



OMAR GUERRERO

HIDALGO COUNTY DISTRICT CLERK

HIDALGO COUNTY COURTHOUSE, DRAWER 87, EDINBURG, TEXAS 78540

PHONE: (956) 318-2200 • FAX: (956) 318-2251

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS: ALL APPLICATIONS FOR EMPLOYMENT MUST BE MADE ON THIS FORM. APPLICANTS ARE URGED TO CONSIDER CAREFULLY AND UNDERSTAND EACH QUESTION. LEAVE NO ANSWER SPACES BLANK. SHOULD AN ANSWER NOT PERTAIN TO YOU, ENTER THE WORD "NOT APPLICABLE" IN THE SPACE. NEATNESS IS IMPORTANT. ALL INFORMATION SUBMITTED IS SUBJECT TO CLARIFICATION. A FALSE OR MISLEADING RESPONSE MAY RESULT IN DISQUALIFICATION FOR EMPLOYMENT, OR DISCHARGE, FROM FUTURE EMPLOYMENT WITH THIS DEPARTMENT.

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS.

Documents listed below must accompany your application upon submission:

- 1) Copy of GED, High School Diploma, Copy of High School Transcript or College Transcript
- 2) Copy of Drivers License
- 3) Copy of Social Security Card
- 4) Resume
- 5) Authorization for Release of Information Form (original)

FAILURE TO COMPLY WITH ALL INSTRUCTIONS WILL RESULT IN REJECTIONS OF APPLICATION. APPLICATIONS WILL BE KEPT ON FILE FOR (SIX) MONTHS.

(PLEASE PRINT OR TYPE)

Date of Application: ___/___/2005

Position(s) Applied For _____ Dept. _____ Loc. _____

When are you available to start work? _____/_____/_____

Lowest Acceptable Salary _____ per _____

Referral Source: Advertisement Walk-In Employment Agency
 Relative _____
 Friend _____
 Other _____

SPECIAL QUALIFICATIONS AND SKILLS

List professional, trade, business or civic activities and offices held. (You may exclude membership, which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractor are subject to 38 USC 20212 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information, which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signature of Applicant

_____/_____
Date

EDUCATION HISTORY

EDUCATION	Elementary	High	College/Univer sity	Graduate/ Professional
SCHOOL NAME, CITY and STATE where it's located				
Years Complete/Degree	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study:				
Describe Specialized Training Apprenticeship, Skills and Extra-Curricular Activities				

Honors Received: State or attach any additional information you feel may be helpful to us in considering your application. _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

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, also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

/ /

Date

WORK HISTORY

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names, which indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer Telephone	Date Employed		Work Performed
	From	To	
Address			
Job Title	Hourly/Salary		
Supervisor			
Reason for Leaving			
Employer Telephone	Date Employed		Work Performed
	From	To	
Address			
Job Title	Hourly/Salary		
Supervisor			
Reason for Leaving			
Employer Telephone	Date Employed		Work Performed
	From	To	
Address			
Job Title	Hourly/Salary		
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications

Acquired from employment or other experience _____

For Personnel Department Use Only

Arrange Interview **Yes** **No**

Remarks _____

INTERVIEWER

DATE

Employed **Yes** **No**

Date to Start Employment

_____/_____/_____

Job Title _____ **Salary \$** _____ **.00**

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For is Open: **Yes** **No**

Position(s) Considered For:

Date

NOTES:



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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize any former employer or person I have submitted as a reference having information pertaining to me to disclose and release such information and to provide documentation to the Hidalgo County District Clerk's Office and its representatives. I hereby release such former employer or reference from all legal responsibility and liability for any consequence of the act I have authorized above and further will not hold such former employer or reference liable for any statements made.

_____/_____/_____
Signature of Applicant Date

_____-_____-_____
Social Security Number Date of Birth