These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used for a background investigation associated with your application for employment.

1. Please type, print or write carefully on your Personal History Statement.

2. Answer all questions to the best of your ability.

3. If a question is not applicable to you, enter N/A in the space provided.

4. Avoid errors by reading all directions carefully before making any entries on the form.

5. Be sure your information is correct and in proper sequence before you begin.

6. You are responsible for obtaining correct addresses. Your local library may have a directory service or copies of local phone directories, including city zip codes and telephone numbers.

7. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing with your answer.

8. An accurate and complete form will help expedite your investigation.

9. Omissions or falsifications may disqualify your candidacy.

10. You must fully comply with request for documents on Document Checklist.
CONFIDENTIAL INFORMATION AGREEMENT FORM

In order to evaluate your application for a vacant position, it will be necessary to conduct a comprehensive background investigation. A McAllen Police Department employment offer may depend upon your eligibility for a beginning position, your physical fitness assessment results where applicable, an assessment of confidential information obtained from your application and your personal history background statement, the results of your interviews and/or background investigation, your ability to meet requirements for certification as required, and other confidential documents. Confidential information will be sought from previous employers and other persons with whom you have been associated.

I have read the above statement and fully understand its meaning and agree with its provisions.

Sworn to and subscribed before me, a peace officer while engaged in the performance of my duties and under the authority of Chapter 602.002. Texas Government Code, on this the ____ day of ____________, 20___.

AFFIANT

____________________________________
Name of Peace Officer & I.D. No. (printed)

Peace Officer in and for the City of McAllen, Hidalgo County, Texas
The Training Unit must be notified immediately of any change in the information reported in your Personal History Statement. Examples include but not limited to traffic tickets, accidents, financial situation, employment, residency, involvement in civil suit, and involvement in a criminal investigation, association with any type of drug or criminal behavior or any drug usage. The examples listed above are not all inclusive. If you have any questions regarding this area contact the Training Unit. Failure to notify the Training Unit of any pertinent changes will be considered a form of dishonesty.

Applicant Declarations

I understand that honesty is an essential characteristic of McAllen Police Department employees.

I promise to be totally honest throughout the application process.

I understand that dishonesty at any step of the selection process may disqualify my candidacy.

I understand that contradictory statements made at different steps in the application process will be viewed as an indication that one or more of my statements have been dishonest, and therefore may disqualify my candidacy.

I understand that contradictory information or failure to notify the Training Unit of any changes may disqualify my candidacy.

Sworn to and subscribed before me, a peace officer while engaged in the performance of my duties and under the authority of Chapter 602.002. Texas Government Code, on this the ____ day of ________________, 20____.

__________________________________
AFFIANT

__________________________________
Name of Peace Officer & I.D. No. (printed)

__________________________________
Peace Officer in and for the City of McAllen, Hidalgo County, Texas
MCALLEN POLICE DEPARTMENT APPLICANT ADVISORY STATEMENT

The McAllen Police Department requires that honesty be an essential characteristic of its department personnel.

The McAllen Police Department requires applicants to be totally honest throughout the selection process. Dishonesty, at any step of the selection process may disqualify your candidacy. With this understanding please be advised of the following:

- We do not expect applicants to be perfect.
- We will work with the applicant to accurately reflect information associated with issues that may arise from your past.
- We will not accept dishonesty.
- Please advise us of everything up front.
- If you are unsure of any question asked of you during your application process, ask Training Unit personnel to assist you to avoid any misunderstanding.

You are informed that this step is only the first step in a lengthy application process. Your answers today will be compared to information gathered from many sources. Any contradictions will be viewed negatively. Please take your time today and answer all questions completely.

Sworn to and subscribed before me, a peace officer while engaged in the performance of my duties and under the authority of Chapter 602.002. Texas Government Code, on this the ____ day of ______________, 20____.

AFFIANT

____________________________________

Name of Peace Officer & I.D. No.   (printed)

Peace Officer in and for the City of McAllen, Hidalgo County, Texas
MCALLEN POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT

YOU ARE HEREBY INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREBIN WILL BE INVESTIGATED.

INSTRUCTIONS: Answer all questions completely. If a question is not applicable write “N/A”. Write “Unknown” only if you do not know the answer and cannot obtain the answer from personal records. Attach extra sheets for details on any question or questions for which you do not have sufficient room.

TYPE, PRINT OR WRITE CAREFULLY.

Position applied for: ________________________________________________________________

Full Name: ___________________________________________________________________
(First)              (Middle)           (Last)

Social Security #: ________________________ Drivers License: ______________________ State: ______________

Height: _____ Weight: _____ Eyes: ______ Hair: ______ Scars: ______________________________________

Other distinguishing features: ________________________________________________________

Present Address: ____________________________________________________________________________________
(Street & Number)       (City)       (State)  (Zip)

Telephone: Home: ____________________ Work: __________________  Cell: ____________________

Nickname: _________________________ What other names have you used? __________________________________

Under what circumstances have you ever used these names? _____________________________________________

How long did you use other names: ____________  If a legal change, give particulars _____________________________

__________________________________________________________________________________________________
( Where? )      ( By what authority? )

Date of Birth: ____________ Place of Birth: ____________________________________________________________
(City)   (State)   (Country)

Present Citizenship: ___________________________ By Birth? ____________ By marriage? _________________
(Country)

By Naturalization – Cert. No.: ________________________ issued ________ by _________________________
(Date)            (Court)

At: ______________________________________________________________________________________________
(City)                  (State)
EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all jobs you have had since you were 16 years old, including all part time, temporary or seasonal positions. Attach additional pages if necessary. A job is any position you accepted, regardless of how long you actually worked.

