



City of Pharr
 P.O. Box 1729
 118 South Cage, 2nd 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



M I L I T A R Y – 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: _____

A D D I T I O N A L D A T A

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: _____



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?		Yes		No
May we contact your former employer?		Yes		No



City of Pharr
Inter-Office Memorandum

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



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

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 ELIGIBILITY REQUIREMENTS FIRE FIGHTERS

An applicant for fire fighter shall meet the following criteria in order to be considered for an entry-level position:

- (a) Achieve a minimum passing score of seventy (70) percent on the written civil service entry examination;
- (b) Successfully complete the physical ability test as prescribed by the Fire Department and approved by the Commission, demonstrating the applicant is physically capable of performing the essential job functions for the position of Fire fighter;
- (c) Pass a background investigation and polygraph examination;
- (d) Pass oral interviews;
- (e) Successfully complete a post-job offer psychological examination and medical examination that includes passing a visual acuity test, and physician certification that the applicant is not dependent on and does not use illegal drugs or misuse legal drugs;
- (f) Be at least eighteen (18) years of age and not more than thirty-five (35) years of age at the time of hire;
- (g) Be a graduate of an accredited high school or have an equivalency certificate;
- (h) Have a valid Class B Texas driver's license within 90 days of hire or after completion of Fire Academy;
- (i) Be a citizen of the United States by birth or naturalization;
- (j) Be able to read, write, and speak the English language;
- (k) Be of good moral character;
- (l) Preferably possess a certification as a basic firefighter, as established by the Texas Commission on Fire Protection, or eligible to become certified at time of appointment. At or before the time of entrance examination, applicants shall provide either (1) evidence of certification issued by the Texas Commission on Fire Protection, or (2) evidence of current enrollment in a basic recruit fire training academy approved by the Texas Commission of Fire Protection.