

HASKELL COUNTY APPRAISAL DISTRICT

Application For Employment

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

Date of Application _____

Personal

Position(s) Applied For _____

Name _____ Social Security # _____
Last First Middle

Address _____
Number Street City State Zip

Telephone# () _____ Alternate Phone # () _____ Driver's License # _____
Area Code Area Code

Are you legally eligible for employment in the U.S.A.? Yes () No ()

Are you employed now? Yes () No ()

Are you looking for full time employment? Yes () No ()

Are you willing to work hours other than 8 - 5? Yes () No ()

On what date would you be available for work? _____

Can you travel and attend schools if a job requires it? Yes () No ()

Do you have any relatives working for the Haskell County Appraisal District or serving on its Board of Directors or on its Appraisal Review Board? Yes () No ()

Education

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from high school? Yes () No ()

If no, did you receive your GED? Yes () No ()

Type of School	Name and Location of School	Dates Attended				Major/Minor Fields of Study
		From		To		
		Mo	Yr	Mo	Yr	
High School						
Undergraduate Colleges or Universities						
Technical, Vocational, or Busn Schools						

Do you speak a language other than English? Yes () No ()

If yes, what language(s) do you speak? _____

Do you write in a language other than English? Yes () No ()

If yes, what language(s)? _____

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Employment Experience

Start with your present or last job.

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

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.

Mark software applications you have used: Quicken _____ QuickBooks _____ MS Word _____
MS Excel _____
MS Power Point _____

List other software you have used: _____

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Personal References

Give the names of three references (not a former employer or relatives), whom you have known at least one year.

Name	Address & Phone #	Years Acquainted

Have you ever been convicted of any crime involving theft or moral turpitude or any felony? Yes () No ()
 If your answer is "Yes ", explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.

PLEASE READ CAREFULLY BEFORE SIGNING

The information I have given in this application is true and correct to the best of my knowledge and belief. I understand that omitting or misrepresenting information could result in failure to consider this application . I also understand that if I am hired and omissions or misrepresentations later come to light, I could be immediately dismissed.

Either the employee or the employer may end the employment relationship at will at any time during or after the probationary period, with or without cause or advance notice.

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