CIRCLE APPROPRIATE JOB DESCRIPTION(S):  FULL  PART  TEMPORARY  SEASONAL

Employer:________________________________________________________________________

Employer’s Address: __________________________________________________________________________
Street #  City  State  Zip

Employer’s Telephone Number: _____(_____)__________________

Employment began on: ______-______-______ ended on: ______-______-______ = Total Time __________

Position(s) held with organization: __________________________________________________________________

Title: __________________________________________________ Salary/Hourly Rate: __________________________

Duties/Responsibilities: __________________________________________________________________________

Time in position: ________________________________

Did you receive Job Performance Evaluations?   Yes   No

Did you ever receive a Written or Oral Reprimand?   Yes   No

If “Yes”, explain: ______________________________________________________________________________

Name of Final Supervisor: ____________________________ Eligible for Re-Hire?   Yes   No

Reason for leaving: ____________________________________________________________________________

Was notice given?   Yes   No   If “Yes”, how many days? ________________________________
EMPLOYMENT HISTORY

CIRCLE APPROPRIATE JOB DESCRIPTION(S): FULL PART TEMPORARY SEASONAL

Employer: __________________________________________________________________________

Employer’s Address: _________________________________________________________________________________________

Street # City State Zip

Employer’s Telephone Number: _____(_____)__________________

Employment began on: ______-______-______ ended on: ______-______-______ = Total Time __________________

Position(s) held with organization: ______________________________________________________________________________

Title: __________________________________________________ Salary/Hourly Rate: __________________________

Duties/Responsibilities: ______________________________________________________________________________________

__________________________________________________________________________________________________

Time in position: ___________________________________________________

Did you receive Job Performance Evaluations? Yes No

Did you ever receive a Written or Oral Reprimand? Yes No

If “Yes”, explain: ______________________________________________________________________________________

Name of Final Supervisor: ____________________________________________ Eligible for Re-Hire? Yes No

Reason for leaving: ______________________________________________________________________________________

__________________________________________________________________________________________________

Was notice given? Yes No If “Yes”, how many days? ________________________________
EMPLOYMENT HISTORY

CIRCLE APPROPRIATE JOB DESCRIPTION(S):  FULL    PART    TEMPORARY    SEASONAL

Employer: _________________________________________________________________________________________

Employer’s Address: ____________________________________________________________
Street #    City    State    Zip

Employer’s Telephone Number: _____(_____)__________________

Employment began on: _____-_____-______ ended on: _____-_____-______ = Total Time ______________

Position(s) held with organization: ____________________________

Title: __________________________________________________ Salary/Hourly Rate: __________________________

Duties/Responsibilities: ______________________________________________________________________________

__________________________________________________________________________________________________

Time in position: ___________________________________________________

Did you receive Job Performance Evaluations?        Yes        No

Did you ever receive a Written or Oral Reprimand?        Yes        No

If “Yes”, explain: ___________________________________________________________________________________

Name of Final Supervisor: ____________________________________________ Eligible for Re-Hire?       Yes       No

Reason for leaving: __________________________________________________________________________________

__________________________________________________________________________________________________

Was notice given?        Yes          No         If “Yes”, how many days? __________________________________________
EMPLOYMENT HISTORY

CIRCLE APPROPRIATE JOB DESCRIPTION(S):   FULL   PART   TEMPORARY   SEASONAL

Employer: __________________________________________

Employer’s Address: __________________________________________
Street #    City    State    Zip

Employer’s Telephone Number: _____(_____)__________________

Employment began on: ______-____-______ ended on: ______-____-______ = Total Time ______

Position(s) held with organization: __________________________________________

Title: __________________________________________ Salary/Hourly Rate: __________________________

Duties/Responsibilities: __________________________________________

____________________________________________________________

Time in position: __________________________________________

Did you receive Job Performance Evaluations?        Yes        No

Did you ever receive a Written or Oral Reprimand?        Yes        No

If “Yes”, explain: __________________________________________

Name of Final Supervisor: __________________________________________ Eligible for Re-Hire?       Yes       No

Reason for leaving: __________________________________________

____________________________________________________________

Was notice given?        Yes          No         If “Yes”, how many days? __________________________
EMPLOYMENT HISTORY

CIRCLE APPROPRIATE JOB DESCRIPTION(S): FULL PART TEMPORARY SEASONAL

Employer: ________________________________________________________________

Employer’s Address: ______________________________________________________
Street #   City   State   Zip

Employer's Telephone Number: ____ (____) ____________________

Employment began on: _____-____-____  ended on: _____-____-____ = Total Time ________________

