

Charleston Police Dept. Citizens Police Academy Application



Print and mail or fax application to: Charleston Police Department, Community Services Division, P.O. Box 2749, Charleston, WV 25330 Fax: 304-348-6815

Date:

Name: First Middle Last

List maiden name or former name:

Phone: Home Work

Address: Street City State Zip

Employer: Position:

Employer's Address:

Date of Birth: Place of Birth:

Social Security #: WV Operator's #

Physical Condition: Excellent Good Fair Poor

Why do you wish to attend the Citizen Police Academy?

How did you hear about the Citizen Police Academy?

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

If yes, explain:

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

1.

2.

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 understand the police department reserves the right to disqualify anyone convicted of a felony or certain misdemeanors from participation in this academy. I give the Charleston 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 Charleston Police Department.

Applicant's signature:

Date: