



CITY OF MISSION CIVIL SERVICE APPLICATION

City of Mission Civil Service Department
1201 E. 8th Street
Mission, TX 78572

Applicant Name: _____

Position Applying For:

Police Officer

Fire Fighter

City of Mission – Civil Service
1201 E. 8th Street
Mission, TX 78572
An Equal Opportunity Employer

SELECTION PROCESS FOR APPLICANTS

1. When an entry-level examination is approved by the Civil Service Commission, the City of Mission will announce the date, time, location, minimum qualifications and application deadline.
 2. A written examination will be administered by the City of Mission.
 3. Applicants who pass the written examination with a score of 70 or better, will participate in a Physical Agility examination conducted by the department for which they are testing.
 4. Applicants who successfully complete and pass the Physical Agility examination will be placed on the Eligibility List.
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- The selection process will be administered, scored, evaluated and interpreted in a fair and uniform manner.
 - Selection files, such as test scores, personal history statements, background information and pre-employment screenings will be maintained in a secure area and will be kept confidential.
 - The Chief of Police, after a review of an applicant's files, will make the final determination for hiring a police officer.
 - The Fire Chief, after a review of an applicant's files, will make the final determination for hiring a firefighter.
 - The selection process will be completed as quickly as possible, but usually takes several weeks.
 - An unsuccessful applicant who wishes to re-apply when another position is advertised will have to complete and submit a new Civil Service Application.

Return Application to:
City of Mission
Human Resources Department
1201 E. 8th Street
Mission, TX 78572
(956) 580-8681

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MINIMUM QUALIFICATIONS FOR POLICE OFFICER

- Must be a U.S. Citizen
- Must be able to read and write in English
- Must be at least 21 years of age at the time of the examination
- Must not have reached his/her 45th birthday at the time of the examination

- Completion of 30 accredited college hours; **or**
- Two (2) years of military service with an honorable discharge; **or**
- Have current certification from Texas Commission on Law Enforcement Officer Standards; **or**
- Must meet all legal requirements necessary to become eligible for future licensing by the Commission on Law Enforcement Officer Standards and Education

I certify that I meet the necessary minimum qualifications for Police Officer.

Print Name: _____

Applicant Signature: _____

Date: _____

MINIMUM QUALIFICATIONS FOR FIRE FIGHTER

- Must be a U.S. Citizen
- Must be able to read and write in English
- Must be at least 18 years of age at the time of the examination
- Must not have reached his/her 36th birthday at the time of the examination

- Must have a High School Diploma; **or**
- Must have a G.E.D. and twelve (12) accredited college hours

- Must be Certifiable or Certified by the Texas Commission of Fire Protection; **or**
- Must meet all legal requirements necessary to become eligible for future licensing by the Commission on Fire Protection Personnel Standards and Education

I certify that I meet the necessary minimum qualifications for Fire Fighter.

Print Name: _____

Applicant Signature: _____

Date: _____

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READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide 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 the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be printed legibly in ink or typed.
2. Answer all questions completely. If a question is not applicable, enter "N/A" in the space provided. Write "Unknown" only if you do not know the answer and cannot obtain the answer from personal records.
3. Avoid errors by reading the directions carefully before making any entries on the form. Ensure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are unsure of an address you will need to verify it by personal verification. The local library may have a directory service or copies of local phone directories.
5. Attach extra sheets for extra details on any question(s) for which you do not have sufficient room. Reference the relevant section and question number before continuing your answer.
6. An accurate and complete application will help expedite your selection process.
7. Deliberate omissions or falsifications will result in a disqualification of your application and testing opportunity.

IF YOU FAIL TO FILL IN ANY SECTION OF THIS APPLICATION YOUR APPLICATION MAY BE REJECTED FOR BEING INCOMPLETE.

YOU ARE HEREBY INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

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CHECKLIST OF DOCUMENTS THAT MUST ACCOMPANY YOUR APPLICATION

- Birth Certificate (Hospital birth certificates not acceptable) Verified by: _____

- Social Security Card (If a SS card is not available, must present a letter and renewal from the Social Security Administration office) Verified by: _____

- Naturalization Papers (if applicable) Verified by: _____
***NOTE:** Federal Law *prohibits* duplication of these documents; however, the proper Mission Police Department personnel will require verification of these documents through personnel verification.

- Valid Driver License Verified by: _____

- High School Diploma/High School Official Transcript/G.E.D. Certificate Verified by: _____
(Unofficial copies are not acceptable. If the school will not issue an official transcript to the student, the school must mail the transcript directly to the City of Mission, Human Resources Department, 1201 E. 8th Street, Mission, TX 78572)

- College Diploma /Official College Transcript Verified by: _____
(Unofficial copies are not acceptable. If the school will not issue an official transcript to the student, the college must mail the transcript directly to the City of Mission, Human Resources Department, 1201 E. 8th Street, Mission, TX 78572)

- Marriage Certificate (if applicable) Verified by: _____

- Dissolution of Marriage (if applicable) Verified by: _____

- Military form DD-2214 (if applicable) Verified by: _____

- Selective Service Card (if applicable) Verified by: _____
(If a Selective Service Card is not available, call (847) 688-2576 or (847) 688-6888, or visit the website at www.selectiveservice.org to receive your number and request a new card. Until receipt of your card, provide your number in the space below)

Selective Service Number: _____ Date of Registration _____

- Certificates of Specialized Training Verified by: _____

Note: you must provide a copy (or original, if applicable) of the documents listed above. Civil Service Applications being submitted without a copy of the proper documents will not be accepted.

