



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.

P E R S O N A L D A T A

| | |
|---|----------------------|
| 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: () | |

E D U C A T I O N

| 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: | | | |
| | | | |



| | |
|--|--|
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| | |

| | | | | |
|---------------------------------------|--|-----|--|----|
| 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: _____



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Application Supplement

Please provide the following information, which will be used for internal tracking, statistical purposes and reporting to government regulatory agencies only. This page will be separated from your application and will in no way be used in consideration of your application for employment. **THE CITY OF PHARR** is an Equal Opportunity Employer, and does not discriminate against sex, age, race, color, disability, national origin, or religion.

Social Security Number: _____

Name (Last, First, MI): _____

Address (Street Address): _____

(City, State, Zip): _____

Home Phone: (____) _____

Alternative Phone: (____) _____

Date of Birth: _____
 (Month) (Day) (Year)

Place of Birth: _____
 (City) (State) (County)

| | |
|--------------|-------|
| TYPING SCORE | |
| GROSS | _____ |
| ERRORS | _____ |
| DATE | _____ |

| |
|-----------------------|
| OFFICE USE ONLY |
|-----------------------|

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------|
| Please Check One: | <input type="checkbox"/> | Male | <input type="checkbox"/> | Female |
| Please Check One: | | | | |
| <input type="checkbox"/> | American Indian | <input type="checkbox"/> | Hispanic | |
| <input type="checkbox"/> | Asian | <input type="checkbox"/> | Other: (specify) | |
| <input type="checkbox"/> | Black | <input type="checkbox"/> | Non-Minority | |



Disabled: No _____ Yes _____ (Please indicate the nature of any disability)

Hearing Impaired _____ Speech Impaired _____

Mobility Impaired _____ Other (Specify) _____

Vision Impaired _____

Are you currently, or have you previously been employed by the City? Yes _____ No _____

If Yes, When? _____ Department: _____

What led you to apply with the City? (Check One)

- _____ Stopped in to check on available jobs
- _____ Referred by a City Employee
- _____ Responded to an advertised vacancy
- _____ Referred by an employment agency or T.E.C.
- _____ Other (Specify) _____

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: _____