



# WHEELING POLICE DEPARTMENT CITIZENS POLICE ACADEMY APPLICATION



Name \_\_\_\_\_ Maiden \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

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 Citizens Police Academy? \_\_\_\_\_

\_\_\_\_\_

How did you hear about the Citizens 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: Citizens Police Academy Coordinator  
Wheeling Police Department  
2115 Chapline Street  
Wheeling, WV 26003  
Phone: (304) 234-3664/Fax: (304) 234-3788