

MUST BE RETURNED BY:

Test Date/Time: _____

Interview Date/Time: _____

APPLICATION FOR EMPLOYMENT

Crosby Central Appraisal District
109 West Aspen Street P O Box 505 Crosbyton, Texas 79322-0505
Phone (806) 675-2356

Personal

Date: _____

Name _____
(Last) (First) (Middle)

Street Address _____

City, State, Zip _____

Day Time Phone Number () _____ Social Security Number _____ - _____ - _____

Driver's License # _____ State Issued _____ Expiration _____

Have you ever been convicted of any felony? _____ If yes, explain fully _____

Are you legally authorized to work in the United States? Yes _____ No _____
(Proof of citizenship or legal authorization will be required upon employment)

Are you at least 16 years old? Yes _____ No _____

Employment Data

Type of work/position desired _____ Salary _____

Experience, special skills training: _____

Languages other than English that you: Speak: _____

Read: _____ Write: _____

Are you currently employed? _____ Date available for employment: _____

Have you ever worked for the Crosby Central Appraisal District before? _____

List any friends or relatives employed by the Crosby Central Appraisal District? _____

Education

Elementary or high school grade completed (circle) 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate? _____ Achieve GED? _____

Name and city of school _____

College 1 2 3 4 5 6 Name and city _____

Degree and major _____
(Note: Transcripts may be required for verification of education)

Approximate words per minute: Typing _____ Dictation _____

Current licenses/certifications/registrations (Indicate types and dates received): _____

Military Service

Are you a veteran? Yes _____ No _____ If yes, dates of service _____ to _____

Special skills or training _____

Are you in the active reserve? Yes _____ No _____

Work History

Please list your last 4 employers. Begin with the most recent employer.

Company name and address _____

Phone number _____ Job title _____

Beginning Date _____ Ending Date _____

Supervisor's name and title _____

Described duties briefly _____

Specific reason for leaving _____

Starting salary _____ Ending salary _____

Company name and address _____
Phone number _____ Job title _____
Beginning Date _____ Ending Date _____
Supervisor's name and title _____
Described duties briefly _____
Specific reason for leaving _____
Starting salary _____ Ending salary _____

Company name and address _____
Phone number _____ Job title _____
Beginning Date _____ Ending Date _____
Supervisor's name and title _____
Described duties briefly _____
Specific reason for leaving _____
Starting salary _____ Ending salary _____

Company name and address _____
Phone number _____ Job title _____
Beginning Date _____ Ending Date _____
Supervisor's name and title _____
Described duties briefly _____
Specific reason for leaving _____
Starting salary _____ Ending salary _____

You may contact: Present employer Yes _____ No _____
Former employers Yes _____ No _____

If "no", please indicate which ones you do not wish us to contact:

Personal References

Please do not include former employers or relatives.

Name and occupation _____

Address _____ Phone _____

Name and occupation _____

Address _____ Phone _____

Name and occupation _____

Address _____ Phone _____

You may attach a personal resume to this application or give any additional information or comments which you wish to have considered along with this application.

How did you hear about this opening? Newspaper _____ Friend _____
College Career Services _____ Internet _____ PRAD Website _____ Other _____

I, _____ authorize the Appraisal District to make an investigation of all information in this application for employment unless noted otherwise. This investigation may include a background check with the Crosbyton Police Department and/or the Texas Department of Public Safety. I release from all liability all companies and corporations supplying such information.

I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I understand that if I need additional assistance, or assistive devices, to perform this job, I will inform the Appraisal District.

I understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the Appraisal District can change wages, benefits, and conditions at any time.

I understand that I will take a physical examination (including drug screen) and that a background check may be performed post offer. Employment will be conditional upon passing such examination and background check.

Applicant's signature

Date