



South Texas College Police Academy



Authority for release information

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

I authorize any duly accredited representative of South Texas College 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 Worker's 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 authorize South Texas College 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 South Texas College 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.

***** APPLICANT MUST FILL OUT AND SIGN BELOW*****

_____		_____	
Printed Full Legal Name (as shown on Social security Card/passport)		Date of Birth	

List Other names used, AKA's			

Current Address	City	State	Zip Code
_____	_____	_____	_____
Mailing Address	City	State	Zip Code
_____	_____	_____	_____
XXX-XX-	_____		_____
Last 4 Social Security Number	Driver's License Number	State	

The Applicant hereby authorizes South Texas College to conduct a check of the applicants Criminal History.

_____	_____
Signature	Date



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DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, the undersigned, _____ 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.

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 fingerprint 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 fingerprint 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 with the Training Academy Office)

Signature of Applicant

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 ___

Initials _____

Purpose of CCH: Accepted ___ Not Accepted _____

Initials _____

Date Printed: _____

Initials _____

Destroyed Date: _____

Initials _____

Retain in your Files.



South Texas College Police Academy



POLICE ACADEMY APPLICATION

- Full Time (M-Th 7:30AM-6:30PM, F 8AM – 12PM)
 Pharr
 Weslaco
 Part Time (M-F 5:30-10:40PM) (Pharr location only)

APPLICANT INFORMATION

Full Legal Name: _____, _____ Date of Birth: _____
 Last Name First Name M.I

Age: _____ Social Security Number: _____

Citizen: YES _____ NO: _____ STC Student A# _____

Drivers license number: _____ Class: _____ State: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone number: () _____ Email: _____

Have you been Arrested: YES _____ NO _____? If YES, Explain _____

Have you applied to this academy before? Yes _____ No _____ If so, when? _____

EDUCATION

High School Diploma: YES _____ NO _____ GED: YES _____ NO: _____

High School Name: _____

High School Address: _____

From: _____ to: _____ Did you graduate? YES: _____ NO: _____

College Education: YES _____ NO _____ Degree: _____

College Name: _____

From: _____ To: _____ Did you graduate: YES _____ NO _____

Applicant Signature: _____ **Date:** _____



South Texas College Police Academy



I Meet the Following Minimum Requirements: (Initials)

_____ US Citizen (Birth or Naturalization)

_____ 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.

_____ Not prohibited by state or federal law from operating a motor vehicle.

_____ Not prohibited by state or federal law from possessing firearms or ammunition.

_____ Willing to submit and pass a Physical Fitness Test (2000 Meter Rowing)

_____ Willing to submit and pass a Polygraph examination.

_____ Willing to submit and pass a Medical and Psychological Screening.

_____ Willing to submit Fingerprints for criminal history record check.

_____ Military Applicants: must prove an HONORABLE discharge in its DD214 (form 4)

Return applications to:

Police Academy at the Regional Center for Public Excellence, 3901 S Cage Blvd. Pharr, 78577



South Texas College Police Academy



Physical Activity Readiness Questionnaire (PAR-Q)

As part of the screening process, you will be required to pass a physical agility test consisting of rowing 2000 meter (non-stop) in a certified Concept 2 rowing machine. Passing times are based on the applicant's age, gender and weight. Request more information if you have never used a row machine before. This physical test is safe for most people. The PAR-Q is a tool to help you in determining if you should get medical screening prior to participating in the Physical Agility Test. It is designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Please read carefully and circle YES or NO for each question as it applies to you.

- | | | |
|---|-----|----|
| 1. Has a doctor ever said you have heart condition and that you should only do physical activity recommended by a doctor? | YES | NO |
| 2. Do you feel pain in your chest when you do physical activity? | YES | NO |
| 3. In the past month, have you had chest pain when you were not doing physical activity? | YES | NO |
| 4. Do you often lose balance, feel faint or have spells of severe dizziness? | YES | NO |
| 5. Has a doctor ever said your blood pressure was too high? | YES | NO |
| 6. Is your blood pressure over 144/94? | YES | NO |
| 7. Has a doctor ever told you that you have bone or joint problem (i.e., back, knee, hip) that could be made worse by a change in your physical activity? | YES | NO |
| 8. Is there a good physical reason, not mentioned here, why you should not follow any activity program even if you wanted to? | YES | NO |
| 9. Are you over age 65 and not accustomed to vigorous exercise? | YES | NO |
| 10. Are you using any drugs that might alter your response to exercise? | YES | NO |

If you answer YES to one or more questions: BEFORE taking a fitness test, talk with your doctors about any questions you answered YES and seek advice from any physician as to the suitability for taking the physical agility test.

If you answered NO to all questions: There is reasonable assurance of your present suitability to participate in the Physical Agility Test.

Postpone Exercise Testing: If you have a temporary minor illness, such as a common cold or are taking any medications that might affect your performance.

Printed Name

Signature

Date