







## CITY OF MISSION CIVIL SERVICE APPLICATION

City of Mission Civil Service Department  
1201 E. 8<sup>th</sup> Street  
Mission, TX 78572

Applicant Name: \_\_\_\_\_

Position Applying For:

Police Officer

Fire Fighter

**City of Mission – Civil Service**  
**1201 E. 8<sup>th</sup> 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.
- 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.
  - Among those who successfully pass the examination, hiring preference will be given to candidates who are certified. The Civil Service Commission has found that a valid reason to pass over an applicant may include the fact that an applicant is not immediately available for duty as a certified police officer or firefighter because an applicant lacks a valid police officer or firefighter certification and/or has not graduated from the academy, provided that the department head has made a determination that in the best interest of public safety, the applicant should be available to immediately deploy as a police officer or firefighter.
  - As per Meet and Confer Agreement, the Department Head will have discretion in accordance to Chapter 143 in selecting the qualified applicant to fulfil the department needs. Preference may also be given to those who hold a certification as an EMT, AEMT, or Paramedic by the Texas Department of State Health Services.
  - 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. 8<sup>th</sup> Street**  
**Mission, TX 78572**  
**(956) 580-8681**

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An applicant may not be certified as eligible for a beginning position with the Police Department or Fire Department unless the applicant meets all legal requirements necessary to become eligible for future license by the Texas Commission on Law Enforcement Standards and Education or the Commission on Fire Protection Personnel Standards and Education.

**MINIMUM QUALIFICATIONS FOR POLICE OFFICER**

- Must be able to read, write and speak the English language;
- Must be at least 21 years of age at the time of the examination;
  
- Completion of 30 accredited college hours; **or**
- Two (2) years of military service with an honorable discharge; **or**
- Must be Certifiable (completed Police Academy); **or**
- Certified by Texas Commission on Law Enforcement.

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

Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MINIMUM QUALIFICATIONS FOR FIRE FIGHTER**

- Must be able to read, write and speak the English language;
- Must be at least 18 years of age at the time of the examination;
- Must not have reached his/her 41<sup>st</sup> 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; **or**
- Must be Certifiable (completed Fire Academy); **or**
- Certified by the Texas Commission of Fire Protection.

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**

- |   |                    |
|---|--------------------|
| <input type="checkbox"/> Birth Certificate (Hospital birth certificates not acceptable)   | Verified by: _____ |
| <input type="checkbox"/> Social Security Card (If a SS card is not available, must present a letter and renewal from the Social Security Administration office)   | Verified by: _____ |
| <input type="checkbox"/> Valid Driver License   | Verified by: _____ |
| <input type="checkbox"/> High School Diploma/High School Official Transcript/G.E.D. Certificate<br>(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. 8 <sup>th</sup> Street, Mission, TX 78572) | Verified by: _____ |
| <input type="checkbox"/> College Diploma /Official College Transcript<br>(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. 8 <sup>th</sup> Street, Mission, TX 78572)                          | Verified by: _____ |
| <input type="checkbox"/> Military form DD-214 (if applicable)   | Verified by: _____ |
| <input type="checkbox"/> Certificates of Specialized Training   | Verified by: _____ |

**Note: A copy of the documents listed above must be submitted with your application. 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. Email Address: \_\_\_\_\_

5. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 6. SS#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Month
Day
Year

7. Place of Birth: \_\_\_\_\_  
City
County
State

8. Driver License: \_\_\_\_\_  
Number
State
Type or Class

9. \_\_\_\_\_  
 Nickname(s), Maiden Name, or other names by which you have been known

10. Height: \_\_\_\_\_ 11. Weight: \_\_\_\_\_ 12. Eye Color: \_\_\_\_\_ 13. Hair Color: \_\_\_\_\_

14. \_\_\_\_\_  
 Scars, tattoos or other distinguishing marks

**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.	Year				



**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.

<b>1</b>	<b>Name of Employer</b>	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:		
<b>2</b>	<b>Name of Employer</b>	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:		
<b>3</b>	<b>Name of Employer</b>	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:		
<b>4</b>	<b>Name of Employer</b>	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:		
<b>Note:</b> 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		Unit Designation	Highest Rank Held	Rank at Discharge
	From	To			

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. 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**K. 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.

I hereby grant authorization to the City of Mission 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





