

Hidalgo County Appraisal District



ADMINISTRATION

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BOARD OF DIRECTORS

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

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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, 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: _____