PERSONAL HISTORY STATEMENT

(Please print in ink or type)

A. APPLICANT IDENTIFICATION – Information provided in this section is used for informational purposes

1. Name: _____
Last
First
Middle

2. Physical Address: _____
Number
Street
City
State
Zip Code

Mailing Address: _____
Number
Street
City
State
Zip Code

3. Telephone Number: (____) _____ - _____ (____) _____ - _____
Home
Cell

4. Date of Birth: ____ / ____ / ____ 5. SS#: ____ - ____ - ____
Month
Day
Year

6. Place of Birth: _____
City
County
State

7. Driver License: _____
Number
State
Type or Class

8. _____
 Nickname(s), Maiden Name, or other names by which you have been known

9. Height: _____ 10. Weight: _____ 11. Eye Color: _____ 12. Hair Color: _____

13. _____
 Scars, tattoos or other distinguishing marks

14. Are you a U.S. Citizen? Yes No

B. RESIDENCE HISTORY – List all addresses where you resided in the past ten (10) years, regardless of length of time you resided there, beginning with your present residence.

FROM		TO		Street Address	City	State	Zip Code
Mo.	Year	/	Mo.				

C. WORK HISTORY – List all employment since the age of 16, including part-time, temporary or seasonal employment, beginning with your present or most recent job. Include all periods of unemployment.

1	Name of Employer	Phone Number
Address (No & Street, City, State, Zip)		
Dates of Employment (month/year)	Title of Position	Salary Starting \$ per Ending \$ per
Reason for Leaving	Name of Immediate Supervisor	May we contact your current/previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of duties, responsibilities, accomplishments:		
2	Name of Employer	Phone Number
Address (No & Street, City, State, Zip)		
Dates of Employment (month/year)	Title of Position	Salary Starting \$ per Ending \$ per
Reason for Leaving	Name of Immediate Supervisor	May we contact your current/previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of duties, responsibilities, accomplishments:		
3	Name of Employer	Phone Number
Address (No & Street, City, State, Zip)		
Dates of Employment (month/year)	Title of Position	Salary Starting \$ per Ending \$ per
Reason for Leaving	Name of Immediate Supervisor	May we contact your current/previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of duties, responsibilities, accomplishments:		
4	Name of Employer	Phone Number
Address (No & Street, City, State, Zip)		
Dates of Employment (month/year)	Title of Position	Salary Starting \$ per Ending \$ per
Reason for Leaving	Name of Immediate Supervisor	May we contact your current/previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of duties, responsibilities, accomplishments:		
Note: If additional space is needed, please provide an attachment.		

D. MILITARY SERVICE

1. Have you served in the U.S. Armed Forces? Yes No

Branch of Service	Date of Service From To	Unit Designation	Highest Rank Held	Rank at Discharge

2. Did you receive any disciplinary action while in service (include Article 15's, Office Hours, Captain's Mast, Company Punishment, Court-Martial, etc)? Yes No

Date	Charge	Agency	Age	Disposition

Details: _____

3. Type of Discharge: Honorable Dishonorable Other

If you received a discharge other than honorable, give complete details: _____

E. EDUCATIONAL HISTORY:

1. High School Attended: _____

City and State: _____ Dates Attended: _____ to _____

Did you Graduate? Yes No

Did you receive a G.E.D? Yes No N/A

2. College or University Attended: _____

City and State: _____ Dates Attended: _____ to _____

Hours Completed: _____ Major/Minor: _____

Did you Graduate? Yes No Degree Earned: _____

3. List other schools attended (trade, vocational, business, etc.) Give name, address, dates attended, course of study, certificate and any other pertinent information.

F. SPECIAL QUALIFICATIONS AND SKILLS: List any special licenses you hold (pilot, radio operator, scuba, etc.) licensing authority, original date of issue, and date of expiration.

1. List any specialized machinery or equipment, which you can operate: _____

2. Are you fluent in a foreign language? Yes No

If so, indicate the language and degree of fluency (excellent, good, fair, poor) _____

3. List any other special skills or qualifications you may possess: _____

G. ARRESTS, DETENTIONS AND LITIGATIONS:

1. Have you ever been arrested, detained by police or summoned into court? Yes No

If so, complete the following:

Date	Offense	Police Agency	Disposition

2. Have you ever been involved as a party in a civil litigation? Yes No

If so, give details: _____

H. TRAFFIC RECORD:

1. Has your driver's license ever been suspended or revoked? Yes No

If so, complete the following:

