

Kevin Pagan, Chairman Lee Jinks, Vice-Chairman Ruben Garza, Commissioner

Rosie Pedraza, Civil Service Director

January 25, 2024

Dear Interested Applicant:

The City of McAllen will be administering a Civil Service Examination for Entry Level Police Officer on Friday, March 15, 2024. Attached is the minimum requirements.

The examination is scheduled for:

Date:

Friday, March 15, 2024

Time:

9:00 a.m. 7:30 a.m.

Registration: Location:

McAllen Convention Center

Address:

701 Convention Center Blvd. McAllen, Texas 78501

Applicants must meet all minimum requirements and submit a completed application with COPIES of all required documentation.

Deadline to submit a completed application is Wednesday, March 6, 2024.

We request your presence at least 45 minutes prior to the exam. No person will be allowed in the test area after 9:00 a.m. No further test date notice will be given other than this letter; the submission of your completed application will be your confirmation to take exam.

In order to be placed on the Entrance Eligibility List, an applicant must pass the examination. The ranking of the applicants on the entrance eligibility list shall be based upon the highest total score resulting from a passing grade on the written examination plus any military service or credit as required by Chapter 143, if applicable. In the event of ties in final total scores, the applicant's rank on the eligibility list shall be determined by the highest number of correct answers on the exam (the person with the higher exam grade will be placed higher even though the final total score is a tie). If a tie still remains, then the order of ranking shall be determined by giving the highest positions among those sharing an identical total score and an identical exam grade in the order in which the applications signed up for the examination (i.e. those signing up earlier will be given a higher ranking).

Please bring proper picture identification (i.e. valid driver's license). If you have any questions, please do not hesitate to call the Civil Service Department at (956) 681-1407.

Sincerely,
Rosie Pedraza
Civil Service Director

# 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.

	T	YPE or WRITE C	CAREFULLY.		
Position applied for: C	ity of McAllen Police Of	<u>ficer</u>			
		PERSO	ONAL BACKGE	ROUND	
Full Name:	(First)				
	(First)	(Midd	lle)	(Last)	
Social Security #:		Drivers Licen	ise #:	Sta	ate
Height:	Weight:	Eyes:	Hair:	Scars:	
Other distinguishing f	eatures:				
Present Address:					
	(Number & Stre	eet) (C	ity) (	(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 []
Date of Birtin	Thee of Birth.	(City)	(State)	(Country)	_ 0.5. 0.6.26.5.6.7. 305 [] 110 []
		MILIT	TARY SERVICE		
Have you ever been a	member of any branch	of the U.S. Arme	ed Forces: yes [] no	o[] If yes, Branc	ch of Service:
Induction date:	Discharge date:	Тур	e of Discharge:		
					k Court or Summary, Special or Martial; charge and action taken
Charge:		Dat	te:		
Charge:		Dat	te:		
Results:					

#### **EDUCATIONAL HISTORY**

NAME & TYPE OF SCH LOCATION (CITY & ST			DEGREE AND/OR CREDIT HRS. EARNED	
	-			
		INAL RECO		
LIST <u>ALL</u> ARRESTS, DETENTION  Charge	IS (INCLUDE FELONIE Agency	ES, MISDEME.	ANORS, EXCE Date	PT TRAFFIC VIOLATIONS).  Disposition
Have you ever been placed on Court- rendering judgement, and arrest infor Have you ever committed a serious committed a serious committed as a serious committed	mation	-		
Have you ever shoplifted anything?				
Have you ever committed an assault	involving family violence	e? If yes, expla	iin	
Have you ever stolen money, equipm	ent, or merchandise from	an employer?	If yes, explain.	
Have you ever used illegal drugs?	Drugs used?			
Number of times you used drugs? Have you ever sold or furnished any	Type of drugs us controlled substance or il	ed? legal drug? If	yes, explain	
Which substance did you furnish, sell Furnished, or bought any controlled s	l or buy? substance or illegal drug?			When was the last time you sold,
Have you ever abused any prescribed How did you abuse the medication?_	medication within the pa	ast five years?_	Type:	
Have you ever been involved in the n Describe your involvement.	nanufacturing of an illega	al drug?	Type:	

#### 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: **SEPARATED** DIVORCED WIDOWED SINGLE **ENGAGED** MARRIED 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 \_\_\_\_\_ Phone number \_\_\_\_\_ Job Title \_\_\_\_\_ 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 worked for the City of McAllen before? If yes, when and where?

LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED (LIFETIME).

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

## CHECKLIST OF DOCUMENTS THAT MUST ACCOMPANY YOUR APPLICATION (ATTACH COPIES)

Driver's License Class: Expiration I	Date:	Verified by:_		
Birth Certificate (Hospital birth certificates	Verified by:_			
Certificate of Naturalization (Unlawful to	Verified by:_	Verified by:  Verified by:  Verified by:		
Social Security Card (If a card is not availarenewal from the Social Security Administ	Verified by:_			
High School Diploma/GED Certificate or copies are not acceptable. If the school wi to the student, have them mail the transcrip	Verified by:_			
Military Discharge Papers (DD214) or Selective Service Card is not available, cal 688-6888 to receive your number and requ of your card, provide your number in the specific p	ll 847-688-2576 or 847- lest a new card). Until receipt	Verified by:_		
Selective Service Number:	Date of registration:			
Copy of Court Order relating to Alimony/O	Child Support	by:	Verified	
AN ADDITIONAL FIVE (5) POINTS SHALL BE A ARMED FORCES, RECEIVED AN HONORABLE IF MAILING APPLICATION, YOU MUST SUBMITN THE PROCESS.	DISCHARGE AND MADE A PASSING	GRADE ON THE EXAMINATI	ON.	
IF SUBMITTING APPLICATION IN PERSON, YO ORIGINALS MUST BE PRESENTED LATER IN T		OCUMENTS LISTED ABOVE,	WE WILL NOT MAKE COPIES.	
I CERTIFY THAT THE FOREGOING AND BELIEF, AND I AGREE THAT CONSTITUTE GROUNDS FOR IMME AUTHORIZATION TO THE CITY ORGANIZATION FOR INFORMATIC STATEMENT REGARDING MY I CONDUCT. IN CONSIDERATION OF FORMER EMPLOYERS OR OTHER FROM ANY AND ALL LIABILITY OF SO FURNISHING OR PROCESSING A	T ANY MISSTATEMENT OF EDIATE DISMISSAL OR REJE OF MCALLEN POLICE DE ON AND/OR DOCUMENTS TO PREVIOUS EMPLOYMENT, OF PROCESSING MY APPLIC PERSON DESIGNATED HER OF WHATSOEVER NATURE A	F OMISSION AS TO A CCTION OF MY APPLIC EPARTMENT TO CON TO VERIFY THE VALI CHARACTER, PHYS ATION AND INFORMA EIN, I HEREBY RELEA ANY AND ALL OF SUC	MATERIAL FACT WILL ATION. I HEREBY GRANT ITACT ANY PERSON OR IDITY OF ANY PREVIOUS ICAL CONDITION, AND ATION FURNISHED BY MY SE AND HOLD HARMLESS	
	Date			
Applicant Signature				
Witness	Date			