Lower Rio Grande Valley Development Council
Regional Police Academy
301 West Railroad St.
Weslaco, Texas 78596

Website: www.lrgvdc.org
Information: (956) 682-3481
Entrance Exam Test Score:

<table>
<thead>
<tr>
<th>1st Attempt</th>
<th>2nd Attempt</th>
<th>3rd Attempt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Date</td>
<td>Date</td>
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</tbody>
</table>

Applicants are given three (3) attempts to pass the entrance exam. After the 3rd unsuccessful attempt; applicants are required to wait a year from the date of the last exam taken.

This application is to be filled out in its entirety. No questions are to be left blank. If a question is not applicable to you, enter N/A in the space provided.

Supplementary Academy forms will be provided separately.

For use of LRGVDC Regional Police Academy only:

Date Received by Academy: ____________________________

BPOC Number: ____________________________

Received By: ____________________________
Basic Requirements & Qualifications

I certify that I understand and meet the BASIC REQUIREMENTS & QUALIFICATIONS set by LRGVDC and the Texas Commission on Law Enforcement (TCOLE) for entrance into the Basic Peace Officer Certification Course as follows:

(Please initial each one)

- Applicants must be able to physically perform the job of a Peace officer.
- Applicants must have at least one or more of the following qualifications and provide transcripts for all education
  - High School Diploma
  - GED
  - Bachelor’s Degree from an accredited college or university
- An applicant with military service, of any duration, must have a discharge characterized as “Honorable.”
- An applicant with military service, of any duration, must provide a photocopy of his or her DD214 with the discharge characterized posted.
- Applicants cannot have been convicted of a Class B Misdemeanor within the past 10 years.
- Applicants cannot ever have been convicted of a Class A Misdemeanor.
- Applicants cannot ever have been convicted of a Felony of any kind.
- Applicants may not have any pending Class B Misdemeanors, Class A Misdemeanors, or Felonies

Furthermore, I understand that I must meet the following criteria before entering LRGVDC’s Basic Peace Officer Certification Course:

- Applicants must take and pass a Peace Officer Physical with a Licensed Texas Physician.
- Applicants must take and pass a urinalysis for illicit drugs and have the results verified by the same Licensed Texas Physician. (LRGVDC provides names of doctors)
- Applicants must maintain a VALID Texas Driver’s License.
- If an applicant has an out of state license, he or she must apply for and receive a VALID Texas Driver’s License before the start date of desired academy.
- Applicants must take and pass a Psychological/Emotional Evaluations called an MMPI with a Licensed Texas Psychologist and Psychiatrist. (LRGVDC provides names of doctors)
- Applicants must take and pass a State and Federal Criminal History. Applicants will use a FAST form provided by LRGVDC, have an electronic fingerprint taken, and information will be provided to TCOLE. The results will be provided to LRGVDC and not the applicant.

The following items must be attached to begin processing your application:

- Recent photograph of applicant (Passport Photo or 2” x 2” photo)
- Copy of birth certificate/Naturalization certificate (if applicable)
- Copy of social security card
- Copy of valid Texas Driver’s license
- Copy of High School Diploma, GED, or college transcripts
- Copy of DD214 or letter from reserves unit (if applicable)
- Copy of college transcripts and military transcripts

Examples of acceptable photos can be found on the following website.
https://travel.state.gov/content/visas/en/general/photos/photo-page.html

While we recommend you use a professional photo service to ensure your photos meet all the requirements, you may take the photo yourself. Please remember that photos must not be digitally enhanced or altered to change your appearance in any way. The acceptance of your photo is always at the discretion of the LRGVDC Staff.
Applicant Information

Full Legal Name ____________________________ ____________________________ ____________________________

Last First M.I.

Address: ____________________________________________________________________________________________

Street Address

City State Zip Code

Phone: ____________________________ Email ____________________________

Social Security # ____________________________ Date of Birth ____________________________ Age:__________

TX DL # ____________________________ Type__________ PID # (if applicable) ____________________________

Expiration Date ____________________________

1. Would you prefer to attend a Full-Time Academy? ☐ Yes ☐ No Location Preference: __________

2. Would you prefer to attend a Part-Time Academy? ☐ Yes ☐ No Location Preference: __________

3. Are you at least 21 years of age? ☐ Yes ☐ No If No, when will you turn 21? __________

4. Are you a citizen of the United States? ☐ Yes ☐ No

5. Have you ever applied to another Law Enforcement Academy? ☐ Yes ☐ No If yes, please state the academy, the date applied, and the reason you were not accepted or the reason you were dismissed.

