

ATASCOSA CENTRAL APPRAISAL DISTRICT

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

IMPORTANT – PRINT IN BLUE OR BLACK INK OR TYPE. THESE INSTRUCTIONS MUST BE FOLLOWED EXACTLY.

FILL OUT FORM COMPLETELY; ANY MISSTATEMENT(S) OR OMISSION(S) AS TO MATERIAL FACTS WILL CONSTITUTE GROUNDS FOR UNFAVORABLE CONSIDERATION. IF QUESTIONS ARE NOT APPLICABLE, ENTER N/A. NEVER LEAVE QUESTIONS OR SPACES BLANK. RESUMES WILL BE ACCEPTED FOR WHATEVER ADDITIONAL INFORMATION THEY CONTAIN, BUT NOT IN PLACE OF A COMPLETED APPLICATION. BE SURE TO SIGN THE COMPLETED APPLICATION BEFORE SUBMISSION.

APPLICATIONS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP (IF LAWFULLY ENTITLED TO WORK IN THE UNITED STATES), AGE, VETERAN OR RESERVE STATUS, POLITICAL AFFILIATIONS OR BELIEFS OR THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR DISABILITY.

THIS APPLICATION BECOMES PUBLIC RECORD AND IS SUBJECT TO DISCLOSURE.

POSITION INFORMATION:

DATE OF APPLICATION: _____

POSITION APPLIED FOR: _____

DATE AVAILABLE TO BEGIN WORK _____ ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? _____

FULL-TIME PART-TIME TEMP SEASONAL EVENINGS OVERTIME WEEKENDS

ARE YOU 18 OR OLDER? _____ IF NOT, STATE YOUR AGE _____

REQUIRED SALARY: \$ _____ PER YEAR OR \$ _____ PER HOUR

ARE YOU RELATED TO ANY PERSON PRESENTLY EMPLOYED BY THE ATASCOSA CENTRAL APPRAISAL DISTRICT?

YES NO IF YES, LIST NAME AND RELATIONSHIP _____

IDENTIFICATION:

LAST NAME: _____ FIRST: _____ MI: _____

STREET ADDRESS: _____ MAILING ADDRESS _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

MAY WE CONTACT YOU AT WORK? _____ WORK PHONE: _____ E-MAIL: _____

VALID DRIVER'S LICENSE NUMBER: _____ STATE: _____ EXPIRATION: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

NOTE: YOU MUST HAVE A VALID SOCIAL SECURITY CARD IN ORDER TO BEGIN EMPLOYMENT.

HAVE YOU FILED AN APPLICATION HERE BEFORE? YES NO IF YES, GIVE DATE: _____

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YES NO IF YES, GIVE DATE: _____

ARE YOU LEGALLY ELIGIBLE TO OBTAIN AND MAINTAIN EMPLOYMENT IN THE UNITED STATES? YES NO

IF YES, CAN YOU PROVIDE DOCUMENTATION TO ESTABLISH YOUR ELIGIBILITY TO MAINTAIN EMPLOYMENT IN THE UNITED STATES?

YES NO

ARE YOU EMPLOYED NOW? YES NO MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

CURRENT EMPLOYMENT TELEPHONE _____ MAY WE CONTACT YOU THERE? YES NO

IF CURRENTLY EMPLOYED AND YOU ARE UNDER AGE 18, CAN YOU FURNISH A WORK PERMIT? YES NO

ARE YOU WILLING TO WORK HOURS OTHER THAN 8:00 AM TO 5:00 PM? YES NO

DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH? YES NO

IF YES, WHAT LANGUAGE(S) DO YOU SPEAK? _____ HOW FLUENTLY? FAIR GOOD EXCELLENT

DO YOU WRITE IN A LANGUAGE OTHER THAN ENGLISH? YES NO IF YES, WHAT LANGUAGE(S)? _____

ARE YOU REGISTERED WITH TDLR (TEXAS DEPARTMENT OF LICENSING AND REGULATION)? YES NO License Number _____

DO YOU HAVE ANY FAMILY MEMBERS WORKING FOR ATASCOSA CENTRAL APPRAISAL DISTRICT OR SERVING ON THE BOARD OF DIRECTORS OR ON ITS APPRAISAL REVIEW BOARD? YES NO

DO YOU HAVE ANY FAMILY MEMBERS THAT CONDUCT INDEPENDENT FEE APPRAISALS IN ATASCOSA COUNTY? YES NO

DO YOU HAVE ANY RELATIVES THAT SERVE AS OR WHO ARE EMPLOYED BY AN AGENT, PERSON OR FIRM THAT REPRESENTS PROPERTY OWNERS ON AD VALOREM TAX MATTERS IN ATASCOSA COUNTY? YES NO

DURING THE PAST FIVE YEARS, HAVE YOU BEEN CONVICTED OF ANY MOVING VIOLATIONS INVOLVING A MOTOR VEHICLE?

