

# APPLICATION FOR EMPLOYMENT

# WEBB COUNTY APPRAISAL DISTRICT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

POSITION (S) APPLIED FOR:

DATE OF APPLICATION

HOW DID YOU LEARN ABOUT US?

ADVERTISEMENT  FRIEND  WALK-IN

EMPLOYMENT AGENCY  RELATIVE  OTHER \_\_\_\_\_

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS:

NUMBER

STREET

CITY

STATE

ZIP CODE

TELEPHONE NUMBER(S): Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Pager: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

SOCIAL SECURITY NUMBER

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Not Applicable  Yes  No

Have you ever filed an application with us before?

Yes  No

If yes, give date: \_\_\_\_\_

Have you ever been employed with us before?

Yes  No

If yes, give date: \_\_\_\_\_

Are you currently employed?

Yes  No

May we contact your present employer?

Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

*Proof of citizenship or immigration status will be required upon employment*

Yes  No

If hired, on what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?

Yes  No

Can you travel if a job requires it?

Yes  No

Have you ever been convicted of a felony within the last 7 years?

Yes  No

*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please explain: \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# EDUCATION

	ELEMENTARY	HIGH SCHOOL	COLLEGE/ UNIVERSITY	GRADUATE/ PROFESSIONAL
SCHOOL NAME				
YEARS COMPLETED: (CIRCLE HIGHEST)	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE				
DESCRIBE COURSE OF STUDY:				
DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES				
HONORS RECEIVED:				

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES

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DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY

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# EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH WOULD REVEAL RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, HANDICAP OR OTHER PROTECTED STATUS. DO NOT WRITE "PLEASE SEE RESUME." YOU SHOULD ATTACH YOUR RESUME IF ONE IS AVAILABLE.

1.	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
	ADDRESS			
	TELEPHONE NUMBER(S)	HOURLY RATE/SALARY		
		STARTING	FINAL	
	JOB TITLE          SUPERVISOR			
	REASON FOR LEAVING			
2.	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
	ADDRESS			
	TELEPHONE NUMBER(S)	HOURLY RATE/SALARY		
		STARTING	FINAL	
	JOB TITLE          SUPERVISOR			
	REASON FOR LEAVING			
3.	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
	ADDRESS			
	TELEPHONE NUMBER(S)	HOURLY RATE/SALARY		
		STARTING	FINAL	
	JOB TITLE          SUPERVISOR			
	REASON FOR LEAVING			
4.	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
	ADDRESS			
	TELEPHONE NUMBER(S)	HOURLY RATE/SALARY		
		STARTING	FINAL	
	JOB TITLE          SUPERVISOR			
	REASON FOR LEAVING			

**\*\*IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.\*\***

**LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD.**  
*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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# ADDITIONAL INFORMATION

## OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## SPECIALIZED SKILLS:

## CHECK SKILLS/EQUIPMENT OPERATED

- FAX
- PBX SYSTEM
- PC (SPEED: \_\_\_\_\_ PER \_\_\_\_\_)
- POSTAGE MACHINE
- COPY MACHINE
- CALCULATOR (  SIGHT  TOUCH)
- TYPEWRITER (WPM \_\_\_\_\_)
- MICROSOFT OFFICE (VERSION \_\_\_\_\_)
- VISUAL FOX PRO 3.0

- LOTUS 1-2-3
- QUERY SKILLS
- PROGRAMMING SKILLS

OTHER:

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State any additional information you feel may be helpful to us in considering your application.

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Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached or available upon request?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

## REFERENCES

DO NOT LIST RELATIVES OR PREVIOUS EMPLOYERS.

NAME	PHONE
ADDRESS	TITLE
NAME	PHONE
ADDRESS	TITLE
NAME	PHONE
ADDRESS	TITLE

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# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as maybe necessary in arriving at an employment decision.

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 or not applications are being accepted at that time. The District reserves the right to require a new application to be filed at any time and in consideration of any employment position.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. The contents of this application for employment are intended neither to constitute nor imply an employment contract and should not be construed as a guarantee of employment, but simply to provide the applicant with a uniform standard application form for employment with this District.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge at any time. I understand, also, that I am required to abide by all rules, policies and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# PERSONNEL DEPARTMENT

## FOR PERSONNEL DEPARTMENT USE ONLY

ARRANGE INTERVIEW:       YES    NO      WHEN: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INTERVIEW

\_\_\_\_\_  
INTERVIEWER

\_\_\_\_\_  
INTERVIEWER

\_\_\_\_\_  
INTERVIEWER

\_\_\_\_\_  
DATE

EMPLOYED:     YES    NO      DATE OF EMPLOYMENT: \_\_\_\_\_

IF NO, STATUS OF APPLICATION? \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SALARY: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

SPECIAL CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BY: \_\_\_\_\_  
NAME AND TITLE

DATE: \_\_\_\_\_

NOTES: \_\_\_\_\_  
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