Starr County
Application For Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for: ________________________________ Date of application ________/________/________

Date available to start: ________________________________ Desired Salary: ______________________________

Type of employment desired: **Full-time** ☐ **Part-time** ☐ **Temporary** ☐

Referred by: ____

Applicant Information

Name ____
Last *First* *Middle*

Address ____
Street *City* *State* *Zip*

Phone ___________________________________ Email _____________________________________

Are you legally authorized to work in the U.S.? _ **Yes / No**

Are you over the age of 18? _ **Yes / No**

Are you able to perform the "essential functions" of the job you are applying (with or without reasonable accommodation)? _ **Yes / No**

Educational Background

School Name: ______________________________ Location ____

Years attended: _____________________________ Degree: ______________________________ Graduated **Yes / No**

School Name: ______________________________ Location ____

Years attended: _____________________________ Degree: ______________________________ Graduated **Yes / No**

School Name: ______________________________ Location ____

Years attended: _____________________________ Degree: ______________________________ Graduated **Yes / No**

Licenses / Equipment / Machines Operated / Skills and Qualifications

List Skills, Licenses and /or certificates related to position.

Relevant Skills: ____

Language: English Spanish Bilingual Other: __________________________

Certificate/ Licenses: ____ Date Exp: __________________

Certificate/ Licenses: ____ Date Exp: __________________

Computer Skills:

Typewriter: _____________ Microsoft: _______________ Software: _______________ Other: ___________________________

Employment History

Provide employment information starting with your most recent work history or relevant to the position.

Employer: _____ Position: _____

Address _____
Street *City* *State* *Zip*

Phone Number: _____ May we contact for reference? **Yes / No**

Supervisor Name: _____ Title: _____

Annual Salary: _____ Reason for Leaving: _____

List of Duties: _____

Employer: _____ Position: _____

Address _____
Street *City* *State* *Zip*

Phone Number: _____ May we contact for reference? **Yes / No**

Supervisor Name: _____ Title: _____

Annual Salary: _____ Reason for Leaving: _____

List of Duties:_____

Have you ever been employed by Starr County? _ **Yes / No**

If yes, Department(s): _____ Date(s): _____

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime in the past 10 years excluding expunged or sealed records? _ **Yes / No**

If yes, please provide date(s) and details (attachment recommended):

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an 1-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law.

This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____/_____/_____

STARR COUNTY HUMAN RESOURCES

100 N. FM 3167 Suite 210
Rio Grande City, TX 78582
Ph: (956) 716-4800
Fax: (956) 716-8182

Release of Information

I, _____, hereby give my written consent to the Starr County Human Resources to investigate my criminal background with any law enforcement authorities' permission to release this information to the Human Resources authorized user for the purpose of employment, educational internship or volunteer assignments.

Address: _____

City/State/Zip: _____

SSN: _____ DL/ID # _____

Place of Birth: _____ D.O.B.: _____

Phone Number: _____

Height: _____ Weight: _____

Eyes: _____ Hair: _____

Signature: _____ Date: _____

THIS FORM IS NOT TO BE USED AS A CONSENT/AUTHORIZATION FORM.
Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):	

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F https://statutes.capitol.texas.gov/.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is **not** allowed to discuss with me any CHRI obtained using the name and DOB method.

Optional Only: If the agency directly requests that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search, I can make an appointment with the Fingerprint Applicant Services of Texas (FAST) by visiting the Crime Records General Information | DPS (texas.gov) *Review of Personal Criminal History* or call the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of $25.00 to the fingerprinting services company. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

Applicant Signature:	Date:
Sign and date to acknowledge the statement above.	

Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name:	**Starr County**
Authorized Searcher:	**Adrian Estrada**
Signature of Authorized Searcher:	
Date of Search:	

Section 3: Agency use only. Name Based CHRI /CCH Tracking information. Check all that apply.

Purpose for CHRI Search.	☐ Applicant ☐ Volunteer ☐ Contractor ☐ Other: New Hire
Is any part of CHRI stored by agency?	**Reminder: DPS does not recommend storing any part of CHRI.** ☒ NO, CHRI is not stored by agency. ☐ YES, CHRI is stored by agency.
CHRI Retention Period	☐ Temporarily Only ☐ Annual ☒ None Stored/Saved ☐ Other:
CHRI Storage Method	☐ Physical/Printed (paper copy) ☐ Digital/Electronic (on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	**Reminder: CHRI must be destroyed after authorized purpose has ended.**
Destruction Method	Explain:

CHRI + Audit Resources (CJIS Launch Pad) link