__________________________________________________________________________________________

__________________________________________________________________________________________

6. Have you ever been terminated from employment? ☐ Yes ☐ No If yes, please explain:

__________________________________________________________________________________________

__________________________________________________________________________________________

7. Please list any other names under which you have been employed or attended school or served in the military:

__________________________________________________________________________________________

__________________________________________________________________________________________

Education

High School: ____________________________ Address:__________________________

From: _______ To:__________ Did you graduate? YES ☐ NO ☐ Diploma:__________________________________
College: ___________________________ Address: ____________________________________________

From: _______ To: _______ Did you graduate? YES ☐ NO ☐ Degree: ____________________________

Other: ___________________________ Address: ____________________________________________

From: _______ To: _______ Did you graduate? YES ☐ NO ☐ Degree: ____________________________

Please list any Certifications held, such as EMT, Corrections, Nursing, or Vocational: ________________________________

Military History

8. Have you ever served in any branch of the United States Military? ☐ Yes ☐ No
   If yes, please list the branch, the date of entry, and the date of discharge: ________________________________

9. Did you ever serve on Active Duty? ☐ Yes ☐ No
   If yes, please list how long you were on Active Duty? _______________________________________________

10. Did you receive an Honorable Discharge? ☐ Yes ☐ No

Previous Employment

Company: __________________________________________ Job Title: ____________________________
          Address: __________________________________________ Supervisor: __________________________
          Phone: ____________________________ Starting Salary: $___________ Ending Salary: $___________

Responsibilities: __________________________________________

From: ____________________________ To: ____________________________ Reason for Leaving: ________________

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: __________________________________________ Phone: ____________________________
          Address: __________________________________________ Supervisor: __________________________
          Job Title: ____________________________ Starting Salary: $___________ Ending Salary: $___________
          Responsibilities: __________________________________________

From: ____________________________ To: ____________________________ Reason for Leaving: ________________

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: __________________________________________ Phone: ____________________________
          Address: __________________________________________ Supervisor: __________________________
          Job Title: ____________________________ Starting Salary: $___________ Ending Salary: $___________
          Responsibilities: __________________________________________

From: ____________________________ To: ____________________________ Reason for Leaving: ________________

May we contact your previous supervisor for a reference? YES ☐ NO ☐
Professional References

Please list two (2) professional references.

Full Name: ___________________________ Relationship: ___________________________
Company: ___________________________ Phone: ___________________________
Address: ___________________________

Full Name: ___________________________ Relationship: ___________________________
Company: ___________________________ Phone: ___________________________
Address: ___________________________

Personal References

List three (3) persons that can provide current information about you. Do not list relatives, past or present employers, or acquaintances involved in law enforcement.

1. Name: ___________________________ Occupation: ___________________________
   Address: ___________________________ Years Known: _________
   Home Phone #: ___________________ Work Phone #: ___________________
   Cell #: ___________________________ Email: ___________________________
   Describe your relationship with this person: ___________________________

2. Name: ___________________________ Occupation: ___________________________
   Address: ___________________________ Years Known: _________
   Home Phone #: ___________________ Work Phone #: ___________________
   Cell #: ___________________________ Email: ___________________________
   Describe your relationship with this person: ___________________________

3. Name: ___________________________ Occupation: ___________________________
   Address: ___________________________ Years Known: _________
   Home Phone #: ___________________ Work Phone #: ___________________
   Cell #: ___________________________ Email: ___________________________
   Describe your relationship with this person: ___________________________
1. Have you ever been arrested? ................................................................. ☐ Yes ☐ No

   Note: If you have only been arrested for charges that were expunged, select “No” above. This includes any arrest (including traffic arrests), as an adult or juvenile, even if the charges were dropped or you received deferred adjudication. However, a noted exception to this question is in the event you have an expunged arrest record, then you would not list those related events.

   Explain any arrests for which you answered “Yes”:

<table>
<thead>
<tr>
<th>Approximate Date</th>
<th>Police Agency</th>
<th>Arrest Charges / Circumstances</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

2. Have you been Charged/Filed-on with an offense regardless of the disposition? ......................... ☐ Yes ☐ No

   Note: This is regarding charges being filed without an arrest mentioned above (including juvenile charges and traffic citations). However, a noted exception to this question is in the event you have an expunged record, then you would not list those related events.

