



Pharr Police Department and 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 the City of Pharr Police 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 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 the City of Pharr Police 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 Police Department, 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 |
| _____ | _____ | _____ | _____ |
| Social Security Number | Driver’s License Number | State | |
| _____ | _____ | _____ | |

The Applicant hereby authorizes the City of Pharr Police Department to conduct a check of the applicants Criminal History.

| | |
|-----------|-------|
| _____ | _____ |
| Signature | Date |



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POLICE ACADEMY APPLICATION

- Full Time (M-F 8AM-5PM)
 Part Time (M-F 5:30PM-9:30PM)

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 graduated? YES: _____ NO: _____

College Education: YES _____ NO _____ Degree: _____

College Name: _____

From: _____ To: _____ Did You Graduated: YES _____ NO _____

Applicant Signature: _____ **Date:** _____



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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.

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

_____ 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.

Return applications to:

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

