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:

Victor Valdez
1100 East Business 83
Pharr, TX 78577

OR

Victor Valdez
3700 West Military Hwy.
McAllen, TX 78503
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 7AM – 12PM) □ (M-F 12PM – 5PM) □ (M-F 5PM – 10PM)

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: __________________________

Revised 9/2017 VV
City of Pharr

Carefully read this authorization to release information about you, then sign and date it in ink.

Authority for Release of Information

I Authorize any duly accredited representative of the City of Pharr including those from the Personnel Department to obtain information relating to my activities from schools, residential management agents, employers, law enforcement, financial or lending institutions, consumer reporting agencies, retail business establishments, the Texas Workers’ Compensation Commission, medical institutions, hospitals and other repositories of medical records, or individuals. This information is not limited to my academic, residential achievement, performance attendance, personal history, criminal history record, arrest, conviction, medical, psychiatric-psychological and financial and credit history.

I Further Authorize the City of Pharr Personnel Department, to request criminal history record information from criminal justice agencies.

I Direct You to Release such information upon request of the duly accredited representative agency regardless of any agreement I may have made with you previously to the contrary.

I Understand that the information you release is for official use by the City of Pharr, and you may disclose the information you release as authorized by law.

I Release any individual, including records custodians, from all liability for damages that are alleged or are found to be applied to you by me or any third parties on account of compliance or any attempts to comply with this authorization. This release is binding in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Photocopies of this form that show my signature are as valid as the original release signed by me.

Signature ___________________________ Date Full ___________________________ Legal Name (Print or Type) ________________

List Other Names Used ___________________________

Current Address (Street, City) ___________________________ State ___________ Zip ___________

***Applicant must fill out and sign below.

CRIMINAL HISTORY INVESTIGATION

Applicants Full Legal Name: __________________________________________________
(As shown on Social Security Card/Passport)

Permanent Address: ______________________________________________________________

Mailing Address: ________________________________________________________________

Driver’s License Number: __________________________ State: ______________________

Date of Birth: __________________________

Social Security Number: ______________________

The applicant hereby authorizes the CITY OF PHARR to conduct a check of the applicant’s criminal history.

Signature __________________________________ Date __________________________
DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____________________________________, have been notified that a computerized criminal history
(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 not 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

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