



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