

**APPLICATION FOR EMPLOYMENT**

**LOWER RIO GRANDE VALLEY DEVELOPMENT COUNCIL (LRGVDC)**

*An Equal Opportunity/Affirmative Action Employer*

If you need assistance in completing this employment application, please inquire at the Human Resources Office. Furthermore, LRGVDC conducts pre-employment qualification testing and personal interview in the application process. If you believe you will require reasonable accommodation (e.g., interpreter, TTY/TDD, scheduling adjustments) in the application process, please inform the Human Resources Office in writing when you submit your application.

**Personal Data**

\_\_\_\_\_  
(Last Name) (First Name) (Initial)

\_\_\_\_\_  
(Street Address, RFD, or P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone Numbers: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\_\_\_\_\_ Position(s) Applied For: \_\_\_\_\_

When would you be available to start work? \_\_\_\_\_

Check each type of work you will accept:  Regular  Temporary  Full Time  Part Time

Have you filed an application here before?  Yes  No Date: \_\_\_\_\_

Have you ever been employed here before?  Yes  No Date: \_\_\_\_\_

Are you or your spouse related to any officer or employee of this employer?  Yes  No

**Minimum acceptable salary:** \$ \_\_\_\_\_ per \_\_\_\_\_

**NO SUBSTITUTIONS OF THIS APPLICATION WILL BE ACCEPTED. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**  
(Must answer all questions)

**EDUCATION AND TRAINING**

Name of Schools Attended and Location	Average Grades	Major Field	Degree Received

**SKILLS:** The following space is provided for other information concerning special training interests, career goals, or any data you wish to provide.

- Electric Typewriter, \_\_\_\_\_ wpm
- Shorthand, \_\_\_\_\_ wpm
- PBX or other Switchboard
- Transcribing Machine
- Other/Specify: \_\_\_\_\_
- Xerox or other Copier
- Adding Machine/Calculator (by touch)
- Keypunch (Specify \_\_\_\_\_)
- Computer Software/Hardware

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**Additional Information:** By law, you must be authorized to work in the United States in order to be employed by this employer. If you are one of the following, please check this box:

- A citizen or a national of the United States.
- An alien lawfully admitted for permanent residence.
- An alien authorized by the Immigration and Naturalization Service to work indefinitely in the United States.

Have you ever been convicted of a felony or other crime?  Yes  No

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If yes, please explain on reverse side of page. *(You may omit convictions for minor traffic violations unless the position for which you are applying requires the operation of a motor vehicle. Conviction will not result in your automotive disqualification for employment. The seriousness of the crime, the date of conviction, and the relevance of the crime to this position will be considered.)*

If the position for which you are applying requires the operation of a motor vehicle, do you have a current Texas Driver's License?  Yes  No

Type of license:  Operator  Commercial  Chauffeur  Passenger Endorsement

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**References:** List three persons not related to you who are qualified to describe your capabilities for the position you seek.

Name	Address	Phone	Occupation

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I certify that the statements and information contained herein are true, and correct to the best of my knowledge, and I authorize any former employer to release to this employer or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents verifying my identity and eligibility for employment. In addition, I understand that, if selected for an interview, true copies of all degrees, certificates, or licenses listed on this application will be required before an employment decision can be made. A photocopy of this authorization shall be as valid as the original.

I understand and agree that, if hired, my employment is for no definite period and may regardless of the date of payment of my wages and salary be terminated at any time, and that intentional misrepresentation on my application or during the interview process will subject me to immediate discharge.

I also understand that only written representations and promises of this employer will be enforceable.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

**EMPLOYMENT EXPERIENCE:** List each position held. Start with your present or most recent assignment and work backwards. If you need additional space, please continue on separate sheet(s) of paper. In the column at the right, describe your assignments. Attach additional sheet(s) as necessary.