Position(s) held with organization: __________________________________________

Title: __________________________________________________ Salary/Hourly Rate: __________________________

Duties/Responsibilities: _______________________________________________________

_________________________________________________________________________

Time in position: ___________________________________________________________

Did you receive Job Performance Evaluations?    Yes    No

Did you ever receive a Written or Oral Reprimand? Yes No

If “Yes”, explain: _____________________________________________________________

Name of Final Supervisor: ____________________________________________ Eligible for Re-Hire? Yes No

Reason for leaving: _______________________________________________________

________________________________________________________________________

Was notice given?    Yes    No  If “Yes”, how many days? __________________________

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EMPLOYMENT HISTORY

CIRCLE APPROPRIATE JOB DESCRIPTION(S): FULL PART TEMPORARY SEASONAL

Employer: _____________________________________________________________

Employer’s Address: ____________________________________________________
Street # City State Zip

Employer’s Telephone Number: _____(_____)_______________________________

Employment began on: _____-_____-______ ended on: _____-_____-______ = Total Time ________________

Position(s) held with organization: __________________________________________

Title: __________________________________________________ Salary/Hourly Rate: __________________________

Duties/Responsibilities: ____________________________________________________

__________________________________________________________________________________________

Time in position: __________________________________________________________

Did you receive Job Performance Evaluations? Yes No

Did you ever receive a Written or Oral Reprimand? Yes No

If “Yes”, explain: _____________________________________________________________

Name of Final Supervisor: __________________________________________________ Eligible for Re-Hire? Yes No

Reason for leaving: _____________________________________________________________

________________________________________________________________________________________

Was notice given? Yes No If “Yes”, how many days? ________________________________
EMPLOYMENT HISTORY

CIRCLE APPROPRIATE JOB DESCRIPTION(S):  FULL       PART       TEMPORARY       SEASONAL

Employer: _______________________________________________________________________________________

Employer's Address: ________________________________________________________________________________

Employer's Telephone Number: _____(_____)__________________

Employment began on: _____-_____-_____ ended on: _____-_____-_____ = Total Time ________________

Position(s) held with organization: ________________________________________________________________

Title: __________________________________________________ Salary/Hourly Rate: __________________________

Duties/Responsibilities: __________________________________________________________________________

__________________________________________________________________________________________________

Time in position: __________________________________________________________

Did you receive Job Performance Evaluations?        Yes        No

Did you ever receive a Written or Oral Reprimand?        Yes        No

If “Yes”, explain: ________________________________________________________________________________

Name of Final Supervisor: __________________________________________________________________________

Eligible for Re-Hire?        Yes        No

Reason for leaving: ______________________________________________________________________________

__________________________________________________________________________________________________

Was notice given?        Yes        No        If “Yes”, how many days? ______________________________
EMPLOYMENT HISTORY

CIRCLE APPROPRIATE JOB DESCRIPTION(S):  FULL    PART    TEMPORARY    SEASONAL

Employer: _________________________________________________________________________________________

Employer’s Address: ________________________________________________________________________________
Street #     City     State     Zip

Employer’s Telephone Number: _____(_____ ____________________

Employment began on: _____ - _____ - _____ ended on: _____ - _____ - _____ = Total Time ______________

Position(s) held with organization: _______________________________________________________________________

Title: ____________________________________________ Salary/Hourly Rate: __________________________

Duties/Responsibilities: ______________________________________________________________________________

__________________________________________________________________________________________________

Time in position: ___________________________________________________________________________________

Did you receive Job Performance Evaluations?        Yes        No

Did you ever receive a Written or Oral Reprimand?        Yes        No

If “Yes”, explain: ___________________________________________________________________________________

Name of Final Supervisor: ______________________________ Eligible for Re-Hire?        Yes        No

Reason for leaving: __________________________________________________________________________________

__________________________________________________________________________________________________

Was notice given?        Yes        No        If “Yes”, how many days? ______________________________
PERIODS OF UNEMPLOYMENT

Record of any period of unemployment since graduation from High School (a period of unemployment is any time you did not have a job). If you were a full-time college student and held only seasonal employment during school breaks, indicate your beginning and ending school dates and list the seasonal jobs in the Employment History section of this packet.

<table>
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<th>FROM: (MONTH/YEAR)</th>
<th>TO: (MONTH/YEAR)</th>
<th>LENGTH</th>
<th>REASON</th>
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Number of days missed from work during the past year (other than holidays and vacation days):
Applicants with Prior Law Enforcement Agency Employment
(These Questions ONLY for persons with prior law enforcement agency employment; includes previous employment as Detention Officers and Civilian Jailers)

