

**EMPLOYMENT APPLICATION**

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

*An Equal Opportunity/ Affirmative Action Employer*



If you need assistance in completing this employment application, please inquire at the Human Resources Department. Furthermore, the COG conducts pre-employment qualifications testing and personal interview in the application process. The COG reserves the right to conduct background check(s) on any candidate or employee during any part of the employment relationship. The employment relationship includes, but is not limited to, the hiring, termination, promotion, retention or transfer of an individual. *(Background checks will be made in compliance with all federal and state requirements.)* If you believe you will require reasonable accommodation (e.g., interpreter, TTY/TDD, scheduling adjustments) in the application process, please inform the Human Resources Department in writing when you submit your application.

**NO SUBSTITUTIONS OF THIS APPLICATION WILL BE ACCEPTED, INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. (MUST ANSWER ALL QUESTIONS AND FIELDS)**

**PERSONAL INFORMATION**

_____	_____	_____	_____
(Last Name)	(First Name)	(Middle Name)	(Social Security - Optional)
_____	_____	_____	_____
(Street Address, RFD, or PO Box)	(City)	(State)	(Zip Code)
_____	_____	_____	_____
(Home Phone)	(Cell Phone)	(Other Phone)	(Email Address)

Position(s) Applying for: \_\_\_\_\_ / \_\_\_\_\_

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

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

Have you filed an application with us before? Yes  No  If yes, give date: \_\_\_\_\_

Have you ever been employed with us before? Yes  No  If yes, give date: \_\_\_\_\_

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

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

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

- Keyboard, \_\_\_\_\_, wpm
- Multi-line Telephone
- Other/Specify: \_\_\_\_\_
- Computer Software/Hardware (Specify): \_\_\_\_\_
- List certifications; training; other skills: \_\_\_\_\_
- Copier
- Fax
- Adding Machine/Calculator (by touch)
- Automated postage Machine



**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>Employed From:</b>	<b>Employed To:</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>Employed From:</b>	<b>Employed To:</b>
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<b>Job Title:</b>			
<b>Supervisor:</b>			
<b>Reason for Leaving:</b>		<b>Starting Salary:</b>	<b>Ending Salary:</b>
		\$	\$

<b>Employer:</b>		<b>Employed From:</b>	<b>Employed To:</b>
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<b>Reason for Leaving:</b>		<b>Starting Salary:</b>	<b>Ending Salary:</b>
		\$	\$

<b>Employer:</b>		<b>Employed From:</b>	<b>Employed To:</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>
		\$	\$

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand the LRGVDC may conduct background checks (criminal and/or driving record) as a condition of employment.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, 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 from all liability from any damages which may result from furnishing such information to you.
5. It is understood that the use of this form does not indicate that there are any position openings and does not in any way obligate the COG. I understand and agree that, if hired, the employment relationship between myself and the COG, shall be terminable at the will and option of either party and that no promises, guarantees, obligations or contracts of employment, either expressed or implied, have been offered in connection with or are created by this application for employment or by any subsequent employment. I further understand that no guarantees of employment, expressed or implied, by any representative of the Lower Rio Grande Valley Development Council other than the Executive Director are valid.
6. A photocopy of this authorization shall be as valid as the original.
7. 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.
8. I understand that the disclosure of my Social Security Number (SSN) is optional. The COG may use the SSN for administrative tracking purposes and for identification of individuals. This is in accordance with Federal Law U.S.C. 552a Section 7 (b).
9. I also understand that only written representations and promises of this employer will be enforceable.

