MCALLEN POLICE DEPARTMENT



Citizens' Police Academy XV Application

Upcoming class: September 2017
Please return application to the McAllen Police Department
Attn: Office of Community Affairs
1601 N. Bicentennial Blvd. McAllen, TX 78501
956.681.2120



MCALLEN POLICE DEPARTMENT CITIZENS' POLICE ACADEMY

INSTRUCTIONS:

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided 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 as a basis for the background investigation that will determine your eligibility for the McAllen Police Department's Citizen's Police Academy.

Your Personal History Statement should be printed legibly in black ink or typed. Answer all the questions to the best of your ability. If a question is not applicable to you, enter "N/A" in the space provided.

Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in the proper sequence before you begin.

An accurate and complete form will help expedite your background investigation. Any deliberate omissions or falsification will result in disqualification.

It is very important you clear any outstanding citations or fines owed as we will enforce and serve any outstanding warrants.

All classes, materials and instruction are in English. All applicants must be able to read and write in the English language.

Return pages to the Office of Community Affairs (956) 681-2120 as soon as possible but no later than Friday, August 25, 2017.

PERSONAL HISTORY STATEMENT

Applicant Information:

Information provided in this section is used for identification purposes only.

1.	Name:					
		Last	First	Middle		
2.	Address:					
		Number Street	Apt #			
		City State		Zip		
3.	Telephone	e No.: ()	Email:	<u> </u>		
4.	Date of Birth:/					
5.	Driver's I	icense (State): (No.) _				
6.	Social Sec	urity No.:				
7.	Place of P	Birth:/				
		City	State			
8.	Place of Employment:					
		Company Name:				
		Company Address:				
		Phone No:	C1ty	State Zip		
		Occupation:				
9.	Previous I	Employment:				
		Company Name:				
		Company Address:				
			City	State Zip		
		Phone No: Occupation:				
		*	st Record			
1.		you ever been arrested?	Yes_	No		

Date of Charge		<u>Dispositi</u>	on of Charge
List all traffic citations	Traffic Recor		cets)
Month/Year	<u>Charge</u>	City and	-
		-	
		·	Yes/No

If further space is needed to explain any of the above areas, attach a separate sheet.

Mc Allen Police Department Citizens' Police Academy Application

In the space provided below, please tell us why you wish to attend the McAllen Police Department Citizen's Police Academy and what you will achieve by attending. (Please note that this is <u>not</u> an application to become a Police Officer) All classes, materials and instruction are in English. All applicants must be able to read and write in the English language.

RELEASE FORM

I, the undersigned, give permission to the McAllen Police Department to conduct a complete and thorough background investigation of myself for the sole purpose of determining my qualifications to become a member of the McAllen Police Department's Citizens' Police Academy. Furthermore, I swear that all information given on my Personal History Statement is true and correct to the best of my knowledge.

Social Security Number	Applicant's Signature
Date of Birth	Date

*Please provide a copy of your Texas driver license or identification card.