1. Have you worked for another police department or law enforcement agency? Yes No
   a. Name of department or agency? ____________________________________________________
   b. What were your dates of employment? _____________________________________________
   c. Duties/Division? _________________________________________________________________
   d. Reason for leaving: Voluntarily resigned? _______ Asked to resign? ________
      Fired _________ Layoff _________ Still employed _________
      Why? ____________________________________________________________
   e. Are you eligible to return? Yes ______ No ______
   f. Were any disciplinary actions taken against you? _________________________________
      1.) How many? ____________  2.) When? ____________________________________
      3.) What for? ________________________  4.) Disciplinary actions and type? ________________________
      _____________________________________________________________________________
   g. Were there any citizen complaints against you? Yes No
      1.) How many? ________________  2.) When? ______________________________________
      3.) What for? ___________________________  4.) Outcome? _____________________________
      ______________________________________________________________________________
   h. Have you ever been the subject of an investigation? Yes No
      1.) How many times? ________________________________
      2.) When? __________________________________________
      3.) By whom? _________________________________________
      4.) What for? _________________________________________
      5.) Outcome? ________________________________________

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i. Did you ever accept any bribes? ______________________________________________________________
   1.) How many times? ________________________________________________________________
   2.) What type of bribes (money, services, etc.)?____________________________________________
   3.) Value? __________________________________________________________________________
   4.) What were they for? ________________________________________________________________

j. Did you ever fail to turn in found, confiscated, or prisoner’s property? _________________________
   1.) How many times? __________________________________________________________________
   2.) What? __________________________________________________________________________

k. Have you ever used, experimented with, or tried any illegal drug or substance while employed as a police
   officer? ______________________________________________________________________________
   1.) If yes, complete the following:

   | NAMES OF DRUG      | LAST TIME |
   | OR SUBSTANCE       | (On Duty) (Off Duty) |
   | __________________ | ____________   ____________ |
   | __________________ | ____________   ____________ |

   2.) Comments: ________________________________________________________________________

2. Did you ever engage in any misconduct that went undetected? _________________________________
   1.) How many times? __________________________________________________________________
   2.) What? __________________________________________________________________________
   3.) When? __________________________________________________________________________

3. How have you prepared yourself to be a McAllen Police Officer?
   ___________________________________________________________________________________

4. Why is becoming a police officer important to you?
   ___________________________________________________________________________________

End of questions for applicants with prior Law Enforcement Agency Experience.
MILITARY SERVICE

Have you ever been rejected by any branch of the Armed Forces?       Yes       No

Have you ever been a member of any branch of the U.S Armed Forces?       Yes       No

If Yes, Branch of Service: ______________________________       Highest Rank: ______________________________

Induction: _____ / _____ / ______        Discharge: _____ / _____ / ______

Type/Discharge: ____________________________________________________________________________________

Awards: (Type and Date awarded)
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Special Schools/Training: ____________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

While in the military service, were you ever arrested for an offense which resulted in a trial by Deck Court or Summary,
Special or General court-martial?      Yes      No

If “Yes”, give date, place, law enforcing authority or type of Court or court-martial; charge and action taken for each
incident.

Charge: ______________________________________________________        Date: _____ / _____ / ______
Results: ______________________________________________________                            _____ / _____ / ______

Last duty station and name of Commanding Officer: ______________________________
____________________________________________________________________________

While in the military service, were you ever disciplined or reprimanded (Article 15, etc.)? If “Yes”, explain why:
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Are you currently a member of a U.S Reserve or National State Guard Organization? ______________________________

Branch of Service: ______________________________       Grade and Service #: ______________________________

Are you:       Active       Standby       Inactive

Organizations/Station/Unit and Location: ______________________________
EDUCATIONAL HISTORY

List all high schools, colleges, technological or trade schools you have ever attended regardless of whether you graduated and/or completed the prescribed curriculum.

If you listed colleges/universities, and you did not graduate, indicate the correct number of credit hours you are credited with.

If you attended a technological or trade school, indicate your course of study and also note if you were awarded a diploma or certificate.

<table>
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<tr>
<th>NAME &amp; TYPE OF SCHOOL LOCATION (CITY &amp; STATE)</th>
<th>DATES ATTENDED FROM: TO:</th>
<th>DEGREE AND/OR CREDIT HOURS EARNED</th>
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Have you ever been expelled from any school you have attended? Yes No

If “Yes”, School: _______________________________ Date: _______________________________
Reason: ___________________________________________________________________________
__________________________________________________________________________________

Have you ever been placed on academic probation? Yes No

If “Yes”, School: _______________________________ Date: _______________________________
Reason: ___________________________________________________________________________
__________________________________________________________________________________
ADDITIONAL EDUCATION AND PERSONAL INFORMATION

EDUCATION (Circle Highest Grade Completed)


SCHOOL ACTIVITIES: CLUBS/SPORTS/ETC.

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

POSITIONS OF LEADERSHIP: (INDICATE POSITION/ORGANIZATION/DATES HELD)

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

COMMUNITY ACTIVITIES:

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

AWARDS/COMMENDATIONS OR SPECIAL RECOGNITION:

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________
ARREST/DETENTION

1. Have you ever been arrested by police?  Yes  No  If “Yes”, explain each incident.

________________________________________________________________________________________________
________________________________________________________________________________________________

2. Have you ever been placed on Court-order community supervision or probation for any criminal offense? If “Yes”, list dates, Court rendering judgment, and arrest information.

