Dist. No. 70

Primary Reg. Dist. No. 7001

Registrar's No. 740

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

TYPE OR PRINT IN PERMANENT *BLACK* INK

Birth No. 134 —

a. b. c. **CHILD** d. e. f. g. h.

1. CHILD - NAME First	Middle	Last	2. SEX	3a. DATE OF BIRTH (Month, Day, Year)	3b. TIME OF BIRTH
JACOB	TYLER	FRAZIER	MALE	[redacted]	

4a. FACILITY NAME - (If not institution, give street and number)	4b. CITY, VILLAGE OR LOCA	
MedCentral Health System - Mansfield Hospital	MANSFIELD	RICHLAND

5. PLACE OF BIRTH

☒ Hospital ☐ Free standing Birthing Center ☐ Clinic/Doctor's Office ☐ Residence ☐ Other (Specify)

6. REGISTRAR'S SIGNATURE	7. DATE FILED BY REGISTRAR (Month, Day, Year)
Virginia Jeffries	8-28-97

ATTENDANT

8a. I certify that the above-named child was born alive at the place and time and on the date stated above. SIGNATURE	8b. DATE SIGNED	8c. ATTENDANT ☒ M.D. ☐ D.O. ☐ C.N.M. ☐ OTHER MIDWIFE ☐ OTHER (Specify)
Thomas Croghan	August 20, 1997	

8d. ATTENDANT - NAME (Type or Print)	8e. MAILING ADDRESS (Street or R.F.D. No., City or Village, State, Zip)
THOMAS CROGHAN, M.D.	500 SOUTH TRIMBLE ROAD, MANSFIELD, OHIO 44906

9a. MOTHER'S NAME (First, Middle, Last)	9b. MAIDEN SURNAME	10a. DATE OF BIRTH (Month, Day, Year)	10b. AGE
[redacted]			

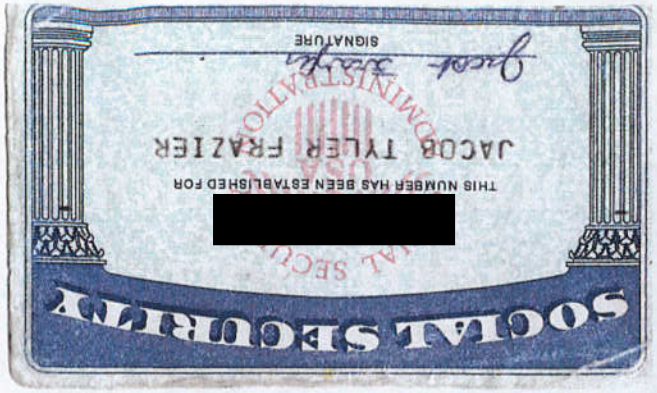
M

INF

This certifies that this is a true copy of a record in the files of the Mansfield/Ontario Richland County Health Department

Virginia Jeffries Registrar

Mansfield, Ohio 10-28-02



This card is the official verification of your Social Security number. Please sign it right away. Keep it in a safe place.

Improper use of this card or number by anyone is punishable by fine, imprisonment or both.

This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:
Social Security Administration
P.O. Box 17087, Baltimore, MD 21235

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card, it will take longer for us to answer your letter.

Social Security Administration

[redacted]

Ontario High School

Richland County Ohio

THE STATE OF OHIO · RICHLAND COUNTY SCHOOLS

This Certifies That

Jacob Tyler Frazier

has satisfactorily completed the Program of Studies as prescribed by the Ontario Board of Education and the Ohio State Department of Education for graduation from this First Grade High School and is therefore entitled to receive this

Diploma

Given in the month of June, two thousand and sixteen.

Lisa Carmichael
SUPERINTENDENT

PRESIDENT, BOARD OF EDUCATION

PRINCIPAL

TREASURER, BOARD OF EDUCATION

FAX

Date	*June 6, 2018*
Number of pages including cover sheet	*2*

TO:

Phone
Fax Phone

FROM: *Detective JOE LEWIS*

Richland County Sheriff's Office
597 Park Avenue East
Mansfield, OH 44905

Phone *419-774-5611*
Fax Phone *419-774-4018*

CC:

REMARKS: ☒ *Urgent* ☒ *For your review* ☐ *Reply ASAP* ☐ *Please Comment*

To whom it may concern:

Our agency is requesting your assistance regarding a background check on the following individual for the purpose of employment with the Richland County Sheriff's Office.

