

APPLICATION FOR EMPLOYMENT
CAMERON COUNTY REGIONAL MOBILITY AUTHORITY

The **Cameron County Regional Mobility Authority** is an equal employment opportunity employer. We adhere to a policy of making all employment decisions (including hiring, promotion, compensation and benefits) without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability.

**PLEASE PRINT ALL INFORMATION REQUESTED
EXCEPT SIGNATURE**

**ALL EMPLOYMENT OFFERS ARE CONDITIONED
UPON PRE-EMPLOYMENT BACKGROUND CHECK**

PLEASE COMPLETE PAGES 1-4

SECTION I: APPLICANT INFORMATION

Applicant Name: _____ Date: _____
Last _____ First _____ M. I. _____ Other name(s) _____
Mailing address: _____
Number _____ Street _____ City _____ State _____ Zip _____
Social Security No. _____ - _____ - _____
Phone Number: (_____) _____ Other Contact Numbers: (_____) _____
Position Applied for: _____ Salary Desired: _____ Are you at least 18 years of age? _____

AVAILABILITY

Days and Hours available to work:

Mon _____ Thu _____ No preference on schedule _____
Tue _____ Fri _____ How many hours can you work each week? _____
Wed _____ Sat _____ Can you work nights? _____

Employment Desired: Full-Time Only Part-Time Only Full or Part-Time Seasonal

When are you available to begin working? _____

SECTION II: EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City, State)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

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SECTION III: CONVICTION BACKGROUND

Have you ever been convicted of a misdemeanor or a felony? Conviction will not necessarily preclude consideration for employment. All circumstances will be considered. Yes No

If yes, nature of offense(s) leading to conviction(s), date(s) such offense(s) was/were committed, sentence(s) imposed.

SECTION IV: DRIVING HISTORY

Complete only if directed by CCRMA staff

DO YOU HAVE A DRIVER'S LICENSE? Yes No

Driver's License Number _____ State of Issuance _____ Type: Class A Class B Class C Class M

Expiration Date _____ Have you had any moving violations in the past three years? _____ If yes, how many? _____

Explain: _____

SECTION V: COMPUTER SKILLS

Typing	<input type="checkbox"/> Yes	WPM _____	10-Key	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> No		Financial Software	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Computer	<input type="checkbox"/> Yes	PC <input type="checkbox"/>	Microsoft Word	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> No	Mac <input type="checkbox"/>	Microsoft Excel	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION VI: GENERAL INFORMATION

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use this space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying

SECTION VII: MILITARY EXPERIENCE

DO YOU HAVE ANY MILITARY EXPERIENCE/TRAINING THAT WOULD BE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING?

Yes No

IF SO, PLEASE DESCRIBE: _____

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SECTION VIII: WORK EXPERIENCE

Please list your work experience for the last five(5) years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Employer: _____ Phone: _____

Address: _____ Name of Supervisor: _____

Date Started: _____ Starting Position: _____ Starting Pay : \$ _____ per/

Date Ended: _____ Ending Position: _____ Ending Pay: \$ _____ per/

Work Performed: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____ Name of Supervisor: _____

Date Started: _____ Starting Position: _____ Starting Pay : \$ _____ per/

Date Ended: _____ Ending Position: _____ Ending Pay: \$ _____ per/

Work Performed: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____ Name of Supervisor: _____

Date Started: _____ Starting Position: _____ Starting Pay : \$ _____ per/

Date Ended: _____ Ending Position: _____ Ending Pay: \$ _____ per/

Work Performed: _____

Reason for Leaving: _____

May we contact your present employer? Yes No

**Thank you for completing this application and for your interest in
the CAMERON COUNTY REGIONAL MOBILITY AUTHORITY**

PLEASE READ CAREFULLY

SECTION IX: APPLICATION ACKNOWLEDGEMENT AND WAIVER

In consideration of the review of my job application for possible employment by the Cameron County Regional Mobility Authority (hereinafter referred to as "the Company"), I agree that:

I hereby certify that all of the information provided by me in connection with this application, whether on this document or not, is true and complete, and I understand that any misstatement, misrepresentation, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.

I understand that the Company intends to conduct a background investigation into my suitability for employment in the position(s) for which I am being considered, which may include but not be limited to: checking with the Texas Department of Public Safety, the Federal Bureau of Investigation, or other organizations, for any criminal history in accordance with applicable statutes, reviewing previous employment and performance, and contacting references and other third parties, and I consent to such background investigation, authorize any third party(ies) to give you any and all information concerning my previous employment, education, criminal history, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this Application, and I release all such parties, including the Company, its directors, officers, manager, board members, and any third party(ies) contacted as part of the background investigation from any and all liability from any damages which may result from furnishing such information to the Company.

I understand that any offer of employment will be contingent upon my passing the foregoing background investigation, a drug screening, and any other related contingencies as determined by the Company in its sole and absolute discretion. By submitting this Application and accepting a conditional offer of employment, I hereby consent to such drug screening and related contingencies.

I understand that employment with the Company is on an at-will basis and cannot be altered except by a written instrument signed by the partners of the Company and me. This means that employment with the Company is for no certain period of time, and either party may end the employment relationship at any time, with or without notice, and with or without cause. I understand and acknowledge that neither the acceptance of this application nor any employment offer/relationship (in the position applied for or any other position), regardless of the contents of employee handbooks, manuals, benefit plans, policy statements, Company practices, and the like as they may exist from time to time, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company for any specified period of time, or otherwise to change in any respect the employment-at-will relationship between the Company and me. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

If offered employment with the Cameron County Regional Mobility Authority, I agree to abide by all Company rules, policies and procedures, and all other policies and practices as may be communicated to me from time to time by my management.

Applicant Signature

Date

Applicant Printed Name