



Employment Application

APPLICANT INFORMATION										
Last Name				First			M.I.	Date Available		
Street Address						Apartment/Unit #				
City				State			ZIP			
Phone ()				E-mail Address						
Sex	Male <input type="checkbox"/>		Female <input type="checkbox"/>		Driver License #			State:	Type:	
Position Applied for							Desired Salary			
Are you available to work:		Part-Time <input type="checkbox"/>		Part-Time Seasonal <input type="checkbox"/>		Full-Time <input type="checkbox"/>		Full-Time Seasonal <input type="checkbox"/>		
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? <i>Proof of citizenship or immigration status will be required upon employment.</i>			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Do any of your friends or relatives work here?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, list name(s):					
Languages: 1. _____ 2. _____ 3. _____										

EDUCATION			
High School		Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree Awarded
College		Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree Awarded
Other		Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree Awarded

REFERENCES (NOT RELATED TO YOU)	
Full Name	Relationship
Address	Phone ()
Full Name	Relationship
Address	Phone ()
Full Name	Relationship
Address	Phone ()

SPECIAL SKILLS / CERTIFICATIONS	

EMERGENCY CONTACT	
Full Name	Relationship
Address	Phone ()

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE	
I certify that answers given herein are true and complete to the best of my knowledge.	
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the HCRMA if hired.	
I further authorize the HCRMA, or designee, to request criminal history record information from criminal justice agencies.	
I also understand that if I am offered a job with the HCRMA, I may undergo a physical evaluation and drug screening.	
In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, religion, national origin, age, disability, citizenship, political affiliation, veteran status, or other unlawful basis.	
Signature	Date

Hidalgo County Regional Mobility Authority

Carefully read this authorization to release information about you, then sign and date it in ink.

Authority for Release of Information

I Authorize any duly authorized representative of the HCRMA, or designee, including those from the Personnel Department to obtain information relating to my activities from schools, residential management agents, employers, law enforcement, financial or lending institutions, consumer reporting agencies, retail business establishments, the Texas Workers' Compensation Commission, medical institutions, hospitals and other repositories of medical records, or individuals. This information is not limited to my academic, residential achievement, performance attendance, personal history, criminal history record, arrest, conviction, medical, psychiatric-psychological and financial and credit history.

I Further Authorize the HCRMA, or designee, to request criminal history record information from criminal justice agencies.

I Direct You to Release such information upon request of the duly accredited representative agency regardless of any agreement I may have made with you previously to the contrary.

I Understand that the information you release is for official use by the HCRMA, and you may disclose the information you release as authorized by law.

I Release any individual, including records custodians, from all liability for damages that are alleged or are found to be applied to you by me or any third parties on account of compliance or any attempts to comply with this authorization. This release is binding in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Photocopies of this form that show my signature are as valid as the original release signed by me.

Signature Date Full Legal Name (Print or Type)

List Other Names Used

Current Address (Street, City) State Zip

Parent / Guardian Signature (If required) Date

*****Applicant must fill out and sign below.**

CRIMINAL HISTORY INVESTIGATION

Applicants Full Legal Name: _____
(As shown on Social Security Card/Passport)

Permanent Address: _____

Mailing Address: _____

Driver's License Number: _____ State: _____

Date of Birth: _____

Social Security Number: _____

The applicant hereby authorizes the HCRMA, or designee, to conduct a check of the applicant's criminal history.

Signature _____ Date _____

**DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)**

I, _____, have been notified that a computerized criminal history
APPLICANT OR EMPLOYEE NAME (PLEASE PRINT)
(CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy to be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the date from DPS, the Information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

City of Pharr - HCRMA
Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space
CCH Report Printed: YES <input type="checkbox"/> NO <input type="checkbox"/> _____ initial
Purpose of CCH: <u>PRE-EMPLOYMENT</u>
Hired <input type="checkbox"/> Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____ initial
Destroyed Date: _____ initial
Retain in your files