JACOB TYLER FRAZIER [redacted]

Thanks in advance for your assistance and cooperation concerning this matter your professional courtesy is appreciated.

Respectfully,

No Record this Office
Dawley 1914

Detective Joe Lewis

NO RECORD FOUND

Crestline Police Dept.
100 N. Seltzer St.
Crestline, OH 44827

MANSFIELD POLICE DEPARTMENT

30 NORTH DIAMOND STREET • MANSFIELD, OH 44902-1702
(419) 755-9724 • FAX (419) 755-9737

Kenneth A. Coontz
Chief of Police

FACSIMILE TRANSMITTAL

TO AGENCY: RCSO

ATTENTION: Det. Lewis

SUBJECT: Records Check

DATE: 6/6/18

FROM: RS

NUMBER PAGES EXCLUDING COVER SHEET: ___

COMMENTS:

FAX

Date *June 6, 2018*

Number of pages including cover sheet *2*

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Respectfully,

Detective Joe Lewis

NO CRIMINAL RECORD FOUND
AFTER 1988
Division of Police
Mansfield, Ohio

MANSFIELD POLICE DEPT.
6/6/18

FAX

Date	*June 6, 2018*
Number of pages including cover sheet	*2*

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Respectfully,

Detective Joe Lewis

NO RECORD

POLICE DEPARTMENT
500 S. SANDUSKY AVENUE
BUCYRUS, OHIO 44820
(419) 562-1006
Dyaung, dispatcher7

FAX

Date June 6, 2018

Number of pages including cover sheet 2

TO:

Phone
Fax Phone

FROM: Detective JOE LEWIS

Richland County Sheriff's Office
597 Park Avenue East
Mansfield, OH 44905

Phone 419-774-5611
Fax Phone 419-774-4018

CC:

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JACOB TYLER FRAZIER [redacted]

Thanks in advance for your assistance and cooperation concerning this matter your professional courtesy is appreciated.

Respectfully,

Detective Joe Lewis

Willard Police Department
631 S. Myrtle P.O. Box 367
Willard, Ohio 44890

We have no involvements with Jacob Frazier as of 6/6/18 at 0944 hours.

Disp. Maurer

FAX

Date	*June 6, 2018*
Number of pages including cover sheet	*2*

TO:

Phone
Fax Phone

FROM: *Detective JOE LEWIS*

Richland County Sheriff's Office
597 Park Avenue East
Mansfield, OH 44905

Phone *419-774-5611*
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Respectfully,

Detective Joe Lewis

NO RECORD
ONTARIO POLICE DEPT

FAX

Date June 6, 2018

Number of pages including cover sheet 2

TO:

Phone
Fax Phone

FROM: Detective JOE LEWIS

Richland County Sheriff's Office
597 Park Avenue East
Mansfield, OH 44905

Phone 419-774-5611
Fax Phone 419-774-4018

CC:

REMARKS: ☒ Urgent ☒ For your review ☐ Reply ASAP ☐ Please Comment

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Our agency is requesting your assistance regarding a background check on the following individual for the purpose of employment with the Richland County Sheriff's Office.

JACOB TYLER FRAZIER [redacted]

NO RECORD

Thanks in advance for your assistance and cooperation concerning this matter your professional courtesy is appreciated.

Respectfully,

Detective Joe Lewis

Shelby Police Department
31 Mack Ave
Shelby, OH 44875

Dsp Renee Thompson
6-6-18

FAX

Date	*June 6, 2018*
Number of pages including cover sheet	*2*

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Fax Phone

FROM: *Detective JOE LEWIS*

Richland County Sheriff's Office
597 Park Avenue East
Mansfield, OH 44905

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Respectfully,

Detective Joe Lewis

NO CRIMINAL RECORD ON FILE
Ah- HCSO
6/6/18

* * * Communication Result Report (Jun. 6. 2018 8:31AM) * * *

1)
2)

Date/Time: Jun. 6. 2018 8:21AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
2356	LAN-Fax Transmission	9--14192812060---9927	P. 1	OK	
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		9--14195627912---9927		OK	
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		9--4193472512		OK	
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Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax

FAX

Date	June 6, 2018
Number of pages including cover sheet	2

TO:

