

# Hidalgo County Appraisal District

## ADMINISTRATION

Rolando Garza, Chief Appraiser  
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## BOARD OF DIRECTORS

Richard A. Garza Chairman  
Arturo E. Guerra Jr. Vice-Chairman  
David Hernandez Secretary  
Pete Garcia Member  
Amador Requenez Member  
Armando Barrera, Jr. Member

[WWW.HIDALGOAD.ORG](http://WWW.HIDALGOAD.ORG)

## EMPLOYMENT APPLICATION

We are an equal opportunity employer. We do not discriminate on the basis of race, religion, creed, ancestry, color, age, sex, national origin, disability, handicap or veteran status.

A criminal history check and background check will be required prior to employment. All applicants and employees may be tested for drug and alcohol use.

### PERSONAL INFORMATION:

DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle List all names previously used

Present Address: \_\_\_\_\_  
No. Street City State Zip Length of time at this address

Previous Address: \_\_\_\_\_  
No. Street City State Zip Length of time at this address

Are you over 18 years of age?  Yes  No, If no, age \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell No. (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

Position Applying for: \_\_\_\_\_

**(One Application per position)**

Are you legally eligible for employment in the United States?  Yes  No Date available to work? \_\_\_\_\_

Have you ever applied for employment with us?  Yes  No If yes, month and year \_\_\_\_\_

Do you have relatives working for the Appraisal District, the Board of Directors, or the Appraisal Review Board?  Yes  No

If yes, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Position: \_\_\_\_\_

Do you have transportation available for work?  Yes  No

Do you have a driver's license?  Yes  No Driver's license no.: \_\_\_\_\_

State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED, PLED GUILTY OR NO CONTEST TO A CRIME?  YES  NO

For purposes of employment with the Hidalgo County Appraisal District, "convicted" includes sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court ordered restitution. If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT APPLICATION (CONT.)**

**EDUCATIONAL HISTORY:**

			COMPLETED	DEGREE
High School				
College				
Business or Trade School				
Other Training				

Indicate any foreign languages you speak, read, and/or write.

- |                                       |                                |                               |                                |
|---------------------------------------|--------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> English:     | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write |
| <input type="checkbox"/> Spanish:     | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write |

Office Skills:

Typing:  Yes  No \_\_\_\_\_ WPM      10-Key:  Yes  No      Personal Computer:  Yes  No

Other Skills: \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, please give firm name. You must complete this entire section even if you are attaching a resume.

1. Company Name: _____ Address: _____ Name of Supervisor: _____ Job Title and Duties: _____ _____ _____ _____	Telephone No.: (____) _____ Employed mm/yyyy: From: _____ To: _____ Hourly Rate/Salary: Start: _____ Final: _____ Reason for Leaving: _____ _____
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2. Company Name: _____ Address: _____ Name of Supervisor: _____ Job Title and Duties: _____ _____ _____ _____	Telephone No.: (____) _____ Employed mm/yyyy: From: _____ To: _____ Hourly Rate/Salary: Start: _____ Final: _____ Reason for Leaving: _____ _____
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3. Company Name: _____ Address: _____ Name of Supervisor: _____ Job Title and Duties: _____ _____ _____ _____	Telephone No.: (____) _____ Employed mm/yyyy: From: _____ To: _____ Hourly Rate/Salary: Start: _____ Final: _____ Reason for Leaving: _____ _____
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EMPLOYMENT APPLICATION (CONT.)

Have you ever been discharged from employment?  Yes  No

If yes, explain? \_\_\_\_\_  
\_\_\_\_\_

May we inquire of your present and past employers?  Yes  No

Have you ever been in the Armed Forces?  Yes  No

Are you now a member of the National Guard?  Yes  No

Specialty: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

PERSONAL REFERENCES:

Name three persons other than relatives and former employers who can attest to your character, experience and/or qualifications.

1. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Other No.: (\_\_\_\_) \_\_\_\_\_  
Company Employed/Job Title: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Other No.: (\_\_\_\_) \_\_\_\_\_  
Company Employed/Job Title: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Other No.: (\_\_\_\_) \_\_\_\_\_  
Company Employed/Job Title: \_\_\_\_\_

PLEASE READ CAREFULLY

APPLICANT'S ACKNOWLEDGEMENTS AND CONSENTS

Initials Required:

\_\_\_\_\_ I understand that should an employment offer be extended to me and accepted, that I will fully adhere to the policies, rules, procedures and regulations of the Hidalgo County Appraisal District ("District"). I further understand that neither this application, policies, rules, procedures or regulations of employment, or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration, "at will" and that either I or the District may terminate my employment at any time with or without notice or cause.

\_\_\_\_\_ I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.

\_\_\_\_\_ If employed, I understand that the District may change or revise/reduce their benefits or change policies and procedures with or without prior notice.

\_\_\_\_\_ I understand that if employed, my employment with the District shall be probationary for a period of six (6) months, and that at any time during the probationary period or thereafter, my employment relation with the District is terminable at will for any reason by either party.

\_\_\_\_\_ I understand that Hidalgo County Appraisal District, in an effort to maintain a safe environment, has a zero tolerance drug and alcohol policy. I understand that I will be subject to compliance with the District's policy and procedures for drug and alcohol testing, and therefore, consent to the drug and alcohol testing. I further understand that (1) the District's drug and alcohol policy provides for pre-employment testing; and (2) consent to and compliance with such policy is a condition of my employment. I also understand that the District reserves the right to test employees when they suspect an employee is under the influence of drugs and alcohol in the workplace and may require a drug and alcohol test on employees involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol in connection with the accident or injury.

EMPLOYMENT APPLICATION (CONT.)

APPLICANT'S ACKNOWLEDGEMENTS AND CONSENTS cont.

I understand that, in connection with the routine processing of the employment application, the Hidalgo County Appraisal District may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character and general reputation. I understand, that if the District would take an adverse action due to my report, upon written request from me, the District, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I understand that a criminal history check will be required prior to employment to determine if I have any criminal convictions and therefore, I consent to a criminal history check.

If employed, I agree to engage in no outside activities which would involve a material conflict of interest with, or which could reflect adversely on the District. If employed, I agree to hold in strictest confidence any information concerning the District, its representatives, agents, taxpayers or customers which may come to my knowledge.

I hereby declare that I have accounted for all of my work experiences and training and to the best of my knowledge all of the information I have provided on this application is true, complete and accurate. I understand that any misstatement, false information or omission of information on this and other employment information and forms will be sufficient reason not to consider me for employment or terminate me immediately if the same is discovered during employment with the District.

CONSENT TO SCREENING AND VERIFICATION OF INFORMATION:

I understand that as a part of the procedure for processing this application, the Hidalgo County Appraisal District may verify the information that I have provided, contact my past employers for information regarding my work skills, work habits, abilities, and personal character; and check the references listed, both personal and employment related. I therefore, hereby authorize and release this District from any and all liability in connection with the above screening and inquiries.

CONSENT TO OBTAIN INFORMATION:

I hereby authorize and request each former employer and person, firm or corporation given as a reference to answer all questions that may be asked and give all information that may be sought concerning me or my work habits, character, attendance performance, skills or my action in any transaction. I therefore release all parties and person connected with the release of information from any and all liability for furnishing such information.

I have read all of the information very carefully, I fully understand that by signing my names that I am agreeing to the terms of all these statements.

Applicant's printed name: \_\_\_\_\_ Initials: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW - For HCAD Use Only

Interviewed by: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Position Employed: \_\_\_\_\_ Department: \_\_\_\_\_

Starting Salary - Annual: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Authorized by: \_\_\_\_\_

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data 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

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

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