

# APPLICATION FOR EMPLOYMENT

## EQUAL OPPORTUNITY EMPLOYER

PLEASE READ BEFORE COMPLETING THIS APPLICATION

The Rusk County Appraisal District does not discriminate in the recruitment, hiring and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required of the position for which you are applying.

ANSWER ALL QUESTIONS COMPLETELY

### PERSONAL DATA

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Home)

Telephone: \_\_\_\_\_  
(Cell or Business)

Are you 18 years of age, or over? Yes No

Are you authorized to work in the United States? Yes No

(If you are hired, you will be required to furnish proof of your employment eligibility.)

Other names used in prior employment \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

### GENERAL

Apply for position as \_\_\_\_\_ Salary Requirement \_\_\_\_\_

Full Time Part Time Temporary

Date Available \_\_\_\_\_

Have you previously applied for employment with the Rusk County Appraisal District? Yes No

If so, when? \_\_\_\_\_ Type of position for which you applied \_\_\_\_\_

How were you referred to the Appraisal District? \_\_\_\_\_

Have you ever pleaded guilty to, or been convicted of, a criminal offense (see "Convictions" on last page)?

Yes No

If yes, give dates and circumstances \_\_\_\_\_

Have you ever been involuntarily discharged from a position? Yes No

If yes, give dates and circumstances \_\_\_\_\_

**EMPLOYMENT**

(Unless provided with your resume, list all positions you have held, beginning with your most recent. Include self-employment and volunteer work. Attach additional sheets, if necessary.)

Current, or last, employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ finish \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_

Your title \_\_\_\_\_ Description of duties \_\_\_\_\_

Reason(s) for terminating, or considering a change \_\_\_\_\_

May we contact this employer while we are considering your application? Yes No

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Next employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ finish \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_

Your title \_\_\_\_\_ Description of duties \_\_\_\_\_

Reason(s) for terminating, or considering a change \_\_\_\_\_

May we contact this employer while we are considering your application? Yes No

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Next employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ finish \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_

Your title \_\_\_\_\_ Description of duties \_\_\_\_\_

Reason(s) for terminating, or considering a change \_\_\_\_\_

May we contact this employer while we are considering your application? Yes No

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Next employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ finish \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_

Your title \_\_\_\_\_ Description of duties \_\_\_\_\_

Reason(s) for terminating, or considering a change \_\_\_\_\_

May we contact this employer while we are considering your application? Yes No

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Next employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ finish \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_

Your title \_\_\_\_\_ Description of duties \_\_\_\_\_

Reason(s) for terminating, or considering a change \_\_\_\_\_

May we contact this employer while we are considering your application? Yes No

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Street Address \_\_\_\_\_ Salary (monthly) at start \_\_\_\_\_ finish \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_

Your title \_\_\_\_\_ Description of duties \_\_\_\_\_

Reason(s) for terminating, or considering a change \_\_\_\_\_

May we contact this employer while we are considering your application? Yes No

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## EDUCATION

	Print name, city and state for each school listed	Number of Years Completed	Type of Course or Major	Graduated?	Degree
High School					
College					
College					
Trade, Bus., Night or Corres.					
Other					

Are you presently in school? Yes      No      If yes, give expected completion date \_\_\_\_\_

List courses you are taking \_\_\_\_\_

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## SPECIAL SKILLS

List applicable professional or technical licenses/certifications relative to your ability to perform the functions of the position for which you are applying \_\_\_\_\_

List awards, honorary positions or volunteer work relative to your ability to perform the functions of the position for which you are applying \_\_\_\_\_

List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying \_\_\_\_\_

**HEALTH**

If offered the position, would you agree to a physical examination by a physician of our selection?

Yes      No

Would you agree to a pre-employment and/or post-employment drug screening by a physician or clinic of our selection? Yes      No

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**PERSONAL REFERENCES (Not relatives or employers)**

Name _____
Address _____
Telephone _____

Name _____
Address _____
Telephone _____

Name _____
Address _____
Telephone _____

Name _____
Address _____
Telephone _____

If any relative is employed by the Appraisal District, please list them and their relationship to you.

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## PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject verification by the Rusk County Appraisal District. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide the Rusk County Appraisal District (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at an employment decision and hereby release any such school, persons, employers, agencies and organizations from any and all liability which might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment.

In the event that I am employed, I understand that all employees are subject to termination at the discretion of the Rusk County Appraisal District. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the Rusk County Appraisal District may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the Rusk County Appraisal District, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the Rusk County Appraisal District at its discretion.

I also understand that, if employed, any misrepresentation made by me in filling out this application shall be considered as sufficient cause for my dismissal without advanced notice.

I authorize the Rusk County Appraisal District to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the Rusk County Appraisal District's policy manual or other communications distributed to all employees.

I also understand that my employment is conditional upon my satisfactorily passing a physical examination and/or drug screening, if one is requested, to be given by a physician or registered nurse selected by the Rusk County Appraisal District.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

**CONVICTIONS:** A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made. **The final candidate will be subject to a background check.**

I have read the above statement and accept the same as a condition of my employment with the Rusk County Appraisal District.

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Signature of Applicant