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Fax Phone

FROM: Detective JOE LEWIS

Richland County Sheriff's Office
597 Park Avenue East
Mansfield, OH 44903

Phone 419-774-5611
Fax Phone 419-774-4018

CC:

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Respectfully,

Detective Joe Lewis

RICHLAND COUNTY SHERIFF'S OFFICE
HOME VISIT INTERVIEW: DEPUTY SHERIFF

Interview Date: 6-6-18

Interview Time: 6-6-18

Applicant: JACOB T. FRAZIER

Interviewer: DET JOE LEWIS

1. Tell me about yourself?

I AM 20 YEARS OLD, I WAS BORN IN MANSFIELD OHIO AND GREW UP IN ONTARIO OHIO. I JOINED THE AIR FORCE RIGHT OUT OF HIGHSCOOL. I LOVE TO BE OUTSIDE HUNTING, FISHING, OR HIKING YEAR ROUND.

2. Why did you leave your last job?

I LEFT MY LAST JOB TO FOCUS ON THE POLICE ACADEMY.

3. Why did you choose a career in law enforcement/corrections?

I GREW UP IN A LAW ENFORCEMENT FAMILY, AND I HAVE WANTED TO CONTINUE THE FAMILY LEGACY SINCE I WAS A LITTLE KID.

4. Tell us about your qualifications or academic qualifications?

I HAVE BEEN A MILITARY LAW ENFORCEMENT OFFICER SINCE DECEMBER OF 2016. I GRADUATED FROM THE NORTH CENTRAL STATE POLICE ACADEMY WITH TOP ACADEMIC, TOP GUN, AND SCORED THE HIGHEST ON THE STATE TEST.

5. Have you had contact with a policing agency, outside of your employment duties?

YES, I HAVE BEEN PULLED OVER BY ONTARIO POLICE ONCE FOR HAVING A LOUD EXHAUST, AND ALSO RECEIVED A CITATION FROM COLUMBUS POLICE FOR A.C.D.A

6. Give us one example where you did not lose your cool in spite of the circumstances?

DURING A RANDOM VEHICLE INSPECTION AT THE MAIN GATE OF THE NATIONAL GUARD BASE, I HAD AN INDIVIDUAL WHO WAS BEEING NON COMPLIANT AND ARGUMENTATIVE DURING THE INSPECTION.

7. Do you have a criminal record or have you ever been convicted and/or pled guilty to a criminal violation?

I HAVE RECEIVED A CITATION FOR A.C.D.A BY COLOMBUS POLICE.

8. Why do you want to work for our Office?

I GREW UP WITH THE DEPUTIES AND DEPUTIES FAMILIES BEING MY OWN FAMILY. FOR AS FAR BACK AS I CAN REMEMBER I REMEMBER WALKING THROUGH THE HALLS AND WANTING TO WORK THERE, ALONG WITH THE COMPASION AND SUPPORT I SAW FROM THE DEPARTMENT WHEN TIMES ARE TOUGH.

9. What are your career goals?

MY CAREER GOAL WOULD BE TO BECOME A K-9 OFFICER AND EUENTUALLY PROMOTE THROUGH THE RANKS AS FAR AS I CAN.

10. What is your greatest weakness?

MY GREATEST WEAKNESS WOULD BE ORGANIZATION, I HAVE BEEN UNORGANIZED THROUGH OUT HIGH SCHOOL, BUT SINCE JOINING THE MILITARY AND THE POLICE ACADEMY IT HAS GOTTEN BETTER.

11. What kind of salary are you looking for?

MY PREFERRED SALARY WOULD BE AROUND 48,000 TO 55,000 A YEAR.

12. Why do you think you would do well?

I WOULD DO WELL BECAUSE I HAVE GROWN UP IN THIS AREA AND I AM FAMILIAR WITH THE JURISDICTION AND THE OFFICE.

13. What motivates you to do your best?

I WOULD SAY I AM A SELF MOTIVATED PERON. WITH EVERYTHING I HAVE, I HAVE DONE EVERYTHING I COULD TO DO THE BEST IN WHATEVER IT MAY BE. I TRY TO DO MY BEST BECAUSE I KNOW THAT WHATEVER IT MY BE, THERE IS SOMEONE OUT THERE WHO WISHES THEY COULD BE DOING WHAT I AM.