May inquiry be made of your present employer?  Yes  No

<b>Employer:</b>	<b>From:</b>	<b>To:</b>
	<b>Dates:</b>	
<b>Address:</b>	<b>Summary of Job Duties:</b>	
<b>Job Title:</b>		
<b>Supervisor:</b>		
<b>Reason For Leaving:</b>	<b>Starting Salary:</b>	<b>Ending Salary:</b>

<b>Employer:</b>	<b>From:</b>	<b>To:</b>
	<b>Dates:</b>	
<b>Address:</b>	<b>Summary of Job Duties:</b>	
<b>Job Title:</b>		
<b>Supervisor:</b>		
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<b>Employer:</b>	<b>From:</b>	<b>To:</b>
	<b>Dates:</b>	
<b>Address:</b>	<b>Summary of Job Duties:</b>	
<b>Job Title:</b>		
<b>Supervisor:</b>		
<b>Reason For Leaving:</b>	<b>Starting Salary:</b>	<b>Ending Salary:</b>

## NEPOTISM CERTIFICATION

Applicant's Name: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

No person may be employed by the LRGVDC who is related within the second degree of affinity (marriage) or within the third degree of consanguinity (blood) to any member of the Board of Director's, or Executive Director or to any LRGVDC employee.

Prohibited degrees of relationship are defined in Figures 1 and 2 on the following page.

1. Are you related by blood to any of the above parties in any of these ways?

Yes [ ]      No [ ]

2. Is any LRGVDC official or LRGVDC staff related to your spouse in any of these ways?

Yes [ ]      No [ ]

***Please Note: Spouses of these relatives i.e. son-in-law, mother-in-law, aunt-in-law, nephew-in-law, etc. are also included.***