<table>
<thead>
<tr>
<th>Approximate Date</th>
<th>Police Agency</th>
<th>Charges / Circumstances</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

3. Have you ever been required to appear in civil court, criminal court or court for non-payment of child support? ................................................................. ☐ Yes ☐ No

   If yes, explain: ____________________________________________

4. Have you ever been a party to a Protective Order?................................................................. ☐ Yes ☐ No

   If yes, explain: ____________________________________________

5. Have you ever been a party to a Restraining Order? ................................................................. ☐ Yes ☐ No

   If yes, explain: ____________________________________________

6. Have you ever been involved in any type of lawsuit? ................................................................. ☐ Yes ☐ No

   If yes, explain: ____________________________________________
Knowledge of Questionable Activity

The questions in this section apply to you and to any members of your family, your spouse’s family, your current household, and/or your current boyfriend/girlfriend.

1. Have you or any of the persons listed above ever been a member of, or associated with:
   a. Any criminal organization? ................................................................. Yes  No
   b. Any group whose purpose is to overthrow the government? ................. Yes  No
   c. Any street gangs? ...................................................................................... Yes  No
   d. Any group that advocates racial or sexual discrimination? .................. Yes  No
   e. Any terrorist cell or organization? ............................................................ Yes  No

If you answered yes to any of the above questions, explain in detail at the end of this packet.

2. Have members of your immediate family or close relatives ever been arrested, charged, convicted, or imprisoned for a crime? .................................................. Yes  No

If you answered yes to this question, complete the following:

Name: ____________________________ Relationship to you: ____________________________
Type of Crime:  ☐ Misdemeanor  ☐ Felony  Charge: ____________________________

Name: ____________________________ Relationship to you: ____________________________
Type of Crime:  ☐ Misdemeanor  ☐ Felony  Charge: ____________________________

Name: ____________________________ Relationship to you: ____________________________
Type of Crime:  ☐ Misdemeanor  ☐ Felony  Charge: ____________________________

Name: ____________________________ Relationship to you: ____________________________
Type of Crime:  ☐ Misdemeanor  ☐ Felony  Charge: ____________________________

Name: ____________________________ Relationship to you: ____________________________
Type of Crime:  ☐ Misdemeanor  ☐ Felony  Charge: ____________________________

Name: ____________________________ Relationship to you: ____________________________
Type of Crime:  ☐ Misdemeanor  ☐ Felony  Charge: ____________________________

Name: ____________________________ Relationship to you: ____________________________
Type of Crime:  ☐ Misdemeanor  ☐ Felony  Charge: ____________________________

(Add additional pages if needed)
Involvement with Illegal Drugs

The Department is concerned with the illegal sale of drugs to another person (with or without profit to you); delivery of illegal drugs to another person; transporting illegal drugs to be sold; trading illegal drugs for anything of value; manufacturing illegal drugs; the cultivation of illegal drugs for anything of value; manufacturing illegal drug plants or in any other way being involved in a transaction involving illegal drugs.

1. Have you ever been involved in the sale or delivery of any illegal drug(s) to another person with or without a profit to you? .............................................................................................................................................. □ Yes □ No
   If yes, in the space provided below, please list the type of illegal drug sold, the amount of the illegal drug sold, your age at the time, and the number of times you sold the illegal drug.

<table>
<thead>
<tr>
<th>Type of Drug Sold</th>
<th>Amount of Drug Sold</th>
<th>Your Age at the Time</th>
<th>Number of Times Sold</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

2. Have you ever transported any illegal drugs across a state or United States border? ................................ □ Yes □ No
   If yes, explain:
   ____________________________________________________________
   ____________________________________________________________

3. Have you ever transported any illegal drug as a favor to someone else, or helped in a manner to deliver any illegal drug(s)? .............................................................................................................................................. □ Yes □ No
   If yes, explain:
   ____________________________________________________________
   ____________________________________________________________

4. Have you ever participated in the manufacture of any illegal drug(s)? ............................................................. □ Yes □ No
   If yes, explain:
   ____________________________________________________________
   ____________________________________________________________

5. Have you ever cultivated or grown any illegal drug or substance? ................................................................. □ Yes □ No
   If yes, explain:
   ____________________________________________________________
   ____________________________________________________________
Illegal Drug Usage

It is important the Department be aware of your past and current illegal drug usage. As a peace officer you may be called to testify as a witness in a criminal prosecution of an individual charged with illegal drug usage and the defense could ask about your personal drug usage in an effort to attack or impeach your credibility.