14. How would you know you were successful?

I WOULD KNOW I WAS SUCCESSFUL IF I COULD SEE A CHANGE FROM WHAT I HAVE DONE WHETHER THAT BE IN A NEIGHBOR HOOD, FAMILY, OR SINGLE PERSON.

15. Do you think you are overqualified?

NO, I FEEL AS THOUGH THIS IS THE POSITION I HAVE LEARNED AND TRAINED FOR SINCE I WAS IN HIGH SCHOOL.

16. Responsibility is an important component of being a Sheriff's Office employee. Have you ever taken out a student loan, mortgage, or car loan? Did you repay it on time?

I CURRENTLY HAVE A CAR LOAN AND I HAVE NOT MISSED OR BEEN LATE ON A PAYMENT. I ALSO HAD A PREVIOUS CAR PAYMENT AND PAID IT OFF EARLY.

17. As a Deputy Sheriff/Corrections Officer, you may be required to use lethal force if the situation requires it. Are you prepared to use lethal force if required? And if required, are you prepared to discharge your firearm with lethal intent?

GROWING UP WITH FAMILY IN LAW ENFORCEMENT I HAVE ALWAYS BEEN MADE AWARE OF THE POSSIBILITY AND THE RESULTS OF USING DEADLY FORCE. I FEEL THAT DEADLY FORCE IS NEEDED TO PRESERVE MY LIFE OR THE LIFE OF OTHERS, I WOULD BE ABLE TO USE DEADLY FORCE TO STOP ANY AGGRESIVE ACTIONS FROM THE INDIVIDUAL OR INDIVIDUALS.

18. Give me an example of a situation when you had to deal with someone who was irate and being hostile with you?

DURING A VEHICLE INSPECTION WITH THE AIR NATIONAL GUARD I HAD AN INDIVIDUAL WHO DISLIKED LAW ENFORCEMENT, AND THOUGHT WE WERE JUST INCONVENIENCING HER DAY.

19. Deputy Sheriff/Corrections Officer's work can be a physically demanding. What do you do to keep healthy and in shape?

TO STAY IN SHAPE I WORK OUT OFTEN LIFTING WEIGHTS, RUNNING, OR HIKING.

20. Is there anything that would prevent you from meeting the physical requirements of your employment with the Sheriff's Office?

NO

21. Sheriff's Office employees are often the subject of public scrutiny. Do you have anything in your background that should concern us?

NO

22. Do you know any employees with our Office?

YES, I GREW UP AROUND THE SHERIFFS OFFICE AND KNOW MULTIPLE EMPLOYEES.

23. What have you learned from your past jobs?

I HAVE LEARNED HOW TO COMMUNICATE WITH PEOPLE IN A POSITIVE MANNER, AND ALSO HOW TO TAKE AHOLD OF A SITUATION OR INDIVIDUAL IF SOMTHING IS GOING WRONG.

24. Tell me about your military experience (if applicable).

I JOINED THE AIR NATIONAL GUARD RIGHT OUT OF HIGHSCHOOL, AND AM A MEMBER OF THE 179TH AIR LIFT WING AS A SECURITY FORCES MEMBER (LAW ENFORCEMENT). I HAVE WORKED OUT AT THE FULL TIME ON SEVERAL DIFFERENT OCCASIONS.

25. Are you participating in any kind of personal fitness program?

ONLY FITNESS ACTIVITIES THAT I DO AT THE GYM.

26. Do you drink alcohol?

I HAVE HAD ALCOHOL, BUT IT IS NOT SOMTHING THAT I DRINK REGULARLY OR OFTEN.

27. Have you used any kind of illicit/illegal drugs?

NO

28. Do you have any kind of medical, emotional, or mental condition that we should know about?

NO

29. Have you been involved in any car accidents? How many driving infractions have you received? Has your license ever been suspended and/or revoked? I HAVE BEEN IN ONE AT FAULT ACCIDENT, AND RECEIVED A CITATION FOR A.L.O.A. MY LICENSE HAS NEVER BEEN SUSPENDED OR REVOKED.

30. What do you know about the position as a Deputy Sheriff/Corrections Officer?

I KNOW THAT IT CAN BE A VERRY STRESSFULL JOB AND VERRY DANGEROUS. IT CAN REQUIRE LONG HOURS AND MISSED EVENTS. YOU HAVE TO BE A GOOD PROBLEM SOLVER AND BE ABLE TO TAKE CHARGE OF A SITUATION. BUT THAT IT CAN BE A REWARDING JOB.

