

I meet the following Minimum Requirements:

(Initials)

- High School Diploma or GED;
- Never been convicted of or placed on community supervision for a Class A misdemeanor or felony;
- Never been convicted of or placed on community supervision for a Class B misdemeanor within the last 10 years;
- Never been convicted of a family violence offense;
- Not **currently** charged with any offense listed above;
- Military Applicants; Not have a dishonorable or bad conduct discharge;
- Not prohibited by state and federal law from operating a motor vehicle;
- Not prohibited by state and federal law from possessing firearms or ammunition;
- U.S. citizen;

I will conduct the following:

- Submit to a polygraph examination;
- Submit to a Medical and Psychological Screening;
- Submit fingerprints for criminal history record check;
- Submit reference and employer information for a background check;

Return applications to police academy at the Regional Center for Public Safety Excellence

3901 S. Cage Blvd., Pharr, 78577



SOUTH TEXAS
COLLEGE

COUNTY CORRECTIONS ACADEMY APPLICATION

APPLICANT INFORMATION

Full Name: _____ Date of Birth: _____ DL# _____
Last, First M.I. mm/dd/yyyy

A#: _____ Age: _____ Last 4 SS#: _____

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*
Phone: (____)____-_____ E-mail Address: _____

Have you ever been arrested:? ___ YES ___ NO

If yes, explain (use extra sheets if necessary): _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? ___ YES ___ NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? ___ YES ___ NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? ___ YES ___ NO Degree: _____

Signature: _____ Date Submitted: _____

Hidalgo County Sheriff's Office

Carefully read this authorization to release information about you, then sign and date it in ink.

Authority to Release of Information

I, hereby request and authorize you to furnish the Hidalgo County Sheriff's Office, and their representatives, with any and all information they may request, concerning my work record, educational history, military record, criminal record and general reputation. This authorization is specifically intended to include any and all information of confidential or privileged nature as well as photocopies of such documents, if requested. This information will be used for the purpose of determining my eligibility for employment as a County Law Enforcement Employee.

I, hereby release you and your organization from any liability, which may or could result from furnishing the information request above or from any subsequent use of such information in determining my qualifications to serve as a Law Enforcement Officer of Hidalgo County.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Applicant's Signature: _____ Date: _____

Sworn and subscribed before me, on this the ___ day of _____, 20__.

Notary Public, State of Texas

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

APPLICANT OR EMPLOYEE NAME (PLEASE PRINT)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$ 9.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the date from DPS, the Information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:

Check and Initial each Applicable Space

CCH Report Printed:

YES _____ NO _____ initial

Purpose of CCH: _____

Accepted _____ Not Accepted _____ initial

Date Printed: _____ initial

Destroyed Date: _____ initial

Retain in your files