



WHEELING POLICE DEPARTMENT CITIZEN'S POLICE ACADEMY APPLICATION



Name _____ Maiden _____

Address _____

Race _____ Sex _____ Phone _____

Name of Employer _____ Title _____

Address of Employer _____

Date of Birth _____ Place of Birth _____

SSN _____ Driver's License Number _____

Why do you wish to attend the Citizen's Police Academy? _____

How did you hear about the Citizen's Police Academy? _____

Have you ever been arrested/convicted of a crime or a traffic offense requiring jail time? _____

Please give the names, addresses and phone numbers of two character references:

1. Name _____

Address _____ Phone _____

2. Name _____

Address _____ Phone _____

I affirm that the information on this application is true and complete to the best of my knowledge. I understand that deliberate false statements or the withholding of information may make me ineligible to be considered as a Citizen Police Academy applicant. I do understand the Wheeling Police Department reserves the right to disqualify anyone convicted of a felony or certain misdemeanors from participation in this academy. I give the Wheeling Police Department permission to conduct any background investigation they deem necessary on me as part of the processing of this application, and to use any information obtained in accordance with the policies of the Wheeling Police Department.

Applicant's Signature _____ Date _____

Applications may be mailed, faxed or delivered to: Citizen's Police Academy Coordinator
Wheeling Police Department
1500 Chapline Street
Wheeling, WV 26003
Phone: (304) 234-3664/Fax: (304) 234-3788