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APPLICANT SIGNATURE

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DATE

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APPLICANT PRINTED NAME

# 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

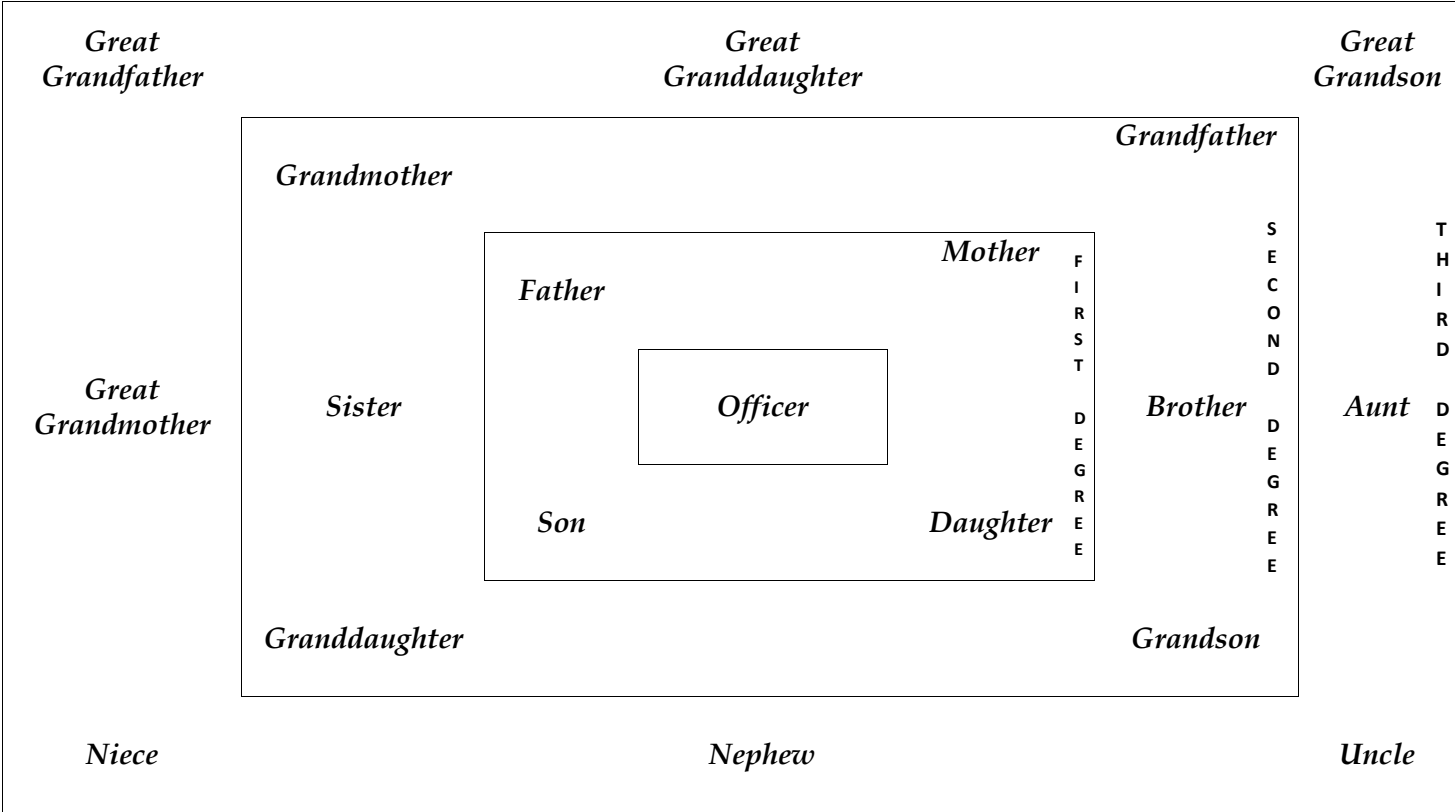
*Please Note: Spouses of these relatives, i.e. son-in-law, mother-in-law, aunt-in-law, nephew-in-law, etc. are also included.*