31. What are key tasks for a Deputy Sheriff/Corrections Officer?

TO RESPOND TO A CALL AND SOLVE A SITUATON THROUGH MEDIATION OR ARREST. TO PREFORM PRO ACTIVE PATROLS TO PREVENT CRIME. ALSO PERFORM COMMUNITY RELATIONS TO BUILD A TRUST BETWEEN POLICE AND CITIZENS.

32. What are your top 3 knowledge/top 3 skills?

- COMMUNICATION, I CAN COMMUNICATE WELL WITH PEOPLE IN A DAY WHERE ALOT OF PEOPLE CAN NOT EVEN HOLD A CONVERSATION WITH ANOTHER PERSON.
- LEADERSHIP, IN THE MILITARY DURING BASIC I WAS PLACED IN A LEADERSHIP ROLE AS WELL AS IN THE EXPLORERS, AND OFTEN TOOK LEAD IN THE ACADEMY.
- I AM ABLE TO WORK WELL UNDER PRESSURE.

33. Why did you choose this profession?

I CHOOSE THIS PROFESSION TO MAKE A DIFFERENCE IN THE COMMUNITY THAT I HAVE GROWN UP IN, AND TO CONTINUE MY FAMILY LEGACY OF LAW ENFORCEMENT

34. What makes you a suitable candidate as a Deputy Sheriff/Corrections Officer?

I AM FAMILIAR WITH THE AGENCY NOT ONLY FROM PERSONAL RELATIONSHIPS, BUT FROM BEING IN THE EXPLORERS PROGRAM FROM THE AGE OF 13-18, AND WORKING ALONG SIDE DEPUTIES AT EVENTS IN THE COUNTY. I AM A MILITARY POLICE OFFICER IN THE AIR FORCE, GAINING KNOWLEDGE IN MULTIPLE WEAPON SYSTEMS AND HOW TO COMMUNICATE AND DEAL WITH PEOPLE.

35. Have you applied to other law enforcement/corrections agencies?

~~YE~~ YES. I HAVE APPLIED AND ACCEPTED A JOB WITH CEDAR POINT POLICE DEPARTMENT, BUT TURNED DOWN THE JOB FOLLOWING A CONVERSATION WITH THE SHERIFF AT MY GRADUATION.

36. What are some of your best qualities?

I AM A RELIABLE PERSON, I LIKE TO DO THE BEST IN EVERY THING I DO NO MATTER HOW SMALL. I DON'T BECOME AGITATED QUICKLY I LIKE TO STEP BACK AND EXAMINE THE SITUATION BEFORE I BECOME ANGRY.

37. Do you work well with other people?

YES, I OFTEN HAVE TO WORK WITH OTHERS AT THE NATIONAL GUARD BASE TO GET TASKS DONE.

38. Describe the worst situation you have encountered in a work place. How did you deal with it?

AT THE MAIN GATE WE WOULD GET BACKED UP WITH VEHICLES TO SEARCH, VEHICLES GETTING STUCK, AND TRAFFIC BACKING UP. IN THESE SITUATIONS DEPENDING ON MY POSITION THAT DAY I EITHER DIRECT OTHERS IN ACTIONS TO TAKE, OR TAKE ORDERS FROM ABOVE. EITHER WAY SPLITTING UP THE WORK IS THE WAY I DEAL WITH IT.

39. What are the sources of stress in your personal and professional life? How do you manage this stress?

I DO NOT HAVE ANY SIGNIFICANT SOURCES OF STRESS IN MY LIFE. IF I DO BECOME STRESSED FROM RELATIONSHIPS OR FROM SCHOOL, I USUALLY GO TO THE GYM, OR HUNTING AND FISHING DEPENDING ON THE TIME OF YEAR.

