



**Wheeling Police Department
Citizens Police Academy
Application**

Date: _____

Name: _____ Maiden: _____ Phone (H) _____

Address: _____ Phone (W) _____

Name of Employer: _____ Position: _____

Address of Employer _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Operator's Number: _____

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

How did you first hear about the Citizen 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
1500 Chapline Street
Wheeling, WV 26003
Phone: (304) 234-3664
Fax: (304) 234-3788