

CITIZENS POLICE ACADEMY

# Application

*Please Print*

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
\_\_\_\_\_

Home Telephone \_\_\_\_\_

How long have you lived at present address? \_\_\_\_\_  
Years Months

(If less than 5 years, provide previous address.)

Previous Address \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_

Occupation \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Work Telephone \_\_\_\_\_

Length of Employment \_\_\_\_\_

E-mail Address \_\_\_\_\_

All applicants must be residents or work in Wheeling and be at least 18 years of ages.

A background check will be conducted on each applicant. The Wheeling Police Department reserves the right to deny entry in the Academy based on the findings of the background check.

I have read the program description for the Citizen's police Academy and understand that this training will not authorize me to carry a firearm or exercise peace officer powers if I am allowed to participate.

Signature \_\_\_\_\_  
of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*(application continued on other side)*