________________________________________________________________________________________________
________________________________________________________________________________________________

3. Have you ever been summoned into court for a criminal offense?  Yes  No  If “Yes”, explain each incident.

________________________________________________________________________________________________
________________________________________________________________________________________________

4. Have you ever committed a serious crime?  Yes  No  If “Yes”, explain each incident.

________________________________________________________________________________________________
________________________________________________________________________________________________

5. Have you ever shoplifted merchandise?  Yes  No  If “Yes”, explain incident.

________________________________________________________________________________________________
________________________________________________________________________________________________

6. Have you ever committed an assault involving family violence?  Yes  No  If “Yes”, explain each incident.

________________________________________________________________________________________________
________________________________________________________________________________________________

LITIGATION

Have you ever been involved in any type of law suit?  Yes  No
Were you sued?  Yes  No
Have you ever filed bankruptcy?  Yes  No
Has anyone ever threatened to take you to court for non-payment of a bill? Explain:

________________________________________________________________________________________________
________________________________________________________________________________________________

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THEFTS AND DISHONESTY

1. Have you ever committed, been accused of, or detained for any of the following offenses as an adult or a juvenile? Please answer Yes or No in each area.

- Arson
- Assault (Bodily Injury)
- Burglary
- Credit Card Abuse
- Criminal Mischief
- Carrying a Pistol
- Child Abuse
- Impersonating a Police Officer
- Auto Theft

Comments: ______________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

2. Have you ever engaged in any illegal activity that went undetected?

______________________________________________________________________________________________

3. List below any and all cash and/or items that you have ever stolen. This includes any individual, employment, business, store, etc.

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<thead>
<tr>
<th>ITEM</th>
<th>QUANTITY</th>
<th>WHEN (MONTH/YEAR)</th>
<th>VALUE</th>
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4. Have you ever changed price tags? Yes No If “Yes”, complete the below for each incident:

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<th>ITEM</th>
<th>QUANTITY</th>
<th>WHEN (MONTH/YEAR)</th>
<th>VALUE</th>
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5. What in your opinion is the worst thing that you have ever done?

______________________________________________________________________________________________
**DRIVING RECORD**

Do you have a valid driver’s license? ____________ If “No”, Why not? ________________________________

How many moving citations have you received since you began driving? _____________________________

How many moving citations have you received in the past three years? _____________________________

Have you ever had your driver’s license suspended? ____________________ If “Yes”:

<table>
<thead>
<tr>
<th>Date of Suspension</th>
<th>Type of Suspension</th>
<th>Date Lifted</th>
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<td>__________________</td>
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Have you ever had your driver’s license placed on probation for receiving an excessive number of traffic violations?
________________________________________________________________________________________

Have you ever had a hearing for Probation/Suspension of your driver’s license? ______________________

Have you ever been classified as a high risk for vehicle insurance? ______________________________

Have you ever had your insurance revoked due to the number of traffic citations you have received? __________

Have you ever knowingly driven a motor vehicle after driver’s license was suspended, or after it had been revoked?
________________________________________________________________________________________

Do you have a valid driver’s license in more than one state? If “Yes”, list the state(s) and drivers license number(s).
________________________________________________________________________________________

________________________________________________________________________________________

Have you ever been denied a driver’s license for any reason? _________________________________

In how many motor vehicle accidents have you been involved as a driver? ______________________________

Have you ever been involved in a hit-and-run accident? _________________________________

________________________________________________________________________________________

Have you ever been involved in an accident, as the driver, after you have been drinking an alcoholic beverage?
________________________________________________________________________________________

What company carries your automobile insurance policy? _____________________________

Company Address: ____________________________________________

<table>
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<tr>
<th>(Street)</th>
<th>(City)</th>
<th>(State)</th>
<th>(Zip)</th>
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Policy Number: ____________________________  Expiration Date: ____________________________
LIST OF **ALL** TRAFFIC CITATIONS YOU HAVE RECEIVED (LIFETIME)

<table>
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<tr>
<th>DATE RECEIVED</th>
<th>TYPE OF VIOLATION</th>
<th>ISSUING AGENCY</th>
<th>DISPOSITION</th>
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LIST **ALL** MOTOR VEHICLE ACCIDENTS YOU HAVE BEEN INVOLVED IN AS A DRIVER (LIFETIME)

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<th>DATE</th>
<th>LOCATION</th>
<th>BRIEF DESCRIPTION</th>
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</tbody>
</table>
MARITAL AND FAMILY HISTORY

Check your current status.

<table>
<thead>
<tr>
<th>Single</th>
<th>Engaged</th>
<th>Married</th>
<th>Separated</th>
<th>Divorced</th>
<th>Widowed</th>
</tr>
</thead>
</table>

If you are engaged:
Name of Fiancé: ________________________________ Date of Birth: __________________
Address: __________________________________________ Telephone # Home: __________________
Work: __________________

If you are Married or Separated:
Spouse’s Name: ________________________________ Date of Birth: __________________
Address: __________________________________________ Telephone # Home: __________________
Work: __________________

If you are Divorced:
Former Spouse’s Name: __________________________ Date of Birth: __________________
Address: __________________________________________ Telephone # Home: __________________
Work: __________________
Date Divorce Decree Issued: ________________________
Court and Stated where Divorce Decree Issued: ________________________