\_\_\_\_\_  
PRINT NAME

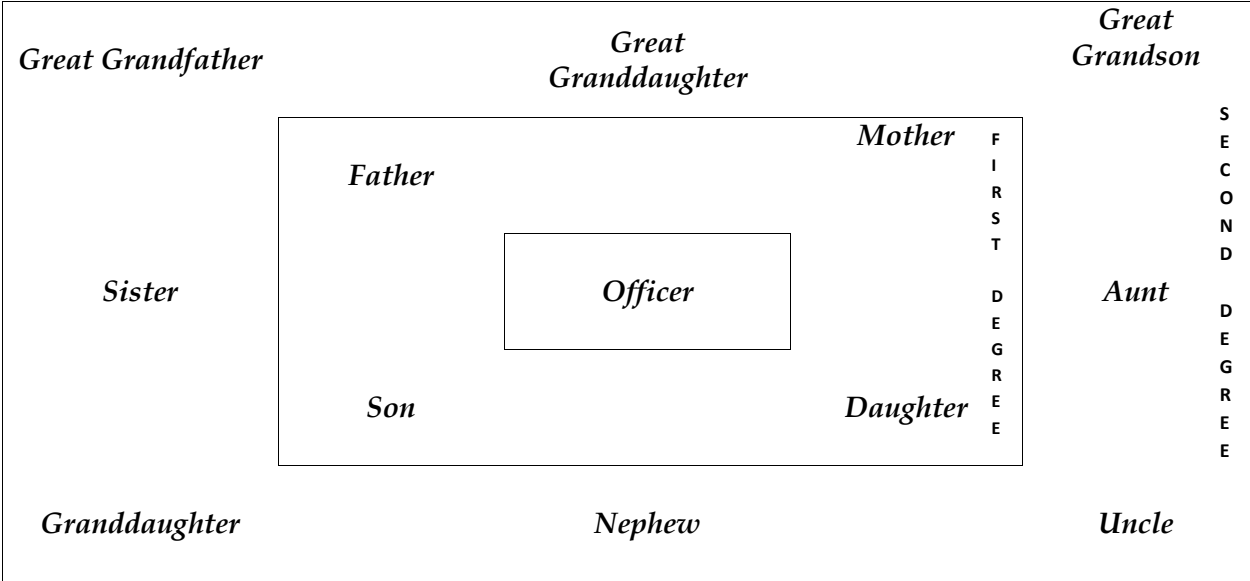
\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
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.

## AFFIRMATIVE ACTION VOLUNTARY INFORMATION

Dear Applicant:

The LRGVDC is committed 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

### Racial/Ethnic Group

- Caucasian (Not of Hispanic Origin): People having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black/African American (Not of Hispanic Origin): People having origins in any of the black racial groups Africa.
- Hispanic/Latino: People of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Asian: People having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
- Native Hawaiian/Other Pacific Islander: People having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian/Alaskan Native: People having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or other community attachment.
- Two or More Races: People having origins in two or more of the federally designated racial categories.

### Source of Information About Applying

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

**Veteran of any division of the of the U.S. armed services?**  
*(If yes, please see attached page.)*

- Yes  
 No

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Date

**By signing below, represents that I chose not to answer the questions listed above:**

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Date

**Disabled Veterans, Recently Separated Veteran, Armed Forces Service Medal Veterans and other protected Veterans:**

As a government contractor, the LRGVDC/HCMPO is subject to the Rehabilitation Act of 1973 (Section 503). And Section 402 of the Veteran Era Veteran’s Readjustment Act of 1974 (VEVRAA) as amended by the 2002 Jobs for Veterans Act, which require government contractors to take affirmative action to employ and advance in employment qualified persons with disabilities, and other qualified veterans covered by VEVRAA as defined below.

The information you provide will be kept confidential as far as practicable and in accordance the law, and will be used to assist in providing reasonable accommodation and for statistical reporting as required by government agencies. The information shall not be used in a manner inconsistent with VEVVRA or Section 503. The disabled and Veteran’s Affirmative Action Program is available to all employees for review during regular business hours.

**I voluntarily identify myself as: (Please select box)**

- An Individual with a Disability:** An “individual with a disability” is defined as a person who (1) has physical or mental impairment which substantially limits one or more of his or her major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.
- Disabled Veteran:** A “disabled veteran” is defined as (1) A veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) A person who was discharged from active duty because of a service-connected disability.
- Recently separated veteran:** A “recently separated veteran” is defined as any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.
- Armed Forces Service Medal Veteran:** An “Armed Forces Service Medal veteran” is defined as any veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- Other protected veteran:** An “other protected veteran” is defined as veteran who served on active duty in the U.S. military, ground, naval or air service during a war in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

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Signature of Applicant/Employee	Print Name	Date
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**By signing below, represents that I chose not to answer the questions listed above:**

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Signature of Applicant/Employee	Print Name	Date
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