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: ___________________________
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