By usage we mean the ingestion of drugs into your system. Ingestion is defined as, but not limited to; snort, sniff, inject (needle), smoke, puff, toke, oral (by pill, tab, tasting, or mixed with food or drink), or absorbed into the body by any means. Each separate instance of usage, regardless of quantity consumed, constitutes “one time used.”

Regarding any of your illegal drug usage, in the table below and on the next page, answer to the best of your ability, approximately the first and last time you used the drug. Also give the approximate (maximum) number of times you ever used that particular drug (regardless if the drug had any effect). If you would like to comment, there is space provided on the next page.

If you have never used the particular drug, then CIRCLE “No.” If you were prescribed the particular drug by a physician, then also CIRCLE “No.”

<table>
<thead>
<tr>
<th>DRUG</th>
<th>Ever Used Without Prescription?</th>
<th>Time Frame Used (Approximate Date Range)</th>
<th>Approximate Number of Times Used</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Date Began Using</td>
</tr>
<tr>
<td>PCP, Sherm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angel Dust</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>THC</td>
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<td></td>
<td></td>
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<tr>
<td>Marijuana</td>
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<td></td>
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<tr>
<td>Hashish</td>
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<td></td>
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<tr>
<td>LSD, Acid</td>
<td></td>
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<tr>
<td>Peyote</td>
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<td></td>
<td></td>
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<tr>
<td>Mescaline</td>
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<tr>
<td>Heroin, Opium</td>
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<td></td>
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<tr>
<td>Cocaine (powder)</td>
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<td></td>
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<tr>
<td>Crack Cocaine (rock)</td>
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<td></td>
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<tr>
<td>Quaaludes</td>
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<tr>
<td>Downers</td>
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<tr>
<td>Tranquilizers</td>
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<tr>
<td>Amphetamines, Meth,</td>
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<tr>
<td>Methamphetamines</td>
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<tr>
<td>/Speed/Crank</td>
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<tr>
<td>DRUG</td>
<td>Ever Used Without Prescription?</td>
<td>Time Frame Used (Approximate Date Range)</td>
<td>Approximate Number of Times Used</td>
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<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Date Began Using</td>
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<tr>
<td>Biphetamine</td>
<td></td>
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<tr>
<td>Ecstasy/XTC/Ice</td>
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<tr>
<td>Ketamine (Special K)</td>
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<tr>
<td>GHB</td>
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<tr>
<td>Preludin</td>
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<tr>
<td>Dilaudid</td>
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<tr>
<td>Talwin/PBZ</td>
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<td></td>
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</tr>
<tr>
<td>Mushrooms, Psilocybin</td>
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<tr>
<td>Designer Drugs</td>
<td></td>
<td></td>
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<tr>
<td>Anabolic Steroids</td>
<td></td>
<td></td>
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<tr>
<td>Rohypnol (date rape drug)</td>
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<td></td>
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<tr>
<td>Xanax</td>
<td></td>
<td></td>
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<tr>
<td>Inhalants (glue, paint, freon, gasoline, nitrous oxide, etc.)</td>
<td>Yes</td>
<td>No</td>
<td></td>
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</tbody>
</table>

1. List any additional drug(s) you have used illegally, but have not listed above and explain:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

2. Use the following space to provide any comments regarding your illegal drug use:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Use the following two pages to further clarify any items throughout this application packet. You may also use this space to supply any additional information that you feel would be pertinent to your application or helpful to the background investigator. Use additional pages as needed.
I acknowledge with my signature below that I may be removed from the hiring process for the following reasons:

- Failure to meet established deadlines
- Not meeting the minimum standards as set out by the LRGVDC Regional Police Academy Advisory Board
- Not meeting the minimum standards set out by TCOLE, as applicable
- Refusal or failure to provide requested documents
- Willful deceit and/or furnishing false or misleading information in the application, Personal Information and History Packet, or during the hiring process
- Failure to complete the entire application form and Personal Information and History packet

I represent and certify that the answers I have made to each and all of the foregoing questions on this LRGVDC Regional Police Academy Information and History Packet are true and correct to the best of my knowledge. I acknowledge that any false statement knowingly made in answering the questions is good cause for removal from the application process; eligibility list; discharge during or after probation; and ineligible for any future applications with the LRGVDC Regional Police Academy.

Fill in the Applicant Name (Printed), Applicant Signature, and Date Signed below.

______________________________  ______________________________  ______________________________
Applicant Name (Printed)              Applicant Signature              Date Signed