

	Last	First	Middle	Maiden or Suffix
Name				
	Daytime	Night		Other
Telephone Number				
	Month / Day / Year			
Date of Birth				
man a semina	City / County / State			
Place of Birth				
Social Security Number				
E-mail Address				
	Are you a United States	citizen? () Yes	(·) No	
	Number		State	
Driver's License Number				
	Address / City / State / Zip Code			
Home Address				
Mailing Address	Address / City / State / Zip Code		•	
	Address / City / State / Zip Code			
Previous Addresses ((Last five years) [1	•		
	^	,		
	2			
	3			
	4			
	Employer / Phone	·		
Previous Employers	1		t-	
(Last five years)	Employer Address / City / State / Zip Coo	de		· · · · · · · · · · · · · · · · · · ·
				•
	Employer / Phone			
	2			
	Employer Address / City / State / Zip Cod	je		
	Employer / Phone			
	3		-	
	Employer Address / City / State / Zip Cod	te.	• *	

This Pre-Application should be hand delivered or mailed to:

Charleston City Hall City Clerk's Office Attention: Police Recruiting P.O. Box 2749 Charleston, WV 25330 By signing this application, I swear or affirm that the information provided is true and complete. I also understand that providing false or incomplete information in this application is grounds for disqualification of my application or termination of my employment if hired. I also authorize the Charleston Police Department to check for and to obtain and review any criminal arrest history which I may have and to investigate and obtain a copy of my driving record for the purposes of determining my suitability for employment as a Charleston Police Officer. I realize this is a Pre-Application and upon passing minimal requirements I will be required to fill out a detailed Police Officer Application and return it to the Charleston City Clerk's Office.

www.charlestonwvpolice.org

Signature