



## CHAMBERS COUNTY CENTRAL APPRAISAL DISTRICT

### APPLICATION FOR EMPLOYMENT

*An Equal Opportunity / Affirmative Action Employer*

#### PERSONAL DATA

(Last Name) (First Name) (Middle Initial)

(Street Address, RFD, or P.O. Box)

(City) (State) (Zip Code)

( ) Social Security Number: \_\_\_\_\_  
(Home Phone No.)

( ) Position(s) Applied For: \_\_\_\_\_  
(Cell Phone No.)

Date of Birth: \_\_\_\_\_

When would you be available to start work? \_\_\_\_\_

Circle each type of work you will accept: Regular Temporary Full Time Part Time

Are you or your spouse related to any officer of this employer? (Circle One) YES NO

Minimum acceptable salary: \$ \_\_\_\_\_ per \_\_\_\_\_

#### EDUCATION AND TRAINING

Name and Schools Attended and Location	Dates Attended From - To	Grade Average	Major Fields	Degree Received

List any special skills, training, certificates and/or subjects of study. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**MILITARY SERVICE**

What is your present selective service classification? \_\_\_\_\_

U.S. Military

Or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

Present member in

National Guards or Reserves \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Have you taken any training under the G.I. Bill of Rights? \_\_\_\_\_ If yes, what? \_\_\_\_\_

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**ADDITIONAL INFORMATION:** By law, you must be authorized to work in the United States in order to be employed by this employer. If you are one of the following, please check inside the box: ☐

- ➔ A citizen or a national of the United States.
- ➔ An alien lawfully admitted for permanent residence.
- ➔ An alien authorized by the Immigration and Naturalization Service to work indefinitely in the United States.

Have you ever been convicted of a felony or other crime? (Circle One) YES NO

If yes, please explain on reverse side of page. (You may omit convictions for minor traffic violations unless the position for which you are applying requires the operation of a motor vehicle. Conviction will not result in your disqualification for employment. The seriousness of the crime, the date of conviction, and the relevance of the crime to this position will be considered.)

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If the position for which you are applying requires the operation of a motor vehicle, do you have a current Texas Driver's License? (Circle One) YES NO TX DL No. \_\_\_\_\_

Type of License: (Circle One) OPERATOR COMMERCIAL CHAUFFEUR

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**REFERENCE:** List three persons not related to you who are qualified to describe your capabilities for the position you seek.

NAME	ADDRESS	PHONE	OCCUPATION

**EMPLOYMENT EXPERIENCE:** List each position held. Start with your present or most recent assignment and work backward. If you need additional space, please continue on separate sheet (s) of paper. In the column at the right, describe your assignments. Attach additional sheets as necessary.

**May inquiry be made of your present employer?** (Circle One)

YES

NO

<b>EMPLOYER:</b>	<b>Dates</b>	<b>From:</b>	<b>To:</b>
<b>ADDRESS:</b>	<b>Summary of Job Duties:</b>		
<b>JOB TITLE:</b>			
<b>SUPERVISOR:</b>			
<b>REASON FOR LEAVING:</b>	<b>Starting Salary:</b>	<b>Ending Salary:</b>	
<b>EMPLOYER:</b>	<b>Dates</b>	<b>From:</b>	<b>To:</b>
<b>ADDRESS:</b>	<b>Summary of Job Duties:</b>		
<b>JOB TITLE:</b>			
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<b>REASON FOR LEAVING:</b>	<b>Starting Salary:</b>	<b>Ending Salary:</b>	
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<b>JOB TITLE:</b>			
<b>SUPERVISOR:</b>			
<b>REASON FOR LEAVING:</b>	<b>Starting Salary:</b>	<b>Ending Salary:</b>	
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<b>ADDRESS:</b>	<b>Summary of Job Duties:</b>		
<b>JOB TITLE:</b>			
<b>SUPERVISOR:</b>			
<b>REASON FOR LEAVING:</b>	<b>Starting Salary:</b>	<b>Ending Salary:</b>	

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**OFFICE EQUIPMENT**

Please list any office equipment / software you are familiar with. \_\_\_\_\_

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I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge, and I authorize any former employer to release this employer or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal document verifying my identity and eligibility for employment. In addition, I understand that, if selected for an interview, true copies of all degrees, certificates, or licenses listed on this application will be required before an employment decision can be made. A photocopy of this authorization shall be as valid as the original.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of wages and salary, be terminated at any time, and that intentional misrepresentation on my application or during the interview process will subject me to immediate discharge.

I also understand that only written representations and promises of this employer will be enforceable.

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

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**DO NOT WRITE BELOW THIS LINE**

(FOR OFFICE USE ONLY)

NEATNESS \_\_\_\_\_ CHARACTER \_\_\_\_\_

PERSONALITY \_\_\_\_\_ ABILITY \_\_\_\_\_

**SPECIAL SKILLS / OFFICE EQUIPMENT**

WordPerfect / Windows OS / Microsoft Word / Microsoft Access / Excel / PowerPoint / Typewriter WPM \_\_\_\_\_

COMMENTS \_\_\_\_\_

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DATE OF INTERVIEW \_\_\_\_\_ INTERVIEWER \_\_\_\_\_