YES NO _____

DURING THE PAST TEN YEARS, HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY TO, OR RECEIVED PROBATION, BEEN GRANTED DEFERRED ADJUDICATION, OR ANY OTHER TYPE OF ALTERNATIVE METHOD OF SUPERVISION OR CORRECTION FOR A FELONY OR A MISDEMEANOR HAVING A PENALTY OF IMPRISONMENT AND/OR FINE OVER \$500? YES NO

LIST BELOW ANY FELONY AND/OR MISDEMEANOR CONVICTIONS WITHIN THE LAST 10 YEARS, AS WELL AS ANY CURRENT CRIMINAL INDICTMENTS (A CRIMINAL RECORD IS NOT NECESSARILY A DENIAL OF EMPLOYMENT)

VIOLATION	DATE CONVICTED	JURISDICTION	SENTENCE

MILITARY SERVICE (ACTIVE DUTY):

(NOTE: A CERTIFIED COPY OF A REPORT OF SEPARATION FROM THE ARMED FORCES MAY BE REQUIRED.)

BRANCH: _____ DATES: FROM _____ TO _____

ARE YOU IN THE ACTIVE RESERVE? YES NO IF YES, WHICH BRANCH? _____

ARE YOU A VETERAN OF THE U.S. MILITARY SERVICE? YES NO BRANCH: _____

IF YES, LIST TYPE OF DISCHARGE _____

EDUCATION (NOTE: APPLICANTS MAY BE REQUIRED TO PROVIDE PROOF OF DIPLOMA, DEGREE, TRANSCRIPTS, CERTIFICATIONS, AND REGISTRATIONS.)

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12

DID YOU GRADUATE FROM HIGH SCHOOL? YES NO IF NO, DID YOU RECEIVE YOUR GED? YES NO

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES ATTENDED				SEM/CLOCK HOURS COMPLETED	TYPE OF DIPLOMA OR DEGREE	MAJOR/MINOR FIELDS OF STUDY
		FROM		TO				
		MO	YR	MO	YR			
HIGH SCHOOL								
UNDERGRADUATE COLLEGES OR UNIVERSITIES								
GRADUATE SCHOOLS								
TECHNICAL, VOCATIONAL, OR BUSINESS SCHOOLS								

IF A LICENSE, CERTIFICATE, OR OTHER AUTHORIZATION IS REQUIRED OR RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING, COMPLETE THE FOLLOWING:

LICENSE/CERTIFICATION (RPA, RTA, CCA, CPA, etc.)	DATE ISSUED	DATE EXPIRES	ISSUED BY/LOCATION OF ISSUING AUTHORITY (STATE OR OTHER AUTHORITY) (CITY & STATE)	LICENSE NO.

SPECIAL TRAINING/SKILLS/QUALIFICATIONS: LIST ALL JOB RELATED TRAINING OR SKILLS YOU POSSESS AND MACHINES OR OFFICE EQUIPMENT YOU CAN USE, SUCH AS CALCULATORS, PRINTING OR GRAPHICS EQUIPMENT, COMPUTER EQUIPMENT, TYPES OF SOFTWARE AND HARDWARE, ETC. (ATTACH ADDITIONAL PAGE, IF NECESSARY.)

KEYBOARDING SKILL LEVEL: BEGINNER INTERMEDIATE ADVANCED

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. (EXCLUDE THOSE WHICH INDICATE RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN.)

EMPLOYMENT HISTORY

IN ORDER TO VERIFY YOUR PREVIOUS EMPLOYMENT AND EDUCATION, LIST BELOW ANY OTHER NAMES UNDER WHICH YOU MAY HAVE BEEN EMPLOYED OR ENROLLED AS WELL AS THE DATES THE NAME WAS IN USE.

NAME:	DATES:	NAME:	DATES:
NAME:	DATES:	NAME:	DATES:

EMPLOYMENT HISTORY:

COMPLETE REQUESTED EMPLOYMENT INFORMATION FOR ALL EMPLOYERS (INCLUDING SELF-EMPLOYMENT) FOR NOT LESS THAN THE LAST TEN (10) YEARS. START WITH THE MOST RECENT EMPLOYERS.

EMPLOYER NAME: _____ PHONE: _____

STREET ADDRESS: _____

MAILING ADDRESS IF DIFFERENT THAN STREET ADDRESS: _____

TYPE OF BUSINESS: _____ DEPARTMENT: _____

POSITION: _____ SUPERVISOR: _____

DATE HIRED: _____ DATE TERMINATED: _____

STARTING SALARY: _____ ENDING SALARY: _____

DESCRIBE YOUR REONSIBILITES:

REASON FOR LEAVING:

MAY WE CONTACT YOUR EMPLOYER? YES NO

EMPLOYER NAME: _____ PHONE: _____

STREET ADDRESS: _____

MAILING ADDRESS IF DIFFERENT THAN STREET ADDRESS: _____

TYPE OF BUSINESS: _____ DEPARTMENT: _____

POSITION: _____ SUPERVISOR: _____

DATE HIRED: _____ DATE TERMINATED: _____

STARTING SALARY: _____ ENDING SALARY: _____

DESCRIBE YOUR REONSIBILITES:

REASON FOR LEAVING:

MAY WE CONTACT YOUR EMPLOYER? YES NO

EMPLOYER NAME: _____ PHONE: _____

STREET ADDRESS: _____

MAILING ADDRESS IF DIFFERENT THAN STREET ADDRESS: _____

TYPE OF BUSINESS: _____ DEPARTMENT: _____

POSITION: _____ SUPERVISOR: _____

DATE HIRED: _____ DATE TERMINATED: _____

STARTING SALARY: _____ ENDING SALARY: _____

DESCRIBE YOUR RESPONSIBILITIES:

REASON FOR LEAVING:

MAY WE CONTACT YOUR EMPLOYER? YES NO

EMPLOYER NAME: _____ PHONE: _____

STREET ADDRESS: _____

MAILING ADDRESS IF DIFFERENT THAN STREET ADDRESS: _____

TYPE OF BUSINESS: _____ DEPARTMENT: _____

POSITION: _____ SUPERVISOR: _____

DATE HIRED: _____ DATE TERMINATED: _____

STARTING SALARY: _____ ENDING SALARY: _____

DESCRIBE YOUR RESPONSIBILITIES:

REASON FOR LEAVING:

MAY WE CONTACT YOUR EMPLOYER? YES NO

EMPLOYER NAME: _____ PHONE: _____

STREET ADDRESS: _____

MAILING ADDRESS IF DIFFERENT THAN STREET ADDRESS: _____

TYPE OF BUSINESS: _____ DEPARTMENT: _____

POSITION: _____ SUPERVISOR: _____

DATE HIRED: _____ DATE TERMINATED: _____

STARTING SALARY: _____ ENDING SALARY: _____

DESCRIBE YOUR RESPONSIBILITIES:

REASON FOR LEAVING:

MAY WE CONTACT YOUR EMPLOYER? YES NO

PROFESSIONAL REFERENCES:

GIVE NAMES OF THREE PROFESSIONAL REFERENCES WHOM YOU HAVE KNOWN AT LEAST ONE YEAR AND ARE NOT RELATED TO YOU BY BLOOD OR CONSANGUINITY. YOU MUST INCLUDE AT LEAST ONE REFERENCE WITH WHOM YOU HAVE WORKED.

NAME	BUSINESS NAME AND ADDRESS	TELEPHONE NO.	YEARS ACQUAINTED

REFERRAL SOURCE:

WEBSITE AD ACAD WEBSITE NEWSPAPER AD FRIEND EMPLOYMENT AGENCY OTHER _____

AGREEMENT

I UNDERSTAND THAT ANY FALSE STATEMENT OR OMISSION OF INFORMATION ON THIS APPLICATION MAY BE CONSIDERED AS SUFFICIENT CAUSE FOR REJECTION OF THIS APPLICATION OR FOR DISMISSAL IF SUCH FALSE STATEMENT OR OMISSION IS DISCOVERED SUBSEQUENT TO MY EMPLOYMENT.

I AUTHORIZE ATASCOSA CENTRAL APPRAISAL DISTRICT TO REQUEST FROM EACH OF MY FORMER EMPLOYERS AND/OR PERSON, FIRM OR CORPORATION IDENTIFIED IN THIS APPLICATION AS AN EMPLOYER OR REFERENCE TO ANSWER ANY AND ALL QUESTIONS THAT MAY BE ASKED AND TO GIVE ANY AND ALL INFORMATION CONCERNING ME, MY WORK HABITS, CHARACTER OR SKILL THAT MAY BE SOUGHT IN CONNECTION WITH THIS APPLICATION. I EXPRESSLY RELEASE THESE PERSONS FROM ANY AND ALL LIABILITY IN FURNISHING RESPONSE TO THESE INQUIRIES.

I UNDERSTAND THAT ATASCOSA CENTRAL APPRAISAL DISTRICT IS AN AT WILL EMPLOYER, WHICH MEANS THAT EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE. I UNDERSTAND AND AGREE THAT IF EMPLOYED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND THAT I MAY BE TERMINATED AT ANY TIME AND WITHOUT PRIOR NOTICE FOR ANY REASON, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY. I FURTHER UNDERSTAND THAT NO REPRESENTATIVE OF ATASCOSA CENTRAL APPRAISAL DISTRICT HAS THE AUTHORITY TO PROMISE ME EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME OR TO WAIVE ATASCOSA CENTRAL APPRAISAL DISTRICT'S STATUS AS AN AT WILL EMPLOYER.

IF THIS APPLICATION IS CONSIDERED FAVORABLY, I AGREE TO ABIDE BY AND COMPLY WITH ALL RULES AND REGULATIONS OF ATASCOSA CENTRAL APPRAISAL DISTRICT AS THEY CURRENTLY EXIST/OR AS THEY ARE MODIFIED FROM TIME TO TIME DURING MY EMPLOYMENT RELATIONSHIP.

I HEREBY CERTIFY THAT FOREGOING STATEMENTS AND ANSWERS ON THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND HEREBY GRANT ATASCOSA CENTRAL APPRAISAL DISTRICT TO VERIFY ANY AND ALL SUCH ANSWERS.

SIGNATURE OF APPLICANT

DATE