

ATASCOSA CENTRAL APPRAISAL DISTRICT
EMPLOYMENT APPLICATION
An Equal Opportunity Employer

Please complete the entire form before pressing submit. (You may want to ensure you have all information available before starting the application). Fields with * are required, but please fill in ALL applicable information, if you have it, to speed the application process.

POSITION INFORMATION:

DATE OF APPLICATION: _____

POSITION APPLIED FOR: _____

DATE AVAILABLE TO BEGIN WORK: _____

IF HIRED, CAN YOU PRESENT EVIDENCE THAT YOU CAN LAWFULLY WORK IN THE UNITED STATES? YES NO

FULL-TIME PART-TIME TEMP SEASONAL EVENINGS OVERTIME WEEKENDS

ARE YOU 18 OR OLDER? _____ If no, what is your date of birth? _____

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: _____

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

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 _____

ARE YOU RELATED TO ANYONE WORKING FOR ATASCOSA CENTRAL APPRAISAL DISTRICT OR SERVING ON THE BOARD OF DIRECTORS OR ON ITS APPRAISAL REVIEW BOARD? YES NO

ARE YOU RELATED TO ANYONE WHO PREPARES INDEPENDENT FEE APPRAISALS IN ATASCOSA COUNTY? YES NO

ARE YOU RELATED TO ANYONE WHO SERVES 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

HAVE YOU EVER HAD ANY CONVICTIONS, PROBATIONS OR DEFERRED ADJUDICATIONS FOR ANY OFFENSE OTHER THAN TRAFFIC FINES OF \$200.00 OR LESS? YES NO

If yes, explain in detail showing date, charge, place, and action taken:

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? YES NO IF YES, WHICH 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 special qualifications and skills you possess that qualify you for the position for which you are applying. (List licenses, certifications, machines operated, equipment used, etc.) (resumes not accepted at this time)

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:

Beginning with most recent, list below the last five jobs held (up to ten years) and include present employer, if employed. Include military and specifically describe various duties performed. Please provide current telephone numbers.

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____

TYPE OF BUSINESS: _____ DEPARTMENT: _____

POSITION: _____ SUPERVISOR: _____

EMPLOYMENT DATES: FROM _____ TO _____

STARTING SALARY: _____ ENDING SALARY: _____

DESCRIBE YOUR REponsibilites:

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____

TYPE OF BUSINESS: _____ DEPARTMENT: _____

POSITION: _____ SUPERVISOR: _____

EMPLOYMENT DATES: FROM _____ TO _____

STARTING SALARY: _____ ENDING SALARY: _____

DESCRIBE YOUR REponsibilites:

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____

TYPE OF BUSINESS: _____ DEPARTMENT: _____

POSITION: _____ SUPERVISOR: _____

EMPLOYMENT DATES: FROM _____ TO _____

STARTING SALARY: _____ ENDING SALARY: _____

DESCRIBE YOUR RESPONSIBILITIES:

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____

TYPE OF BUSINESS: _____ DEPARTMENT: _____

POSITION: _____ SUPERVISOR: _____

EMPLOYMENT DATES: FROM _____ TO _____

STARTING SALARY: _____ ENDING SALARY: _____

DESCRIBE YOUR RESPONSIBILITIES:

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____

TYPE OF BUSINESS: _____ DEPARTMENT: _____

POSITION: _____ SUPERVISOR: _____

EMPLOYMENT DATES: FROM _____ TO _____

STARTING SALARY: _____ ENDING SALARY: _____

DESCRIBE YOUR RESPONSIBILITIES:

AGREEMENT

REVIEW YOUR ANSWERS CAREFULLY AND READ THE STATEMENTS BELOW BEFORE SIGNING THIS APPLICATION.

I EXPRESSLY REQUEST FORMER EMPLOYERS AND ANY PERSONS WHO MAY HAVE INFORMATION CONCERNING ME, TO FURNISH SUCH INFORMATION TO ATASCOSA CENTRAL APPRAISAL DISTRICT OFFICIALS, AND AGREE TO HOLD SUCH PERSONS HARMLESS, AND I DO HEREBY RELEASE THEM FROM ANY AND ALL LIABILITY FOR DAMAGES OF ANY NATURE WHATSOEVER FOR FURNISHING SUCH INFORMATION. I AGREE TO IMMEDIATELY NOTIFY THE ATASCOSA CENTRAL APPRAISAL DISTRICT IF I AM CONVICTED OF, RECEIVE DEFERRED ADJUDICATION IN, OR OTHERWISE PLEAD GUILTY OR NO CONTEST TO A FELONY, OR ANY CRIME INVOLVING DISHONESTY OR A BREACH OF TRUST, WHILE MY APPLICATION IS PENDING OR DURING MY PERIOD OF EMPLOYMENT, IF HIRED.

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