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Nepotism Charts

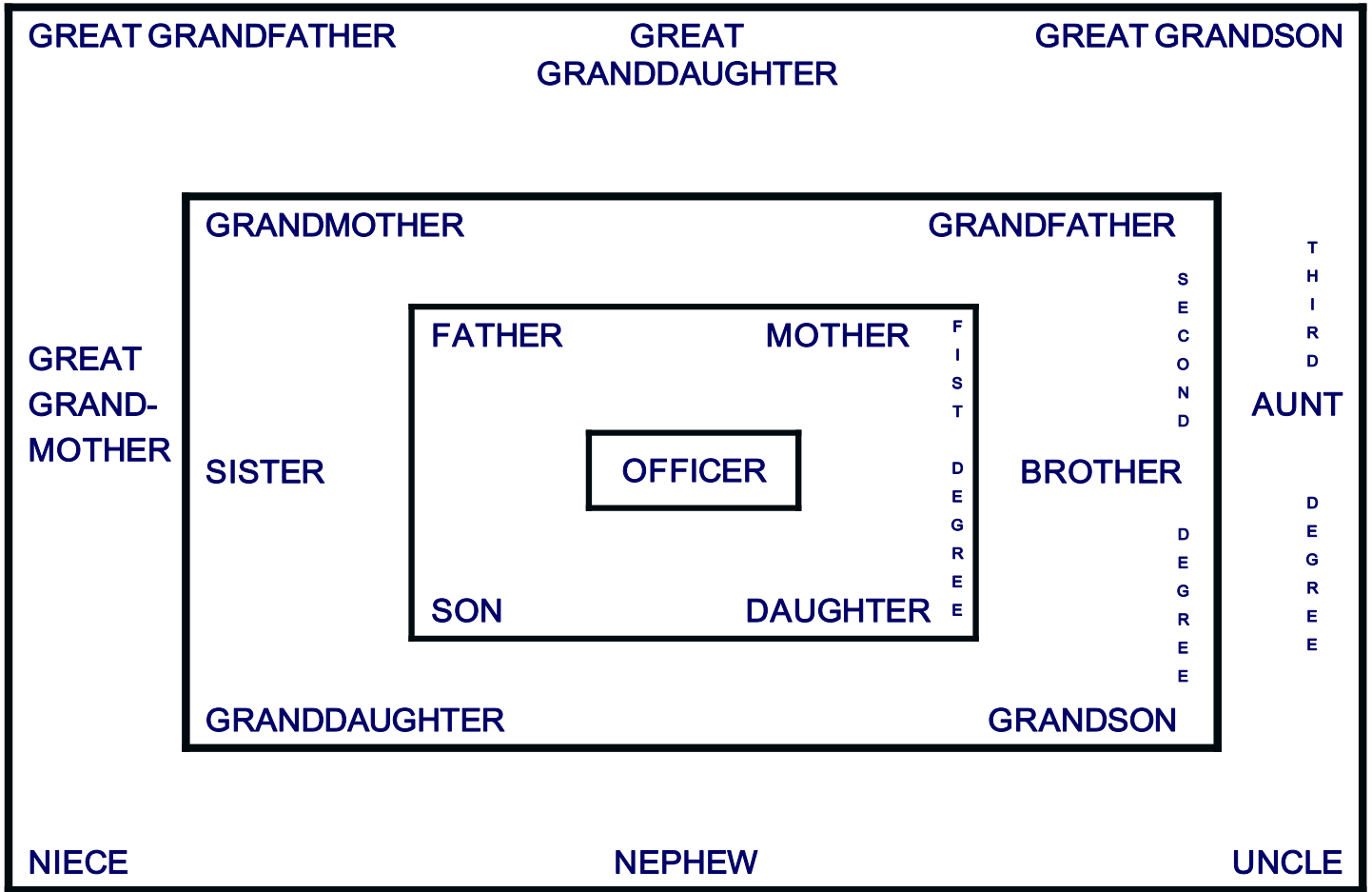


FIGURE 1 – CONSANGUINITY KINSHIP CHART

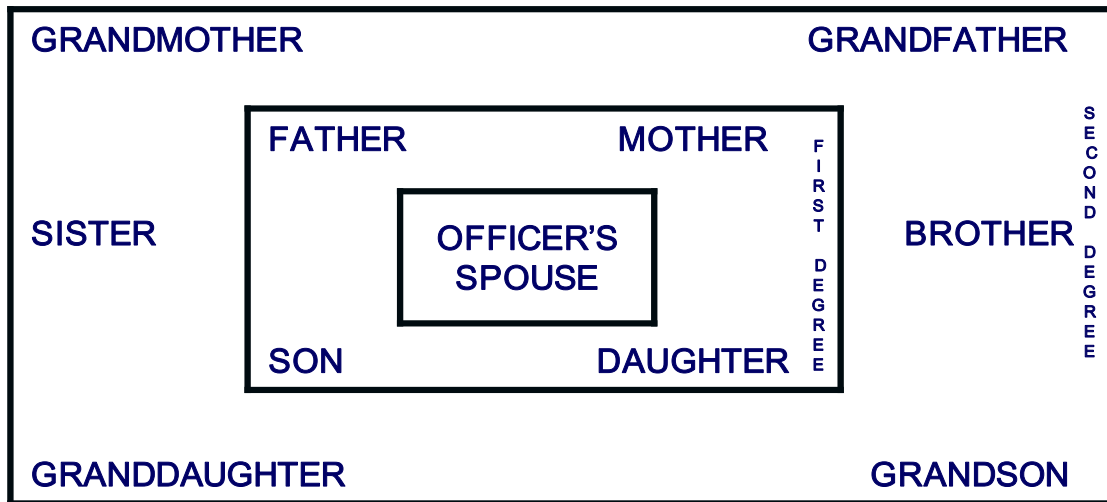


FIGURE 2 – AFFINITY KINSHIP CHART

★ Spouses of relatives within the first or second degree of consanguinity (i.e., son-in-law, mother-in-law, brother-in-law, sister-in-law, etc.) are also included in the prohibition.

## EEO STATISTICAL DATA FORM

Dear Applicant:

Our commitment to a policy of providing equal employment opportunities to all applicants without regard to race, color, disability, religion, age, sex or national origin. This commitment requires that certain information on all job applicants be gathered and maintained for statistical purposes only. Completion of this form is voluntary on your part and will not affect your opportunities for employment with us. However, to fulfill our commitment, we would appreciate your supplying the information requested below.

**PLEASE NOTE:** The information requested on this form will be used for statistical reporting purposes only. It will be separated from your application form and will not be used in any way in evaluating our qualifications for employment, nor will it become a part of your personnel file if you are hired.

**INSTRUCTIONS:** Please check the box corresponding to the correct response(s) in each of the categories below.

### Sex

- Male  
 Female

### Age

- Under 40  
 40 and Above

### Racial/Ethnic Group

- Caucasian (Not of Hispanic Origin)  
 Black (Not of Hispanic Origin)  
 Hispanic  
 Asian or Pacific Islander  
 American Indian

### Source of Information About Applying

- Posted Job Announcement  
 TX Employment Commission  
 Current Employee  
 Friend  
 Professional Publication  
 Newspaper  
 Walk In  
 Website  
 Other (Specify) \_\_\_\_\_  
\_\_\_\_\_

### Disability

Do you have a disability?

- Yes    No

(Disability is described as:

1. physical or mental impairment which substantially limits a major life activity;
2. previous record of such impairment; or
3. being regarded as having such an impairment.)