

**APPLICATION CHECK OFF LIST**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Application must be complete, signed and dated

Completed employee Decision on Disclosure of Information form

Complete (W-4 2025) Form. Must be signed and dated

Form I-9, Employment Eligibility Verification. Signed and dated

Submit with copy of Social Security, Driver License or Texas Identification  
(For Students ONLY we accept school ID. Students must also submit  
a Student Election Clerk Application and Permission Form.)

Copy of Voter Certificate and or Print Screen from the Department  
of Elections Office.

**VOID#** \_\_\_\_\_

**PCT#** \_\_\_\_\_

**Certificate#** \_\_\_\_\_

**Party Preference:** \_\_\_\_\_

\_\_\_\_\_

Please print applicant's full name

\_\_\_\_\_

Date

\_\_\_\_\_

Election Clerk

Walk-in

Mailed in

Party Representative

Other

FILE MARK
ELECTIONS DEPARTMENT

SUBMITTED TO HR \_\_\_\_\_

EMPLOYEE SS# \_\_\_\_\_

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?  
 County Bulletin Board  Newspaper Advertisement  Cameron County Employee  
 Texas Workforce Development Board  Texas Workforce Commission  School Placement Center  
 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 without reasonable accommodation? (Answer only after reviewing the essential job duties on the job posting; may request a copy of the job description) No  Yes



## 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 were 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 Resource Administrator.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Print Employee Name**

\_\_\_\_\_  
**Date**



# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)				
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code			
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number			
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the Instructions.):								
	<input type="checkbox"/> 1. A citizen of the United States								
	<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)								
	<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)								
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)									
If you check Item Number 4., enter one of these:									
USCIS A-Number		OR		Form I-94 Admission Number		OR		Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)				

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

Document Title	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<b>Additional Information</b>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
GARZA, REMI ELECTIONS ADMINISTRATOR				

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
CAMERON COUNTY ELECTIONS DEPT.	1050 E. MADISON ST. BROWNSVILLE, TX 78520

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

# 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.

<b>Step 1:</b> <b>Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:** 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.

**Multiple Jobs or Spouse Works** Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; 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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . .

**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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	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 \$ _____	3	\$
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .		
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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) <b>Deductions.</b> 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) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	4(c)	\$

**Step 5:** Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Sign Here**

\_\_\_\_\_  
Employee's signature (This form is not valid unless you sign it.)

\_\_\_\_\_  
Date

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)