40. Tell me about an assignment that was too difficult for you. How did you resolve the issue?

THERE WHERE TAKE HOME ASSIGNMENTS IN THE POLICE ACADEMY THAT I HAD A HARD TIME COMPLETING, SO I CALLED TWO OF MY FELLOW CADETS AND WE GOT TOGETHER AND WORKED ON THEM TOGETHER

41. Tell me about a time when you faced a major obstacle at work?

DURING TRAINING WITH THE MILITARY, WE WERE TRAINING FOR COMBATIVES. DURING THIS TIME THERE WERE LITTLE BREAS FOR HOURS OF NON STOP TRAINING. AS A TEAM WE HAD TO PULL TOGETHER TO MOTIVATE EACH OTHER AND PICK UP THE INDIVIDUALS WHO WERE STRUGGLING.

42. What can you do for us that other candidates can't?

I HAVE ALREADY SERVED IN A LAW ENFORCEMENT CAPACITY IN THE MILITARY. I HAVE BEEN IN THE DEPARTMENTS EXPLORER PROGRAM FROM THE AGE OF 13-18, MAKING ME FAMILIAR WITH THE DEPARTMENT AND DEPUTIES. FROM MY MILITARY BACKGROUND I CAN BRING MY PREVIOUS TRAINING ALONG WITH DISIPLIN, RESPECT, AND HONESTY ALONG WITH OTHER MILITARY TRAITS

43. What is your pattern of alcohol use?

I HAVE HAD ALCOHOLIC BEVERAGES, BUT IT IS NOT SOMETHING THAT I TAKE PART IN OFTEN, IT WOULD BE LESS THAN MONTHLY IF THAT.

44. What type of interpersonal conflict have you experienced in your professional life?

I HAD A SUPERVISOR IN THE AIR FORCE THAT TREATED ME IN A UNPROFESSIONAL MANNER, BECAUSE I WAS UNABLE TO WORK A DAY FOR HIM SO THAT HE COULD HAV IT OFF.

45. What steps did you take to resolve the issue?

I SPOKE TO HIM DIRECTLY ASSURING HIM THAT I DID NOT MEAN TO CAUSE ANY PROBLEMS. I ALSO WENT TO ANOTHER SUPERVISOR OF MINE TO INFORM HIM OF THE SITUATION TO ASSURE NO NEGATIVE REPERCUSSIONS OCCURRED FROM THE SITUATION.

46. What personal qualities and traits do you possess that would make you well suited for a law enforcement/corrections career?

I AM A SELF MOTIVATED PERSON. I AM DEDICATED. I'M ASO A COOL HEADED PERSON, I DO NOT GET ANGRY OR VERRY UPSET EASILY.

47. Which type of situations cause you to feel discouraged? Anxious? Irritated?

IN THE PAST I HAVE BECOME ANXIOUS BEFORE A BIG LIFE CHANGING EVENT SUCH AS, GRADUATIONS, JOINING THE MILITARY, AND TAKING THE OPATA STATE TEST

48. When have you had to take charge of a situation to quickly resolve a problem or crisis?

WHEN I WAS WORKING ON THIRD SHIFT AT THE 179th AIR LIFT WING. I WOULD OFTEN BE THE LEAD AT THE MAIN GATE AND HAVE TO TAKE CHARGE WHEN THERE WERE MULTIPLE THING BACKING UP. SUCH AS WHEN TRAFFIC WOULD BE BACKED UP AND MULTIPLE VEHICLES NEEDED TO BE SEARCHED.

49. As a Sheriff's Office employee you encounter your friend doing something illegal. How would you handle the situation? I WOULD CONDUCT MYSELF AS IF IT WERE ANYBODY ELSE, AND CALL A SUPERVISOR TO BE PRESENT, SO THAT THERE WOULD BE NO QUESTION ABOUT HOW I HANDLED THE SITUATION.

50. Tell me about a workplace suggestion you have made?

WHILE WORKING AT THE 179TH NATIONAL GUARD BASE I SUGGESTED THAT EVERY ONE ON THIRD SHIFT HAVE A COOK OUT TO TRY AND BOOST MORAL.

51. What irritates you about co-workers?

WHEN CO-WORKERS DO NOT DO THEIR PART OF THE JOB, AND YOU HAVE TO DO THEIR PART.

52. Tell me about your ability to work under pressure?

AT THE NATIONAL GUARD BASE WE OFTEN HAD MULTIPLE THINGS GOING ON AT ONCE, AND I WOULD TAKE CHARGE OF THE SITUATION UNTILL IT WAS OVER.

53. What have you learned from mistakes on the job?

I HAVE LEARNED THAT SOMETIMES IT IS BEST TO TAKE A STEP BACK AND LET SOMEONE ELSE TAKE CHARGE OF A SITUATION.

