



BUCKHANNON POLICE DEPARTMENT

CITIZEN POLICE ACADEMY APPLICATION



24 S. Florida St – Buckhannon, WV 26201
Phone - (304)472-5723
www.buckhannonpolice.com

Applicant must be 18 years of age or older to attend. Applicants must live in Upshur County. No Prior Felony Convictions.
Print clearly in ink or type all answers. If more space is needed, use an additional sheet of paper.

LAST NAME	FIRST NAME	FULL MIDDLE NAME	MAIDEN NAME
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DOB: _____ Age: _____ S.S. # _____

Physical Address: _____

STREET	CITY	STATE	ZIP
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E-Mail Address: _____ Home Phone #: _____

Mobile #: _____

Occupation: _____

Explain your position: _____

Company Name: _____

Address: _____

STREET	CITY	STATE	ZIP
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Bus. Phone #: _____ Supervisor: _____

In case of emergency please notify:

Name: _____

Home Phone #: _____ Cell Phone #: _____

Address: _____

Relationship: _____

Please answer yes or no to the following question and provide explanations where needed:

- Have you ever been arrested for a crime other than traffic offenses? Yes or No.
If yes, please explain with disposition and dates.

NOTE: APPLICANT CONVICTED OF A FELONY IS INELIGIBLE TO ATTEND.

- Do you have a valid driver's license? Yes or No
Driver's License number: _____ State: _____

- 3. Are you 18 years of age or older? **Yes** or **No**
- 4. Do you have any special needs that require accommodation in order for you to participate in this program? **Yes** or **No**
If yes, Explain: _____
- 5. How did you hear about the academy? _____
- 6. Do you know any police officers? **Yes** or **No**
If so, Who? _____
- 7. Are you interested in law enforcement as a career? **Yes** or **No**
If yes, Explain: _____
- 8. Please state below why you are interested in attending the Citizen Police Academy?
NOTE: THIS IS A VERY IMPORTANT QUESTION TO ANSWER THOROUGHLY

- 9. Please list community involved activities, any associations, or organizations in which you participate:

- 10. Are you allergic to anything? **Yes** or **No**
Please explain: _____

REFERENCES – Please supply 3 references

1)	NAME	PHONE	RELATIONSHIP
2)	NAME	PHONE	RELATIONSHIP
3)	NAME	PHONE	RELATIONSHIP

I hereby certify that there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Buckhannon Police Department Citizen Police Academy. I also grant permission for the Buckhannon Police Department to verify the above information contained on this application and check for prior criminal history.

SIGNATURE of APPLICANT

DATE