If you are Widowed:
Spouse’s Name: ________________________________ Date of Birth: __________________
Date of Death: __________________________
FAMILY STATUS AND SEX

1. How many times have you been married? _______________________________________________________

2. Current status? ____________________________________________________________________________

3. If not married, do you have a boyfriend/girlfriend? ______________________________________________
   Name: _________________________ Phone: __________________ Address: ___________________________

4. If ever divorced, number of times? _____________________________________________________________
   a. Who has custody of the children? __________________________________________________________

5. Are you paying child support? __________________________________________________________________
   a. Ever delinquent on payment? ____________________________ How many times? _________________
   b. How far behind at present? ______________________________
   c. Why? ___________________________________________________________________________________

6. As an adult, have you ever committed any unlawful sexual act for which you might be blackmailed or which could be an embarrassment to this department? (Excluding activities between you and your spouse).
   Explain: ___________________________________________________________________________________
   ________________________________________________________________________________________
   ________________________________________________________________________________________
   ________________________________________________________________________________________
LIST ALL YOUR CHILDREN (YOURS OR YOUR SPOUSE’S, including Natural/Step/Adopted/Foster):

<table>
<thead>
<tr>
<th>CHILD’S FULL NAME</th>
<th>BIRTH DATE</th>
<th>RELATIONSHIP</th>
<th>COMPLETE ADDRESS</th>
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</table>

LIST OTHER FAMILY MEMBER (Including those related by marriage). IF DECEASED, INDICATE THE YEAR OF DEATH. (Step/Natural/In-Laws, Mother, Father, Brothers, Sisters).

<table>
<thead>
<tr>
<th>NAME</th>
<th>BIRTH DATE</th>
<th>RELATIONSHIP</th>
<th>OCCUPATION</th>
<th>COMPLETE ADDRESS</th>
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</table>
IF YOU CURRENTLY RESIDE WITH ANY PERSON(S) OTHER THAN FAMILY MEMBERS, LIST:

<table>
<thead>
<tr>
<th>NAME</th>
<th>BIRTH DATE</th>
<th>OCCUPATION/WORK</th>
<th>LENGTH OF TIME TOGETHER</th>
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</table>

FINANCIAL HISTORY

What is your present salary or wages? ____________________________ (Yearly-Gross)
What is your spouse’s present salary or wages? ____________________________ (Yearly-Gross)
Spouse’s Employer: ____________________________ Job Title: ________________
Spouse’s Business Address: ___________________________________________
Spouse’s Business Phone #: ______(____)______ Ext: ____________
Hours/Day/Worked: ________________________________________________

LIST ANY OTHER INCOME FROM ANY OTHER SOURCE, OTHER THAN YOUR PRINCIPAL OCCUPATION (EXCLUDING YOUR SPOUSE’S INCOME).

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>AMOUNT</th>
<th>FREQUENCY</th>
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<tbody>
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</table>

Do you own any real estate? Yes No Value $ ____________________________
Location: ________________________________

Do you own any bonds, Government or other? Yes No Value $ ____________________________

Do you own any corporate stock? Yes No Value $ ____________________________

Savings Account Number: ____________________________ Current Balance $ ____________________________
Bank/Address: ____________________________________________________________

Checking Account Number: ____________________________ Current Balance $ ____________________________
Bank/Address: ____________________________________________________________
FINANCIAL OBLIGATIONS

PLEASE PROVIDE THE NAMES AND ADDRESSES OF THE INDIVIDUALS, COMPANIES, OR OTHERS TO WHOM YOU OWE OR REGULARLY PAY MONEY, AND THE AMOUNT OF YOUR DEBT OR PAYMENT. INCLUDE RENT, MORTGAGES, VEHICLE PAYMENTS, CHARGE ACCOUNTS, CREDIT CARDS, LOANS, CHILD SUPPORT PAYMENTS, AND ANY OTHER DEBTS OR PAYMENTS FROM WHICH YOU ARE RESPONSIBLE. ALSO INCLUDE DEBTS INCURRED BY YOUR SPOUSE, AND CREDIT CARDS THAT DO NOT HAVE AN OUTSTANDING BALANCE.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ACCOUNT #</th>
<th>BALANCE</th>
<th>PAYMENT</th>
<th>PAST DUE?</th>
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</table>

TOTALS: $_________ $_________


CRIMINAL ACTIVITY – ILLEGAL DRUGS/POSSESSION

It is important that the Department be aware of your past and current illegal drug usage.

Let’s discuss what we mean by drug usage. By usage we mean the ingestion of drugs into your system. Ingestion is defined as, but not limited to; snort, sniff, inject (needle), smoke, puff, toke, oral (by pill, tab, tasting, or mixed with food or drink), or absorbed into the body by any means. Each separate instance of usage, regardless of quantity consumed, constitutes “one time used”.

We are also interested in identifying exactly when you used a drug. You will be given an opportunity to explain the first date that you used each drug, and the last time you used each drug.

You must also explain how you used the drug. If the drug was smoked, snorted, injected, eaten or used in any other manner, you must explain how it was used.

