



SUMMERSVILLE POLICE DEPARTMENT

CITIZENS POLICE ACADEMY APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Driver's License #: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever received a traffic citation? YES NO If yes, when? _____

Have you ever been convicted of a crime? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____

Position: _____

Company: _____

Phone: _____

Position: _____

Company: _____

Phone: _____

Position: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Specialized Training- Apprenticeship / Trade Skills

List hobbies, business or civic activities and/or offices held

Briefly describe a good quality about yourself.

Briefly describe a negative quality about yourself.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my approval for training, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Once completed you can bring it to:

City Building at 400 North Broad Street, Summersville, WV 26651

Fax to 304-872-2236

Email to aandersen@summersvillewv.org