APPLICATION FOR EMPLOYMENT

CAMERON COUNTY

1100 E. Monroe St. Suite 118, Brownsville, Texas 78520
(956) 544-0827
Affirmative Action/Equal Employment Opportunity/MFD Employer

Answer all questions. Only completed applications will be considered for employment. The information you supply will be verified, avoid any misstatements, they could jeopardize your consideration for employment or serve as grounds for dismissal.

Today's Date: _____ Position Desired: _____

NAME: _____
(Last Name) (First Name) (Middle Initial)

Home Address: _____

Have you ever worked under another name? No ☐ Yes ☐ If Yes, what name? _____

Email Address: _____

Contact Numbers: (Home Phone) _____ (Mobile Number) _____ (Other) _____

Are you over 18 years of age? No ☐ Yes ☐ Date Available: _____

Hours willing to work: _____ Full Time _____ Part-Time _____ Rotating Shift _____ Temporary _____

Willing to travel? No ☐ Yes ☐ Percent of Time: _____

How did you hear about the job?
☐ Newspaper Advertisement
☐ Cameron County Employee
☐ County Bulletin Board
☐ Texas Workforce Commission
☐ School Placement Center
☐ Texas Workforce Development Board
☐ Other: _____

PERSONAL DATA

Have you ever applied for a position with Cameron County? No ☐ Yes ☐ Give Date: _____

Have you ever worked for Cameron County? No ☐ Yes ☐ Dates, From: _____ To: _____

Are any of your relatives employees of Cameron County? No ☐ Yes ☐

If yes, list name, relationship, and department employed in: _____

Have you ever been convicted of a felony, misdemeanor, or received a deferred adjudication? This includes any convictions stemming from motor vehicle use. (Disclosure of criminal record does not automatically disqualify you for employment): No ☐ Yes ☐

If yes, please explain dates, nature of charge, and disposition: _____

Are you authorized to work in this Country? No ☐ Yes ☐

Have you ever been discharged, suspended, or asked to resign from employment? If Yes, Please explain: No ☐ Yes ☐

Are you a veteran of the U.S. Military Service? (This information needed for Civil Service credit if applicable) No ☐ Yes ☐
Type of Discharge: _____ Dates: _____

Are you able to perform the essential job functions with or withhout reasonable accommodation? (Answer only after reviewing the essential job duties on the job posting; may request a copy of the job description) No ☐ Yes ☐

EDUCATION HISTORY

School/Location	Degree or Semester Hours Completed	Honors/Awards/Extracurricular Activities
High School	Graduated? No ☐ Yes ☐	
College		
Graduate School		
Business/Vocational School/Other		

SPECIAL QUALIFICATIONS

For Clerical Positions

Do you type? No ☐ Yes ☐ _____ WPM

Do you use a 10-Key Adding Machine? No ☐ Yes ☐

What office machines can you operate? (Include computer skill): _____

_____

_____

For Public Works Positions

What machines/equipment can you operate that are related to the job you are applying for? (i.e., backhoe, mower, pesticide sprayers, etc)

_____

_____

_____

For All Positions

Can you speak or write in a foreign language?

Language: _____

Speak	Write
☐ Fluently	☐ Fluently
☐ Not Fluently	☐ Not Fluently

What other licenses/certifications/registrations do you have? (Include dates received and license numbers)

_____

_____

_____

Do you have any other special skills related to the job you are applying for? (Include knowledge of computer software i.e. Excel, Office, Word, Power Point, etc) : _____

_____

_____

EMPLOYMENT HISTORY

List all employment after leaving school, starting with your most recent position. All time must be accounted for, including U.S. Military Service. If you were unemployed for any reason, state what you we're doing. Complete this section carefully because your work experience will be important in finding the position you are best suited for. Be sure to include all job history relevant to the position you are applying for. If you need additional space, please continue on a separate sheet of paper.

