

# PERSONAL HISTORY STATEMENT

## Preliminary Application



### McAllen Police Department Training Unit

Return Preliminary Application to:  
Rosie Pedraza  
Civil Service Director  
P.O. Box 220  
1300 Houston Ave  
McAllen, TX 78505-0220  
Phone: (956) 681-1407

**McALLEN POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT-PRELIMINARY APPLICATION**

**YOU ARE HEREBY INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN 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 extra details on any question or questions for which you do not have sufficient room.

**TYPE or WRITE CAREFULLY.**

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**Position applied for:** City of McAllen Police Officer

**PERSONAL BACKGROUND**

Full Name: \_\_\_\_\_

(First) (Middle) (Last)

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Scars: \_\_\_\_\_

Other distinguishing features: \_\_\_\_\_

Present Address: \_\_\_\_\_

(Number & Street) (City) (State) (Zip)

Permanent Address: \_\_\_\_\_

(Number & Street) (City) (State) (Zip)

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Nickname: \_\_\_\_\_ name by which you prefer to be addressed

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ U.S. Citizenship: yes [ ] no [ ]

(City) (State) (Country)

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**MILITARY SERVICE**

Have you ever been a member of any branch of the U.S. Armed Forces: yes [ ] no [ ] If yes, Branch of Service: \_\_\_\_\_

Induction date: \_\_\_\_\_ Discharge date: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

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? 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: \_\_\_\_\_

Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Results: \_\_\_\_\_

**EDUCATIONAL HISTORY**

NAME & TYPE OF SCHOOL LOCATION (CITY & STATE)	DATES ATTENDED FROM TO	DEGREE AND/OR CREDIT HRS. EARNED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CRIMINAL RECORD**

LIST ALL ARRESTS, DETENTIONS (INCLUDE FELONIES, MISDEMEANORS, EXCEPT TRAFFIC VIOLATIONS).

Charge	Agency	Date	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been placed on Court-ordered community supervision or probation for any criminal offense? If yes, list dates, Court rendering judgement, and arrest information. \_\_\_\_\_

Have you ever committed a serious crime? If yes, explain. \_\_\_\_\_

Have you ever shoplifted anything? If yes, explain. \_\_\_\_\_

Have you ever committed an assault involving family violence? If yes, explain. \_\_\_\_\_

Have you ever stolen money, equipment, or merchandise from an employer? If yes, explain. \_\_\_\_\_

Have you ever used illegal drugs? \_\_\_\_\_ Drugs used? \_\_\_\_\_

Number of times you used drugs? \_\_\_\_\_ Type of drugs used? \_\_\_\_\_

Have you ever sold or furnished any controlled substance or illegal drug? If yes, explain. \_\_\_\_\_

Which substance did you furnish, sell or buy? \_\_\_\_\_ When was the last time you sold, furnished, or bought any controlled substance or illegal drug? \_\_\_\_\_

Have you ever abused any prescribed medication within the past five years? \_\_\_\_\_ Type: \_\_\_\_\_  
How did you abuse the medication? \_\_\_\_\_

Have you ever been involved in the manufacturing of an illegal drug? \_\_\_\_\_ Type: \_\_\_\_\_  
Describe your involvement. \_\_\_\_\_

LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED (LIFETIME).

CITY/STATE	MONTH/YEAR	CHARGE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your driver's license ever been suspended? If yes, give date and explain reason(s) for suspension. \_\_\_\_\_

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

How many vehicle accidents have you been involved in as a driver? \_\_\_\_\_ Hit and run accidents? \_\_\_\_\_

**MARITAL AND FAMILY HISTORY**

CIRCLE YOUR CURRENT STATUS:

SINGLE          ENGAGED          MARRIED          SEPARATED          DIVORCED          WIDOWED

How many times have you married? \_\_\_\_\_ Have you ever been married to more than one person at a time? \_\_\_\_\_

List any alimony or child support payments (Include name to whom paid, frequency and whether payment is current or in arrear). \_\_\_\_\_

\* Furnish copy of Court Order, Location of the Court: \_\_\_\_\_  
Cause No.: \_\_\_\_\_

**EMPLOYMENT HISTORY**

LIST YOUR PRESENT OR MOST RECENT JOB:

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_ Co-worker \_\_\_\_\_

Salary/Hourly rate: \_\_\_\_\_ Did you receive job performance evaluations? \_\_\_\_\_ Were you ever reprimanded? \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Eligible for re-hire? \_\_\_\_\_

How many jobs have you held in the last three years (Include part-time and seasonal jobs)? \_\_\_\_\_

How long have you been unemployed? \_\_\_\_\_ Source of income: \_\_\_\_\_

Have you ever applied with the McAllen Police Department? \_\_\_\_\_ Position: \_\_\_\_\_

**CHECKLIST OF DOCUMENTS THAT MUST  
ACCOMPANY YOUR APPLICATION**

Driver's License Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Verified by: \_\_\_\_\_

Birth Certificate (Hospital birth certificates not acceptable) Verified by: \_\_\_\_\_

Certificate of Naturalization (Unlawful to copy) # \_\_\_\_\_ 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/GED Certificate or official transcript (Unofficial copies are not acceptable. If the school will not issue an official transcript to the student, have them mail the transcript direct to our office.) Verified by: \_\_\_\_\_

Military Discharge Papers (DD214) or Selective Service Card (If a 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. Verified by: \_\_\_\_\_

Selective Service Number: \_\_\_\_\_ Date of registration: \_\_\_\_\_

Copy of Court Order relating to Alimony/Child Support Verified by: \_\_\_\_\_

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AN ADDITIONAL FIVE (5) POINTS SHALL BE ADDED TO THE EXAMINATION GRADE OF AN APPLICANT WHO SERVED IN THE UNITED STATES ARMED FORCES, RECEIVED AN HONORABLE DISCHARGE AND MADE A PASSING GRADE ON THE EXAMINATION.

IF MAILING APPLICATION, MUST SUBMIT COPIES OF DOCUMENTS LISTED ABOVE. ORIGINAL DOCUMENTS MUST BE PRESENTED AT THE TEST SITE FOR VERIFICATION OR BROUGHT BY OUR OFFICE IF IN THE CITY PRIOR TO THE TEST DATE.

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.

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**I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OF OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL 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.**

\_\_\_\_\_  
Applicant Signature Date \_\_\_\_\_

\_\_\_\_\_  
Witness Date \_\_\_\_\_