



# WALKER COUNTY APPRAISAL DISTRICT

## Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**(PLEASE PRINT. APPLICATION MUST BE FULLY COMPLETED. INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED. RESUMES MAY BE ATTACHED AS A SUPPLEMENT.)**

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:     Advertisement      Friend       Relative       Walk-In   
 Employment Agency    Other  \_\_\_\_\_

Name \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

Address \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

Telephone (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Area Code

List any other names used if different from name on this application. \_\_\_\_\_

If employed and you are under 18, can you furnish a work permit?     Yes     No

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 employed now?     Yes     No    May we contact your present employer?     Yes     No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
 Yes     No    (Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work     Full Time     Part-Time     Temporary

Are you on a lay-off and subject to recall?     Yes     No

Do you have a disability?     Yes     No      If yes, are you able to perform the essential functions for the position you are applying for with or without accommodation?     Yes     No

If accommodation is needed, please describe. \_\_\_\_\_

Can you travel if a job requires it?     Yes     No

Have you been convicted of or plead guilty to, any felony criminal offense or crime involving moral turpitude (misdemeanors and felonies) within the last 7 years?     Yes     No

If yes, please explain \_\_\_\_\_

(Note: Prior to employment, criminal background checks will be conducted. A prior conviction will not automatically disqualify an applicant for employment and will be considered only as it relates to the job applied for.)

Do you have any relatives employed by the Walker County Appraisal District?  Yes  No

If yes: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Do you know of any reason why you would need to miss more than two (2) weeks of time from work in the next year?

Yes  No

## Education

Highest Grade Completed \_\_\_\_\_

High School Attended \_\_\_\_\_ City, State \_\_\_\_\_

Degree  Yes  No  GED

### College, University, or Technical Schools Attended

| Name | From | To | Major | No. of Hours | Type of Degree | Date Received |
|------|------|----|-------|--------------|----------------|---------------|
|      |      |    |       |              |                |               |
|      |      |    |       |              |                |               |
|      |      |    |       |              |                |               |

| LICENSES AND CERTIFICATIONS | LICENSE NO. | STATE | EXPIRATION DATE |
|-----------------------------|-------------|-------|-----------------|
|                             |             |       |                 |
|                             |             |       |                 |

**PROFESSIONAL AFFILIATIONS** (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.)

**JOB RELATED SKILLS**

KEYBOARD \_\_\_\_\_ wpm

TOUCH METHOD 10-KEY ADD

SHORTHAND / SPEED WRITING

COMPUTER SOFTWARE \_\_\_\_\_

DICTAPHONE / TRANSCRIPTION

**OTHER JOB-RELATED SKILLS (Language, Technical or Special Training)**

(NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, Licenses, certifications and registrations.)

**Honors Received:** State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_  
\_\_\_\_\_

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

|                             |   |                    |       |                |
|-----------------------------|---|--------------------|-------|----------------|
| Employer                    | Telephone<br>( )  | Date Employed      |       | Work Performed |
|                             |   | From               | To    |                |
| Address                     |   |                    |       |                |
| Job Title                   |   | Hourly Rate/Salary |       |                |
|                             |   | Starting           | Final |                |
| Supervisor                  | May we contact?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                    |       |                |
| Specific Reason for Leaving |   |                    |       |                |
| Employer                    | Telephone<br>( )  | Date Employed      |       | Work Performed |
|                             |   | From               | To    |                |
| Address                     |   |                    |       |                |
| Job Title                   |   | Hourly Rate/Salary |       |                |
|                             |   | Starting           | Final |                |
| Supervisor                  | May we contact?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                    |       |                |
| Specific Reason for Leaving |   |                    |       |                |
| Employer                    | Telephone<br>( )  | Date Employed      |       | Work Performed |
|                             |   | From               | To    |                |
| Address                     |   |                    |       |                |
| Job Title                   |   | Hourly Rate/Salary |       |                |
|                             |   | Starting           | Final |                |
| Supervisor                  | May we contact?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                    |       |                |
| Specific Reason for Leaving |   |                    |       |                |
| Employer                    | Telephone<br>( )  | Date Employed      |       | Work Performed |
|                             |   | From               | To    |                |
| Address                     |   |                    |       |                |
| Job Title                   |   | Hourly Rate/Salary |       |                |
|                             |   | Starting           | Final |                |
| Supervisor                  | May we contact?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                    |       |                |
| Specific Reason for Leaving |   |                    |       |                |

Explain all gaps of employment. \_\_\_\_\_

Do you have a valid Texas Driver's License? \_\_\_\_\_ Type of License:  Operator Driver's License Number \_\_\_\_\_  Commercial  Chauffeur

Do you have any type of restriction on your Driver's License?  
 Yes  No

If yes, what type of restriction? \_\_\_\_\_  
Veteran of the U.S. Military Service?  Yes  No If yes, list the dates and branch for all active duty military service. \_\_\_\_\_

# References

---

Name three persons in your field who know you and whom we have your permission to contact immediately, preferably persons under whom you have worked.

| Name | Address | Phone | Occupation |
|------|---------|-------|------------|
|      |         |       |            |
|      |         |       |            |
|      |         |       |            |

**PLEASE READ CAREFULLY BEFORE SIGNING**

**APPLICANT'S STATEMENT AND REFERENCE CHECK AUTHORIZATION**

I certify that all the information provided by me in connection with my application is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby request and authorize all persons, schools, companies, credit bureaus, corporations, law enforcement agencies, and educational institutions to furnish the District with any information regarding me, including motor vehicle records, military records, financial status, and criminal records, which may assist in determining my qualifications. I hereby release said companies or persons named herein, the Walker County Appraisal District (District), and all others from all liability, claims and damages in connection with the furnishing of such information.

The applicant understands that neither this document nor any offer of employment from the District constitutes an employment contract unless a specific document to that affect is executed by the employer and employee in writing. If employed, I understand that I will have an at will employment relationship which can be terminated by me or the District with or without cause and with or without notice at any time. In addition, I understand that false or misleading information given in my application, related documents, and/or interviews may be grounds for refusal to hire or, if hired, termination. I also understand that I am required to abide by all rules and regulations of the District. I further understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time.

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

\_\_\_\_\_  
Date

**AGREEMENT TO PHYSICAL EXAM AND URINE ANALYSIS**

I agree to submit to a physical examination, including urine analysis for drug screening, whenever requested by the District or by doctor(s) designated by the District, either prior to or during the course of employment, subject to the requirements of the Americans with Disabilities Act (ADA). I hereby release all doctors, medical personnel and District from all liability claims and damages in connection with the furnishing of such information.

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

\_\_\_\_\_  
Date