When asked to give the maximum number of times that you used the drug, you must give the ABSOLUTE MAXIMUM NUMBER OF TIMES YOU USED THE DRUG. For instance, if you have snorted cocaine six times, and you state that you used cocaine five times, you will be deceptive. Likewise, if you are not sure how many times you used a drug, such as marijuana, then stated the absolute maximum number of times you could have used the drug.

On the following chart, explain if you have used each of the drugs mentioned, the first time (year) you used the drug, the last time (month and year) you used the drug, the maximum number of times you used the drug, and how you used the drug.

If you have never used the particular drug, then check the appropriate NEVER area.

Please list only drugs not prescribed to you that you have used. Prescription drugs of another person’s, even though legally prescribed, that you used should be listed.
<table>
<thead>
<tr>
<th>DRUG</th>
<th>FIRST TIME USED</th>
<th>LAST TIME USED</th>
<th>MAXIMUM TIMES USED</th>
<th>HOW USED</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
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<tr>
<td>PCP</td>
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<td>Angel Dust</td>
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<td>LSD</td>
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<td>Peyote</td>
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<td>Mescaline</td>
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<td>Heroin</td>
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<td>Cocaine</td>
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<td>Quaaludes</td>
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<td>Downers</td>
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<td>Tranquilizers</td>
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<td>Amphetamines/ Methamphetamines/ Speed/Crank</td>
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<td>Biphetamine</td>
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<td>Ecstasy/XTC Ice</td>
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<td>Preludin</td>
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<td>Dilaudid</td>
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<td>Talwin/PBZ</td>
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<td>Inhalants (glue/paint)</td>
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<tr>
<td>Mushrooms (Psilocybin)</td>
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<tr>
<td>Others</td>
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<tr>
<td>Designer Drugs</td>
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<tr>
<td>Anabolic Steroids</td>
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<td>Rohypnol (date rape drugs)</td>
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</table>
1. As an adult, have you used the following drugs in the past 5 years?
   Marijuana  Yes (   )  No (   )
   Hashish    Yes (   )  No (   )
   Cocaine    Yes (   )  No (   )

2. Have you ever had marijuana or illegal drugs in your possession:  Yes (   )  No (   )

3. Have you ever used illegal drugs at work?  Yes (   )  No (   )

4. Would you arrest a friend or family member for a drug violation if you were a police officer?  
   Yes (   )  No (   )

Have you ever sold or furnished any controlled substance or illegal drug?  Yes  No
Which substance did you furnish, sell, or buy? __________________________________________________________
When was the last time you sold, furnished or bought?
Have you abused any prescribed medication within the past five years?  Yes  No
Type: _____________________________________________________________________________________________
How did you abuse the medication? __________________________________________________________________
Have you ever been involved in the manufacturing of an illegal drug?  Yes  No
Type: _____________________________________________________________________________________________
Describe your involvement: ____________________________________________________________________________
_______________________________________________________________________________________________
Have you ever lied to a doctor about symptoms in order to get a prescription, such as Valium or a pain killer?
Yes  No  Explain: ____________________________________________________________________________________
_______________________________________________________________________________________________
Do you associate with individuals who use illegal drugs, and/or abuse medications?  Yes  No
Explain: __________________________________________________________________________________________
_______________________________________________________________________________________________
Have you ever attempted and/or succeeded in “getting high” with products such as paint, glue, gasoline, nitrous, oxide, etc.,?
_______________________________________________________________________________________________
DRINKING HABITS

1. Do you drink alcoholic beverages or liquor?  Yes  No

2. What do you usually drink?  Beer ______  Wine ______  Liquor ______

3. Do you frequent any particular lounges, clubs, or taverns?
   a. Names and locations? ________________________________________________
      ________________________________________________________________
   b. How often do you go there? _________________________________________
      ________________________________________________________________

4. When were you last intoxicated? _________________________________________
   ________________________________________________________________

5. When were you last tipsy? _____________________________________________
   ________________________________________________________________
# PERSONAL REFERENCES

List five (5) persons that can provide current information about you; **Do not list relatives.**

<table>
<thead>
<tr>
<th>Name: ___________________________</th>
<th>Occupation: ___________________________</th>
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<tbody>
<tr>
<td>Address: ________________________</td>
<td>Years Known: __________________________</td>
</tr>
<tr>
<td>Home Phone #: (____) - _________</td>
<td>Work Phone #: (____) - __________________</td>
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<tr>
<td>Describe your relationship with this person: ________________________________</td>
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<thead>
<tr>
<th>Name: ___________________________</th>
<th>Occupation: ___________________________</th>
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<tbody>
<tr>
<td>Address: ________________________</td>
<td>Years Known: __________________________</td>
</tr>
<tr>
<td>Home Phone #: (____) - _________</td>
<td>Work Phone #: (____) - __________________</td>
</tr>
<tr>
<td>Describe your relationship with this person: ________________________________</td>
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<thead>
<tr>
<th>Name: ___________________________</th>
<th>Occupation: ___________________________</th>
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<tbody>
<tr>
<td>Address: ________________________</td>
<td>Years Known: __________________________</td>
</tr>
<tr>
<td>Home Phone #: (____) - _________</td>
<td>Work Phone #: (____) - __________________</td>
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<tr>
<td>Describe your relationship with this person: ________________________________</td>
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<table>
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<tr>
<th>Name: ___________________________</th>
<th>Occupation: ___________________________</th>
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<tbody>
<tr>
<td>Address: ________________________</td>
<td>Years Known: __________________________</td>
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<tr>
<td>Home Phone #: (____) - _________</td>
<td>Work Phone #: (____) - __________________</td>
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<tr>
<td>Describe your relationship with this person: ________________________________</td>
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</table>
RESIDENCES

List all addresses where you have lived during the past ten (10) years, beginning with present address (list by month and year).

