



**HCRMA**  
HIDALGO COUNTY REGIONAL MOBILITY AUTHORITY

## 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.? <small>Proof of citizenship or immigration status will be required upon employment.</small>		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