



RUNNELS CENTRAL APPRAISAL DISTRICT

EMPLOYMENT APPLICATION

Applicant's information

Full name: _____ Date: _____
Last First M.I.

Address: _____ Phone: _____
Street address Apt/Unit #

_____ Email: _____
City State Zip Code

How long have you lived at this address? _____ SSN: _____

If less than 5 years, list previous address: _____

Date Available: _____ Position applied for: _____

Are you related to the Chief Appraiser? Yes No Relationship: _____

Are you related to any member of the District's Board of Directors? Yes No Relationship: _____

Employment at the appraisal district may require light to moderate physical activity, such as sitting or standing for extended periods, walking, bending, lifting, etc. Will you require any special accommodations to perform essential job functions? Yes No

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this office? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No If yes, explain: _____

Education

High school: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

References

Please list three professional references.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

Previous Employment

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes No

Have you ever been bonded? Yes No

If yes, with which employer(s)? _____

Military Service

Branch: _____ From: _____ To: _____

Rank at discharge: _____ Type of discharge: _____

If other than honorable, explain: _____

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____