



**City of Pharr**  
**P. O. Box 1729**  
**118 South Cage**  
**Pharr, TX 78577**

**Civil Service Application**  
**Fire Department/Firefighter**  
**Police Department/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

**ONLY Required Attachments:**

**Copy of DD 214 reflecting an “Honorable Discharge”.**

**If a licensed peace officer/firefighter, provide a copy of certification.**

**M I L I T A R Y – please attach DD214 (must reflect an 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 \_\_\_\_\_

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 current employment information. Begin with your present or last position and work back. Request additional pages if necessary and attach resume if available.

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

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:
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Duties:			

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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:			

**Applicant's Statement**

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.

I authorize my previous employer(s), schools or persons named as references to give any information regarding an employment or educational record. I agree that the **City of Pharr** and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions or answers made by me on this application. If I am employed with the **City of Pharr**, I will comply with all rules and regulations as set forth in any communication distributed to employees in the City or Department to which I may be assigned.

In compliance with Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I am in receipt of a list approved documents which have been supplied with this application.

Prior to selection for employment with the **City of Pharr**, I understand that I may be required to take and pass a pre-employment physical, which may include a drug screen test, a physical agility test; to submit a questionnaire to present and past employer(s); and to authorize the release of information to the **City of Pharr**.

I further understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice.

I hereby acknowledge that I have read and understand the above statements.

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

An Equal Opportunity Employer

**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: \_\_\_\_\_

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 956/702-5335

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
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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) \_\_\_\_\_

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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: \_\_\_\_\_

Dates 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: \_\_\_\_\_

# 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
List Other Names Used

\_\_\_\_\_  
Current Address (Street, City)

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Parent/Guardian Signature (If required)

\_\_\_\_\_  
Date

Revised 9/5/13