54. Do you prefer to work independently or on a team?

I PREFER TO WORK AS A TEAM SINCE THERE IS SOMTHING THAT EVERY ONE CAN BRING, THAT YOU DON'T HAVE.

55. When was the last time you were angry? What happened?

I WAS CALLED TO WORK AT THE NATIONAL GUARD BASE WHILE INDIVIDUALS WHO WORKED FULL TIME WERE TRAINING, MY PAY KEPT ON GETTING MESSED UP, SO I WENT TO PEOPLE WHO KNEW HOW TO FIX THE PROBLEM AND GOT IT FIXED.

56. How would you describe your work style?

I HAVE A DRIVEN WORK STYLE, I LIKE TO HAVE A GOAL TO ACCOMPLISH WHETHER THAT IS A PERSONAL GOAL OR A WORK PLACE GOAL, I ALSO LIKE TO FIND SOMETHING TO DO WITHOUT BEING TOLD TO DO SOMETHING BY A SUPERVISOR.

57. Describe a typical work week?

A TYPICAL WORK WEEK THAT I HAVE WORKED WAS WORKING FROM 2300 TO 0700 FIVE DAYS A WEEK.

58. How will your greatest strength help you perform?

BEING A SELF MOTIVATED PERSON I ALWAYS TRY TO DO MY BEST IN EVERY SITUATION, AND I DO NOT WAIT FOR SOMEONE TO GIVE ME WORK, I AM ALWAY LOOKING FOR IT.

59. What will you do if you don't get this position?

IF I DO NOT GET THIS POSITION I WILL GET A FULL TIME JOB AT MY NATIONAL GUARD BASE UNTILL I CAN GAIN EMPLOYMENT AS A POLICE OFFICER

60. What do you expect from a supervisor?

I EXPECT A SUPERVISOR TO BE KNOWLEGABLE IN THEIR FIELD OF WORK, AND TO CHALLENGE AND EDUCATE THEIR SUBORDINATE TO HELP THEM GROW. I EXPECT A SUPERVISOR TO BE AN EXAMPLE FOR THE INDIVIDUALS UNDER THEM.

61. Give me an example of a time when you had to think outside of the box?

IN THE POLICE ACADEMY WE WERE WORKING ON OUR CRIME SCENE, AND WE RAN OUT OF FORMS AND BOXES TO COLLECT EVIDENCE. AS A GROUP WE HAD TO MAKE OUR OWN EQUIPMENT AND FORMS SINCE WE KEPT ON FINDING ADITIONAL EVIDENCE.

62. Tell me about a time when you failed?

IN THE POLICE ACADEMY VERRY EARLY ON I THOUGHT IT WAS GOING TO BE EASY, AND THAT I WOULDNT HAVE TO WORK HARD. I ENDED UP SCORING LOW ON AN ASSIGNMENT, AND AFTER THAT I DID EVERYTHING WITH MY FULL POTENTIAL NO MATTER HOW SMALL THE ASSIGNMENT AND ENDED UP TOP OF MY CLASS.

63. How would your past experience translate into success in this job?

IN THE PAST I HAVE BEEN INVOLVED WITH THE EXPLORERS PROGRAM AND LEARNED FROM A YOUNG AGE POLICE TRAINING. MOST IMPORTANTLY MY MILITARY BACKGROUND HAS HELPED ME LEARN HOW TO OVERCOME STRESSFULL SITUATIONS, WORK TOGETHER AS A TEAM, PAY ATTENTION TO DETAIL, TAKE PRIDE IN MYSELF AND MY WORK, AND HOW TO HAVE A MILITARY DICIPLIN.

64. How well do you get along with your neighbors?

I GET ALONG WELL WITH MY NEIGHBORS, THOUGH I DO NOT KNOW ANY OF THEM PERSONALLY.

