



SOUTH TEXAS COLLEGE

I meet the following Minimum Requirements:

(Initials)

- High School Diploma or GED;
- Never been convicted of or placed on community supervision for a Class A misdemeanor or felony;
- Never been convicted of or placed on community supervision for a Class B misdemeanor within the last 10 years;
- Never been convicted of a family violence offense;
- Not **currently** charged with any offense listed above;
- Military Applicants; Not have a dishonorable or bad conduct discharge;
- Not prohibited by state and federal law from operating a motor vehicle;
- Not prohibited by state and federal law from possessing firearms or ammunition;
- U.S. citizen;
- Submit to a physical ability test;
- Submit to a polygraph examination;
- Submit to a Medical and Psychological Screening;
- Submit fingerprints for criminal history record check;

Return applications to police academy at Regional Center for Public Safety Excellence, 3901 S. Cage Blvd., Pharr TX 78577



**SOUTH TEXAS
COLLEGE**

POLICE ACADEMY APPLICATION

What Academy are you interested in attending? (check all that apply)

Full Time Academy (M-F 8AM – 5PM)

Part Time Academy (M-F 8AM – 12PM) (M- F 1PM – 5PM) (M-F 5:30PM – 9:30PM)

APPLICANT INFORMATION

Full Name: _____ Date of Birth: _____ DL# _____
Last, First M.I. mm/dd/yyyy

A#: _____ Age: _____ SS#: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: (____) _____ - _____ E-mail Address: _____

Have you ever been arrested:? ___ YES ___ NO

If yes, explain (use extra sheets if necessary): _____

EDUCATION

High School: _____ Address: _____

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

College: _____ Address: _____

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

Other: _____ Address: _____

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

Signature: _____ Date Submitted: _____

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, _____, have been notified that a computerized criminal history
APPLICANT OR EMPLOYEE NAME (PLEASE PRINT)
(CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$ 9.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the date from DPS, the Information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

**Please:
Check and Initial each Applicable Space**

CCH Report Printed:
YES ____ NO ____ _____ initial
Purpose of CCH: _____
Accepted ____ Not Accepted ____ _____ initial
Date Printed: _____ _____ initial
Destroyed Date: _____ _____ initial

Retain in your files

Physical Activity Readiness Questionnaire (PAR-Q)

As part of the screening process, you will be required to pass a physical agility test consisting of four individual tests. The tests are the one-minute push up test, one-minute sit up test, 1 ½ mile run and 300 meter run. Physical activity is very safe for most people. The PAR-Q is a tool to help you in determining if you should get medical screening prior to participating in the physical agility test. It is designed to identify the small number of adults for whom physical activity might be inappropriate, or those who should have medical advice concerning the type of activity most suitable for them. Please read carefully and circle **YES** or **NO** for each question as it applies to you.

- | | | |
|--|-----|----|
| 1. Has a doctor ever said you have heart condition and that you should only do physical activity recommended by a doctor? | YES | NO |
| 2. Do you feel pain in your chest when you do physical activity? | YES | NO |
| 3. In the past month, have you had chest pain when you were not doing physical activity? | YES | NO |
| 4. Do you often lose your balance, feel faint or have spells of severe dizziness? | YES | NO |
| 5. Has a doctor ever said your blood pressure was too high? | YES | NO |
| 6. Is your blood pressure over 144/94 | YES | NO |
| 7. Has your doctor ever told you that you have a bone or joint problem, (i.e. back, knee or hip) that could be made worse by a change in your physical activity? | YES | NO |
| 8. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to? | YES | NO |
| 9. Are you over age 65 and <u>not</u> accustomed to vigorous exercise? | YES | NO |
| 10. Are you using any drugs that might alter your response to exercise? | YES | NO |

If you answered YES to one or more questions: BEFORE taking a fitness test, talk your doctor about any questions you answered YES and seek advice from your physician as to the suitability for taking the physical agility test.

If you answered NO to all questions: Reasonable assurance of your present suitability to participate in the physical agility test.

Postpone exercise testing: If you have a temporary minor illness, such as a common cold or are taking any medications.

PRINTED NAME

SIGNATURE