



**Austin County Appraisal District**

**Employment Application**

*An equal opportunity employer.*

906 E. Amelia St.

Bellville, Texas 77418

Telephone: 979-865-9124

This application must be completed fully. Resumes may be accepted for whatever additional information they may contain, but not in place of a completed application.

Name \_\_\_\_\_ Date \_\_\_\_\_

(Last)

(First)

(Middle)

Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

Telephone \_\_\_\_\_ Social Security No. \_\_\_\_\_

(Personal)

(Alternate)

Position Applied For \_\_\_\_\_ Date Available to Start \_\_\_\_\_

**PREVIOUS EMPLOYMENT:** List all employment experience. Begin with your present or last position and work back. Provide sufficient qualifying experience data. Please explain all periods of unemployment exceeding 90 days. Please indicate the number of hours per week for Part time positions held.

May we contact your present employer?  Yes  No

Your former employer(s)  Yes  No

From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \_\_\_\_\_

(Month)

(Year)

(Month)

(Year)

Employer \_\_\_\_\_ Address \_\_\_\_\_

Description of Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Supervisor & Phone Number \_\_\_\_\_

From _____	To _____	Job Title _____	Salary _____
(Month)	(Year)	(Month)	(Year)
Employer _____	Address _____		
Description of Work _____			
Reason for Leaving _____			
Name of Supervisor & Phone Number _____			

From _____	To _____	Job Title _____	Salary _____
(Month)	(Year)	(Month)	(Year)
Employer _____	Address _____		
Description of Work _____			
Reason for Leaving _____			
Name of Supervisor & Phone Number _____			

From _____	To _____	Job Title _____	Salary _____
(Month)	(Year)	(Month)	(Year)
Employer _____	Address _____		
Description of Work _____			
Reason for Leaving _____			
Name of Supervisor & Phone Number _____			

From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \_\_\_\_\_  
 (Month) (Year) (Month) (Year)

Employer \_\_\_\_\_ Address \_\_\_\_\_

Description of Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Supervisor & Phone Number \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \_\_\_\_\_  
 (Month) (Year) (Month) (Year)

Employer \_\_\_\_\_ Address \_\_\_\_\_

Description of Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Supervisor & Phone Number \_\_\_\_\_

**EDUCATION AND TRAINING:** A copy of your high school diploma/GED may be required at time of interview.

Did you graduate from high school or receive a GED Certificate?  Yes  No

College, University, Trade, Business or Correspondence School Completed	Applicants may be required to present proof of graduation	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School	Specialty or Major	Degree Earned/Date

Current licenses/Certificates/Registrations (optional, unless required for the position for which you are now applying.)

Drivers \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Other \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Other \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Languages (Optional, unless required for the position for which you are applying.)

	Speak	Read	Write
_____	_____	_____	_____
_____	_____	_____	_____

Equipment or office machines you operate \_\_\_\_\_

Additional experience and/or training you have had which, in your opinion, would qualify you for the position you seek.

Are you related to any member of the board of Directors or any person now employed by the Appraisal District?  Yes  No

**Military Service:**

Branch of Service \_\_\_\_\_ Dates of Service \_\_\_\_\_

Are you in the Active Reserve?  Yes  No If yes, what branch? \_\_\_\_\_

Have you been convicted of a felony or crime involving moral turpitude in the last ten years? Yes  No

If yes, List ALL such offenses and state date, name of Court, and disposition. (You may omit minor violations for which you paid a fine of \$50 or less). A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated along with your qualifications in relation to the job for which you are applying.

**(Optional)**

Referral Source: \_\_\_\_\_ Advertisement \_\_\_\_\_ Walk-in \_\_\_\_\_ Employee \_\_\_\_\_ Other \_\_\_\_\_

**Please Read Carefully**

I certify that I have made no willful misrepresentations in this application and I have not withheld information in my statements and answers to questions. I am aware that the information I have given in my application will be investigated, with my full permission, and that any misrepresentations or omissions may cause my application to be rejected, or may be cause for dismissal if I am hired before such misrepresentations or omissions are discovered. I am also aware that my application is subject to the Open Records Act (Article 6252-17a, V.T.C.S.) and may be released as a public document.

I understand that the Austin County Appraisal District is an at will employer, which means that employment may be terminated at any time with or without cause. I understand that no representative of the Austin County Appraisal District has the authority to promise me employment for a specified period of time or to waive the Austin County Appraisal District status as an at will employer.

I understand that this appointment will be at the discretion of the Supervisor concerned, subject to the approval of the Chief Appraiser (or the Board of Directors, when applicable). I also understand that this application is the property of the Austin County Appraisal District and will become a part of my personnel file if I am hired.

I understand that I may be subject to a full state and federal background check and I hereby authorize the District to investigate.

I understand that I may be required to take and pass a random drug screen at any time during my employment.

Federal Law prohibits the employment of unauthorized aliens. If hired, all persons will be required to provide documents that prove identity and employment authorization within three days of hire or in accordance with the regulations established by law. Failure to submit such proof within the required time shall result in immediate employment termination.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_