



**City of Pharr**

**P. O. Box 1729**

**118 South Cage, 2<sup>nd</sup> Floor**

**Pharr, TX 78577**

**956/402-4150**

**Civil Service Application**

**Fire Dept. /Firefighter**

**Police Dept. /Police Officer**

We are an equal opportunity employer. Race, Color, Disability, Religion, Sex and National origin or any other basis protected by statute are not factors in employment, promotion and compensation.

We appreciate your interest in a position with the CITY OF PHARR. To assist us, please fill out the application completely, print in black ink or type. We accept resumes as additional information, but not in place of the application. Please be sure to sign the application form and all attached forms as required.

**PERSONAL DATA**

Position(s) applied for:	Date of Application:
Last Name, first, middle	
Permanent Address: City, State, Zip Code	
Mailing Address: City, State, Zip Code	
Telephone Number(s) Home: ( ) Work: ( ) Cell: ( )	

**EDUCATION**

Name & Location of School	Years Completed	Did you graduate?	Degree or Diploma

Are you planning to continue your education? If yes, in what area of studies \_\_\_\_\_

Yes: \_\_\_\_ Day \_\_\_\_ Night \_\_\_\_ No



**MILITARY – please attach DD214 (must show HONORABLE DISCHARGE)**

Branch:	Rank:	Type of Discharge:
Period of Service:	From:	To:
List Special Schooling and Skills Acquired during Military Service:		

Military experience is not applicable: \_\_\_\_\_

**ADDITIONAL DATA**

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, Alien ID # \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal \_\_\_\_\_

Please list the days and hours you are **NOT** available for work: \_\_\_\_\_

Are you willing to travel? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you perform the essential functions of the job with or without reasonable accommodation?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Do you hold a valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ DL#/State \_\_\_\_\_

Type of Driver's License: A/Commercial \_\_\_\_\_ B/Commercial \_\_\_\_\_ C/Operators \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (A conviction will not necessarily disqualify an applicant for employment)  
 If yes, list all such offenses, dates, name of court and dispositions on a separate paper.

Have you ever been employed by the CITY OF PHARR before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give date/department \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Do you have any relatives currently working with the CITY OF PHARR? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any relatives currently on **THE CITY COMMISSION**? Yes \_\_\_\_\_ No \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_



Are you a natural born or adopted child of a fire fighter who died in the line of duty?

Yes \_\_\_ No \_\_\_

If yes, please provide the name of the deceased fire fighter parent \_\_\_\_\_

Are you licensed as a peace officer or fire fighter: Yes \_\_\_ No \_\_\_

Please provide the name of the municipality covered by Chapter 143 where the deceased fire fighter parent was employed \_\_\_\_\_

In case of emergency, who would you want us to contact?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

**PERSONAL REFERENCES**

Give name, address and telephone number of three references who are not related to you and are NOT previous employers.

	Name	Address	Phone #	Years acquainted
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**SPECIAL SKILLS OR TRAINING**

Summarize special job-related skills and qualifications acquired from employment or other experience.


Languages: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 (Check mark accordingly those that apply)

1	Write _____	Speak _____	Read _____
2	Write _____	Speak _____	Read _____
3	Write _____	Speak _____	Read _____



**EMPLOYMENT HISTORY**

Please provide us with employment information. Begin with your present or last position and work back.

From:	To:	Employer:	Phone:
Job Title:		Starting Salary:	Ending Salary:
Supervisor's Name:		Reason for leaving:	
Duties:			

From:	To:	Employer:	Phone#
Job Title:		Starting Salary:	Ending Salary:
Supervisor's Name:		Reason for Leaving:	
Duties:			

From:	To:	Employer:	Phone#
Job Title:		Starting Salary:	Ending Salary:
Supervisor's Name:		Reason for Leaving:	
Duties:			

May we contact your present employer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
May we contact your former employer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No



**City of Pharr**  
**Inter-Office Memorandum**

To: Police Department  
From: Human Resources Department  
Date: \_\_\_\_\_  
Subject: **Criminal History Investigation**

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Name of Applicant: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

The applicant hereby authorizes the **City of Pharr** to conduct a check of the applicant's criminal history.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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 Authorization 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.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed would affect this application unfavorably.

Signature

Date

Full Name (Print)

List Other Names Used

Current Address (Street, City)

State

Zip Code

Parent/Guardian Signature (If required)

Date

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Inquiry to Employers

APPLICANT SHOULD COMPLETE BOXED AREA

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Former Job Title: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Having applied for a position with the CITY OF PHARR, I hereby authorize the release of information directly to said city. I release and hold harmless the company and person named above from any and all liability from any negligence in responding to this questionnaire. I waive any application to the Family Education Rights and Privacy Act as the same might apply to responding to this request for information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MINIMUM REQUIREMENTS  
PEACE OFFICER**

Minimum standards for qualified applicants are as follows:

- 1) Be a United States Citizen by birth or naturalization;
- 2) Be a High School graduate; or
- 3) G.E.D. with 12 completed college hours with at least a 2.0 grade point average
- 4) Possession of a valid (Texas) driver's license;
- 5) Be eligible for licensing by the Texas Commission on Law Enforcement;
- 6) At least 21 years of age and not have reached their 45<sup>th</sup> birthday;
- 7) Be proficient in reading and writing the English language;
- 8) Must meet all physical agility requirements;
- 9) Eligible applicants must meet the following conditions:
  - a) Must not have been convicted for any offense of a class B or class A Misdemeanor in the last 10 years;
  - b) No conviction of any family violence offense;
  - c) Must have not been convicted of a felony offense;
  - d) Applicants that have been arrested on a felony charges and not convicted may not be considered;
  - e) Applicants that have two or more separate moving traffic violations in their driving record (prior two years) may be disqualified;
  - f) Bi-lingual applicants (English & Spanish) will be given special preference;
  - g) Applicants that are licensed police officer will be given special preference.

THE CITY OF PHARR IS AN EQUAL OPPORTUNITY EMPLOYER