

| LICENSE/CERTIFICATION (RPA, PE, RN, CPA, etc.) | Date issued | Date expires | Issued by / Location of issuing authority (State or other authority) (City & State) | License No. |
|---|-------------|--------------|--|-------------|
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Special Training / Skills / Qualifications: List all job-related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware, etc. (Attach additional page, if necessary.)

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, which language(s)? _____

Have you ever been employed by the Bandera Central Appraisal District? Yes No If yes, when? _____

MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran? Yes No If yes, list type of discharge status _____

Dates of Service (From/To) _____

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include **ALL** employment. Begin with your current or last position and work back to your first.
2. Employment history should include each position held, even those with the same employer.
3. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE and PHONE NUMBERS, INCLUDING AREA CODE.**
4. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
5. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Name: _____
Last
First
Middle

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|---|----|--------------|----|------------------------|---|---|------------------------------------|--|--|
| Position Title: Employer: Mailing Address: City & State / Zip Employer's Telephone No.: () | | | | | Immediate Supervisor's Name: Title: Supervisor's Telephone No.: () | | | | |
| Starting Date | | Leaving Date | | Current / Final Salary | Clerical <input type="checkbox"/> | If supervisory, number of employees supervised: | Full-Time <input type="checkbox"/> | | |
| Mo | Yr | Mo | Yr | \$ | Technical <input type="checkbox"/> | | Part-Time <input type="checkbox"/> | | |
| | | | | | Supervisory / Managerial <input type="checkbox"/> | Specific reason for leaving: | Temporary <input type="checkbox"/> | | |
| Summary of Experience: | | | | | | | | | |

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|--|--|--|--|--|--|--|--|--|--|
| Position Title: Employer: Mailing Address: City & State / Zip Employer's Telephone No.: () | | | | | Immediate Supervisor's Name: Title: Supervisor's Telephone No.: () | | | | |
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|---------------|----|--------------|----|------------------------|---|---|------------------------------------|
| Starting Date | | Leaving Date | | Current / Final Salary | Clerical <input type="checkbox"/> | If supervisory, number of employees supervised: | Full-Time <input type="checkbox"/> |
| | | | | | Technical <input type="checkbox"/> | | Part-Time <input type="checkbox"/> |
| Mo | Yr | Mo | Yr | \$ | Supervisory / Managerial <input type="checkbox"/> | Specific reason for leaving: | Temporary <input type="checkbox"/> |
| | | | | | | | |

Summary of Experience:

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|--|--|--|--|--|--|--|--|--|--|
| Position Title: Employer: Mailing Address: City & State / Zip Employer's Telephone No.: () | | | | | Immediate Supervisor's Name: Title: Supervisor's Telephone No.: () | | | | |
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| Starting Date | | Leaving Date | | Current / Final Salary | Clerical <input type="checkbox"/> | If supervisory, number of employees supervised: | Full-Time <input type="checkbox"/> |
| | | | | | Technical <input type="checkbox"/> | | Part-Time <input type="checkbox"/> |
| Mo | Yr | Mo | Yr | \$ | Supervisory / Managerial <input type="checkbox"/> | Specific reason for leaving: | Temporary <input type="checkbox"/> |
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Summary of Experience:

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|--|--|--|--|--|--|--|--|--|--|
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| | | | | | Technical <input type="checkbox"/> | | Part-Time <input type="checkbox"/> |
| Mo | Yr | Mo | Yr | \$ | Supervisory / Managerial <input type="checkbox"/> | Specific reason for leaving: | Temporary <input type="checkbox"/> |
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Summary of Experience:

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| | | | | | Technical <input type="checkbox"/> | | Part-Time <input type="checkbox"/> | | |
| Mo | Yr | Mo | Yr | \$ | Supervisory / Managerial <input type="checkbox"/> | Specific reason for leaving: | Temporary <input type="checkbox"/> | | |
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| Summary of Experience: | | | | | | | | | |

PROFESSIONAL REFERENCES: Give the names of three professional references not related to you, whom you have known at least one year.

| Name | Business Name and Address | Telephone No. | Years Acquainted |
|------|---------------------------|---------------|------------------|
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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

- I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire, or, if hired, termination.
- I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
- I understand that the Bandera Central Appraisal District may check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history, in accordance with applicable statutes.
- I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICATION MUST BE SIGNED SIGN HERE: _____ Signature – Applicant _____ Date

AN EQUAL OPPORTUNITY EMPLOYER

Authorization and Release

I hereby certify that the information contained in the attached application for employment is true and correct and that I have not omitted any information. I understand that false or misleading information given in my application or interview(s) will result in my disqualification from further consideration. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge.

I acknowledge that consideration for employment is contingent on the results of a reference and background check. I hereby authorize the Bandera Central Appraisal District to (1) investigate the truthfulness of all statements made on the attached application; (2) contact my current and former employers, schools, other listed references, law enforcement agencies, and any other person or entity who may verify information; (3) provide each contacted individual or entity with a copy of this Release and Authorization; and (4) discuss the results of any investigation with other employees and/or the Board of Directors of the Bandera Central Appraisal District whom may be involved in the hiring process. In addition, I give my consent for all contacted persons to provide my record, reason for leaving, and any and all other information they may have concerning me, and I release the Bandera Central Appraisal District and all other parties from any and all liability, claims, or damages arising from any reference or background check.

Name (printed)

Signature

Date