Date	Location	Reason

2. With what company do you carry auto insurance? _____

3. List all traffic citations you have received in the last ten (10) years, excluding parking tickets:

Month/Year	Charge	City and State	Disposition

4. Describe any traffic accidents in which you have been involved, giving date(s) and location(s):

I. MARITAL AND FAMILY HISTORY:

1. Are you: Single Engaged Married Separated
 Divorced Widowed Co-Habiting: Person's Name: _____

2. If Engaged: Name of Fiancé: _____ Phone #: (_____) _____ - _____
 Address: _____

3. If Married: Name of Spouse (maiden name): _____
 Date of Marriage: _____ City and State: _____

4. If ever Separated, Divorced or Widowed: Name of Spouse (maiden name): _____
 Date of Marriage: _____ City and State: _____
 Present Address: _____
 Phone #: (_____) _____ - _____ Separated, Divorced or Annulled: _____
 Date or Order or Decree: _____ Court & State where issued: _____

5. List all children related to you or your spouse (natural, stepchildren, adopted, foster):

Name	Relation	D.O.B.	Address	Supported by

6. List all other dependents:

Name	Address	Relation

7. List other relatives in the following order: father, mother (maiden name), brother(s), sister(s); if deceased, so indicate:

Name	Address	Phone	Relation	Age

J. FINANCIAL HISTORY:

1. What is your present salary? _____
2. Do you have income from any source other than your principal occupation? Yes No
 If so, how much? _____ how often? _____ the source? _____
3. Do you own any real estate? Yes No
 Value: \$ _____ Location: _____
4. Do you own any bonds, government or other? Yes No Value: \$ _____
5. Do you own any corporate stock? Yes No Value: \$ _____
6. Do you have a bank account? Yes No
 Checking Account Balance: \$ _____ Bank Name: _____
 Bank Address: _____
 Savings Account Balance: \$ _____ Bank Name: _____
 Bank Address: _____

K. FINANCIAL OBLIGATIONS: Give names and addresses of the individuals, companies, or others to whom you are indebted, and the extent of your debt. This includes rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments. Include account numbers where applicable.

Type of Loan	Name of Creditor	Address of Creditor	Account Number	Item Purchased	Total Balance	Monthly Payment

L. BACKGROUND:

1. Do you have any religious or other beliefs which would prevent you from fully performing the duties of a Police Officer or Fire Fighter, including working weekends, evenings or night shifts?

Yes No

If so, explain: _____

2. Have you ever submitted an application for employment with this or any other law enforcement or related agency? Yes No

If so, list agency name(s), date(s), and status of application:

Agency	Date Application Submitted	Application Status

3. Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a Police Officer or Fire Fighter?

Yes No

If so, explain: _____

M. REFERENCES: List five (5) persons, other than relatives and former employers, who know you well enough to provide current information about you.

Name: _____ Years Known: _____

Address: _____
Number Street City State Zip Code

Business Address: _____
Number Street City State Zip Code

Phone Number: (____) _____ - _____ Business Phone Number: (____) _____ - _____

Name: _____ Years Known: _____

Address: _____
Number Street City State Zip Code

Business Address: _____
Number Street City State Zip Code

Phone Number: (____) _____ - _____ Business Phone Number: (____) _____ - _____

Name: _____ Years Known: _____

Address: _____
Number Street City State Zip Code

Business Address: _____
Number Street City State Zip Code

Phone Number: (____) _____ - _____ Business Phone Number: (____) _____ - _____

Name: _____ Years Known: _____

Address: _____
Number Street City State Zip Code

Business Address: _____
Number Street City State Zip Code

Phone Number: (____) _____ - _____ Business Phone Number: (____) _____ - _____

Name: _____ Years Known: _____

Address: _____
Number Street City State Zip Code

Business Address: _____
Number Street City State Zip Code

Phone Number: (____) _____ - _____ Business Phone Number: (____) _____ - _____

Please read the following statements carefully and indicate your understanding and acceptance by signing your name in the space below:

I certify that the answers given on this application are true and complete to the best of my knowledge.

I agree that any written or oral misrepresentations made by me, or omissions or misrepresentations made in this application are just cause for immediate rejection of my application or dismissal of employment.

I understand that a background investigation will be conducted before I am eligible for employment and that I will have to pass a drug and alcohol screening, physical, pre-placement screening and psychological exam.

I agree to authorize the release of personal and financial information, including credit history information to representatives of the City of Mission Police Department or Fire Department.

I hereby grant authorization to the City of Mission Police Department or Fire 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.

I hereby authorize all former employers and their employees as well as other references listed on this application to answer any questions and to furnish any information from their records concerning me, and I hereby release and hold harmless such companies and persons from any and all liability for such actions.

Applicant Signature

Date

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AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize the **City of Mission Police or Fire Department** and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, criminal history, general reputation, credit, education or medical records, including but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, criminal history, credit, and educational records concerning me in connection with this application. Should there be any questions as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Applicant's Address: _____
Number Street City State Zip Code

Telephone Numbers: Home: (_____) _____ - _____ Cell: (_____) _____ - _____

Applicant's Signature: _____

Sworn to and signed before me, on this the _____ day of _____, _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____