

Basic Peace Officer Course Application



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:

1 st Attempt	2 nd Attempt	3 rd Attempt
Date	Date	Date

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 LRGV Police Academy only:

Date Received by Academy: _____

BPOC Number: _____

Received By: _____

Print clearly and legibly in **Blue or Black** ink.

Date Of Application: _____

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**)
*****Photos deemed inappropriate will result in disqualification*****
- 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>

2 x 2 inches (51 x 51 mm)

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.

Physical Address:

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Mailing Address (provide if different from the physical address)

Address: _____
Address Apartment/Unit #

City State Zip Code

Phone: _____ Email _____
Social _____ Date of Birth _____ Age: _____
Security # _____

TX DL # _____ Type _____ PID # _____
Expiration Date _____ (if applicable)

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: _____ 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 ☐

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: _____

Arrest / Litigation

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":

Approximate Date	Police Agency	Arrest Charges / Circumstances

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.

Approximate Date	Police Agency	Charges / Circumstances

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: <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	Charge: _____
Name: _____	Relationship to you: _____
Type of Crime: <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	Charge: _____
Name: _____	Relationship to you: _____
Type of Crime: <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	Charge: _____
Name: _____	Relationship to you: _____
Type of Crime: <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	Charge: _____
Name: _____	Relationship to you: _____
Type of Crime: <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	Charge: _____
Name: _____	Relationship to you: _____
Type of Crime: <input type="checkbox"/> Misdemeanor <input type="checkbox"/> 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.

Type of Drug Sold	Amount of Drug Sold	Your Age at the Time	Number of Times Sold

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."

DRUG	Ever Used Without Prescription?	Time Frame Used (Approximate Date Range)		Approximate Number of Times Used
		Date Began Using	Date Stopped Using	
PCP, Sherm	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Angel Dust	<input type="checkbox"/> Yes <input type="checkbox"/> No			
THC	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Hashish	<input type="checkbox"/> Yes <input type="checkbox"/> No			
LSD, Acid	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Peyote	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mescaline	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Heroin, Opium	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cocaine (powder)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Crack Cocaine (rock)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Quaaludes	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Downers	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tranquilizers	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Amphetamines, Meth, Methamphetamines /Speed/Crank	<input type="checkbox"/> Yes <input type="checkbox"/> No			

DRUG	Ever Used Without Prescription?	Time Frame Used (Approximate Date Range)		Approximate Number of Times Used
		Date Began Using	Date Stopped Using	
Biphetamine	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Ecstasy/XTC/Ice	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Ketamine (Special K)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
GHB	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Preludin	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Dilaudid	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Talwin/PBZ	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mushrooms, Psilocybin	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Designer Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Anabolic Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Rohypnol (date rape drug)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Xanax	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Inhalants (glue, paint, freon, gasoline, nitrous oxide, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

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:

Additional Explanations or Comments

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 the foregoing questions on this LRGV 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 LRGV Police Academy

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

Applicant Name (Printed)

Applicant Signature

Date Signed