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<thead>
<tr>
<th>FROM</th>
<th>TO</th>
<th>ADDRESS</th>
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</table>
MEMBERSHIPS IN GROUPS/ASSOCIATIONS/CLUBS

<table>
<thead>
<tr>
<th>OFFICIAL NAME OF ORGANIZATION</th>
<th>TYPE: SOCIAL, FRATERNAL PROFESSIONAL, ETC.</th>
<th>OFFICE(S) HELD</th>
<th>DATES OF MEMBERSHIP FROM</th>
<th>TO</th>
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HOBBIES AND SPORTS

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<thead>
<tr>
<th>NAME OF SPORT</th>
<th>DURATION</th>
<th>LEVEL OF PROFICIENCY</th>
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Are there any incidents in your life, not mentioned previously herein, which may reflect upon your suitability to perform the duties which you may be called upon to undertake, or which might require additional explanation?
______________________________________________________________________________________________
______________________________________________________________________________________________

Do you or your spouse have a relative currently employed with the City of McAllen or the McAllen Police Department?  Yes  No  If “Yes”, provide Name, Relationship, and Position with City: _______________

Have you made an application for employment for any position with this, or any other law enforcement agency?
Yes  No  If “Yes”, complete the following section.

<table>
<thead>
<tr>
<th>NAME OF AGENCY</th>
<th>DATE</th>
<th>STATUS OF APPLICATION</th>
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APPLICANT CERTIFICATION

I certify that the foregoing answers are true and correct to the best of my knowledge and belief, and I agree that any misstatement or omission as to a material fact will constitute grounds for disqualification of my candidacy or rejection of my application.

I hereby grant authorization to the City of McAllen Police Department to contact any person or organization for information and/or documents to verify the validity of any previous statement regarding my previous employment, character, physical condition and conduct.

In consideration of processing my application and information furnished by my former employers or other person designated herein, I hereby release and hold harmless from any and all liability of whatsoever nature any and all of such persons or entities so furnishing or processing any information about me.

Sworn to and subscribed before me, a peace officer while engaged in the performance of my duties and under the authority of Chapter 602.002. Texas Government Code, on this the _____ day of __________, 20___.

_________________________________
AFFIANT

_________________________________
Name of Peace Officer & I.D. No. (printed)

_________________________________
Peace Officer in and for the City of McAllen, Hidalgo County, Texas
CHECKLIST OF DOCUMENTS THAT MUST ACCOMPANY YOUR APPLICATION

Driver’s License Class _______ Expiration Date: ___________________ Verified by: _______________

Birth Certificate (Hospital Birth Certificate not acceptable) Verified by: _______________

Certificate of Naturalization (Unlawful to copy) Verified by: _______________

Permanent Resident Alien Card # __________________________________ Verified by: _______________

Social Security Card (If a card is not available, must present a letter of renewal from the Social Security Administration Office). Verified by: _______________

High School Diploma AND Official Transcripts OR GED certificate (Unofficial copies are not acceptable. If the school will not issue an official transcript to student, have them mail the transcript direct to our office). Verified by: _______________

College or University Diploma AND Official Transcripts OR GED certificate (Unofficial copies are not acceptable. If the school will not issue an official transcript to student, have them mail the transcript direct to our office). Verified by: _______________

Certified Marriage Certificate (If not available, can obtain a certified copy with the county in which married. Note: Must also provide certificates of previous marriages. Verified by: _______________

Dissolution of Marriage Papers (Divorce Decree), (If not available, can obtain a certified copy with the county in which divorce was granted). Note: Must also provide divorce papers of previous marriages. Verified by: _______________

***Military Discharge Papers (DD214) OR Selective Service Card (If Selective Service Card is not available, call (847) 688-2576 or (847) 688-6888 to receive your number and request a new card. Until receipt of your card, provide your number in the space below.
Selective Service #: __________________________
Date of Registration: __________________________

Other (Specify) ___________________________________________ Verified by: _______________
_____ Copy Attached

Other (Specify) ___________________________________________ Verified by: _______________
_____ Copy Attached

Other (Specify) ___________________________________________ Verified by: _______________
_____ Copy Attached

***For police officer applicants, an additional five (5) points shall be added to the examination on grade of an applicant who served in the United States Armed Forces, received an HONORABLE Discharge and made a passing grade on the civil service examination.

NOTE: IF MAILING APPLICATION, MUST submit copies of documents listed above. Original documents must be presented at our office at the state of the Physical Fitness Assessment for verification. If submitting application in person, must provide all original documents listed above for verification. (We will make copies for our files and return originals to you).