Company: _____

Address: _____

Supervisor: _____

Supervisor's Title: _____

Telephone: _____

May we contact? Yes ☐ No ☐

Position: _____

From: _____ To: _____

Duties, Responsibilities, and Accomplishments: _____

FOR EMPLOYER USE ONLY:

Starting Salary: $_____

Ending Salary: $_____

Reason for Leaving: _____

Company: _____

Address: _____

Supervisor: _____

Supervisor's Title: _____

Telephone: _____

May we contact? Yes ☐ No ☐

Position: _____

From: _____ To: _____

Duties, Responsibilities, and Accomplishments: _____

FOR EMPLOYER USE ONLY:

Starting Salary: $_____

Ending Salary: $_____

Reason for Leaving: _____

Company: _____

Address: _____

Supervisor: _____

Supervisor's Title: _____

Telephone: _____

May we contact? Yes ☐ No ☐

Position: _____

From: _____ To: _____

Duties, Responsibilities, and Accomplishments: _____

FOR EMPLOYER USE ONLY:

Starting Salary: $_____

Ending Salary: $_____

Reason for Leaving: _____

REFERENCES

List 3 Persons not related to you who have definite knowledge of your character. Qualifications, and fitness for the position you are applying for. Do not repeat names listed in the Employment History

Name: _____
Address: _____
City State Zip: _____
Occupation: _____
Telephone: _____
How long has reference know you? _____

FOR EMPLOYER USE ONLY

Name: _____
Address: _____
City State Zip: _____
Occupation: _____
Telephone: _____
How long has reference know you? _____

FOR EMPLOYER USE ONLY

Name: _____
Address: _____
City State Zip: _____
Occupation: _____
Telephone: _____
How long has reference know you? _____

FOR EMPLOYER USE ONLY

State any additional information you feel may be helpful to us in considering your application: _____

AUTHORIZATION AND AGREEMENT

Please read before signing. If you have any questions, please ask.

Cameron County is an equal opportunity employer and does not discriminate in its recruiting, selection, and hiring procedures because of race, color, sex, religion, national origin, age, disability, citizenship, veteran status, political affiliation or belief, or any other non-job related factor.

I authorize the references and prior employers listed above to give Cameron County any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to Cameron County.

I hereby affirm that the information provided in this Application for Employment is true, correct, and complete. If employed, any misstatements or omission of fact on this application may result in my dismissal.

I understand that completion of this employment application form does not constitute any type of employment agreement or contract. I further understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. (Social Security number, driver's license, home address and date of birth may be requested as a condition for employment at time of job offer.)

Signature: _____ Date: _____

Electronic Signature Agreement. By selecting the " Submit" button you are signing this Agreement electronically. You agree your electronic signature is legal equivalent of your manual signature on this agreement. By selection "Submit" you consent to be legally bound by this Agreement's terms and conditions.

FOR PERSONNEL USE ONLY

Interviewer/Department: _____ Date _____

Summary remarks: _____

Employed: No Yes DOH: _____ Salary/Hourly rate: $ _____

Job Title: _____ Department: _____

CAMERON COUNTY

EMPLOYEE DECISION ON DISCLOSURE OF INFORMATION

State law allows an employee or official of a government body to choose whether or not to allow public access to his or her home telephone number, address and/or Social Security Number.

Please check one of the following:

I hereby choose:

☐ to allow

☐ not to allow

public access to my home telephone number, address and social security number.

I understand that if during the course of my employment, I wish to open or close public access to my home telephone, address and/or Social Security Number, I may do so in writing to the County Human Resources Administrator.

	/ /
Employee Signature	Social Security Number
Employee Name (Type or Printed)	Date

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

▶START HERE: **Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

OMB No. 1545-0074

2022

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ **Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying widow(er)**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at *www.irs.gov/W4App*, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . ▶ ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▶ $ _____

Multiply the number of other dependents by $500 . . . . ▶ $ _____

Add the amounts above and enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)