NEIGHBORS CONTACTS:

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Interviewer's Signature

North Central State College

Certificate of Completion

This Is to Certify That

Jacob T. Frazier

has completed all required training and testing,
demonstrating technique, ability, and knowledge in the
ASP Tactical Police Baton

Awarded in Mansfield, Ohio, this 17th Day of February, 2018

Anne L. Strouth
Academy Commander

Mark J. Maxwell
Instructor

OHIO PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

U.S. Department of Transportation
National Highway Traffic Safety Administration

Advanced Training with RADAR and LiDAR Speed Measuring Devices

This Certificate is Awarded to:

Jacob T. Frazier

For Successfully Completing 40 Hours of NHTSA Approved Instruction

North Central State College Basic Peace Officer Academy # BAS 17-056

February 24, 2018

Commander Anne Strouth
North Central State College

Instructor: David Mack
Captain, Shelby Police

OHIO PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

U.S. Department of Transportation
National Highway Traffic Safety Administration

STATE OF OHIO
Certificate of Completion

This is to certify that

Jacob T. Frazier

Has successfully completed the course of instruction in

NHTSA Certified
DWI Detection and Standardized Field Sobriety Testing

North Central State College Basic Peace Officer Academy # BAS 17-056

Instructor: Bryan Butler

Commander: Anne Strouth

EQUIFAX®

Credit Report Prepared For:

JACOB T FRAZIER

Equifax Report As Of: Jun 10, 2018

Personal & Confidential

EQUIFAX

Account Summary

[redacted]

EQUIFAX

Account Summary

My Personal Information

Name
JACOB T FRAZIER

Also Known As

[redacted]

Addresses

[redacted]

Employer(s)

Personal Statement(s)
No Statement(s) present at this time

EQUIFAX

Open Accounts

[redacted]

EQUIFAX®

EQUIFAX®

Closed Accounts

[redacted]

EQUIFAX

Collections

EQUIFAX®

Inquiries

[redacted]

EQUIFAX

Public Records

[redacted]

EQUIFAX®

[redacted]

[redacted]

EQUIFAX

[redacted]

TransUnion

Credit Report Prepared For:

JACOB FRAZIER

TransUnion Report As Of: Jun 10, 2018

Personal & Confidential

TransUnion

Account Summary

[redacted]

TransUnion

Account Summary

My Personal Information

Name
JACOB FRAZIER

Also Known As

[redacted]

Personal Statement(s)
No Statement(s) present at this time

TransUnion.

TransUnion

Closed Accounts

TransUnion

Collections

TransUnion

Inquiries

TransUnion

Public Records

[redacted]

TransUnion

[redacted]

Credit Report Prepared For:

JACOB FRAZIER

Experian Report As Of: Jun 10, 2018

Personal & Confidential

experian.

Account Summary

[redacted]

experian.

Account Summary

My Personal Information

Name
JACOB FRAZIER

Also Known As
[redacted]

Personal Statement(s)
No Statement(s) present at this time

experian.

Open Accounts

[redacted]

experian.

Closed Accounts

experian.

Collections

[redacted]

Inquiries

experian.

Public Records

[redacted]

[redacted]

[redacted]

[redacted]

experian.

[redacted]

[redacted]

[redacted]

experian.

[redacted]

Disclaimer

Disclaimer

About your FICO® Score 8 or other FICO Scores

Your FICO®Score 8 powered by Experian data is formulated using the information in your credit file at the time it is requested. Many but not all lenders use FICO® Score 8. In addition to the FICO® Score 8, we may offer and provide other base or industry-specific FICO® Scores (such as FICO® Auto Scores and FICO® Bankcard Scores). The other FICO® Scores made available are calculated from versions of the base and industry-specific FICO® Score models.

Base FICO® Scores (including the FICO® Score 8) range from 300 to 850. Industry-specific FICO® Scores range from 250-900. Higher scores represent a greater likelihood that you'll pay back your debts so you are viewed as being a lower credit risk to lenders. A lower FICO® Score indicates to lenders that you may be a higher credit risk. There are many scoring models used in the marketplace. The type of score used, and its associated risk levels, may vary from lender to lender. But regardless of what scoring model is used, they all have one purpose: to summarize your creditworthiness. Keep in mind that your score is just one factor used in the application process. Other factors, such as your annual salary and length of employment, may also be considered by lenders when you apply for a loan.

What this means to you:

Credit scoring can help you understand your overall credit rating and help companies better understand how to serve you. Overall benefits of credit scoring have included faster credit approvals, reduction in human error and bias, consistency, and better terms and rates for American consumers through reduced costs and losses for lenders. Your lender or insurer may use a different FICO® Score than FICO® Score 8 or other base or industry-specific FICO Scores provided by us, or different scoring models to determine how you score.