

UVALDE CAD

Employment Application

We consider applicants for all position without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

APPLICANT INFORMATION						<i>(Please Print)</i>	
Last Name		First		M.I.	Date		
Street Address				Apartment/Unit #			
City			State			ZIP	
Phone			E-mail Address				
Date Available			Social Security No.				
Position(s) Applied for							
If you are under the age of 18, can you provide required proof of your eligibility to work	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>(Proof of citizenship or immigration status will be required upon employment)</i>			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever filed an application with us before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been employed with us before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you available for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary				
May we contact your current employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you currently on "lay-off" status and subject to recall?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
On what date would you be available for work?			Are you willing to travel if the job requires it?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been convicted of a felony within the last 7 years? <i>(Conviction will not necessarily disqualify an applicant from employment)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is yes, please explain:				
Are you physically or otherwise unable to perform the duties of the job for which you are applying?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:				

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any honors you have received:

State any addition information you feel may be helpful to us in considering your application:

Languages

	Fluent	Good	Fair
Speak			
Read			
Write			

List Professional, trade, business or civic activities and offices held.

(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status)

REFERENCES

Please list three references who are not related to you and are not previous employers.

Full Name		Relationship	
Phone		Address	
Full Name		Relationship	
Phone		Address	
Full Name		Relationship	
Phone		Address	

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications:

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

MILITARY SERVICE

Have you ever had any job-related training in the United States military?

YES NO

If yes, please describe:

Branch

From To

Rank at Discharge

Type of Discharge

If other than honorable, explain

DISCLAIMER AND SIGNATURE

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arrive 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.

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 with or without cause. 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.

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

Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLYArrange Interview: YES NO

Remarks: _____

Interviewer

Date

Employed: YES NO

Date of Employment: _____

Job Title: _____

Hourly Rate/Salary: _____

Department: _____

By: _____

*Name and Title**Date***NOTES:**

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Voluntary Survey

(Please Print)

Date: _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip Code
Social Security No.		

Current Job
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female
Check one of the following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander
Check if any of the following are applicable: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual
Date of Birth:

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied for is Open: YES NO

Position(s) Considered For: _____

Date: _____

UVALDE COUNTY APPRAISAL DISTRICT

Background Check Authorization and Consent for Release of Information

I understand that the background check requires my full name, date of birth, and if applicable, driver's license number and Social Security Number. I understand that the information I have provided may be verified by connecting persons or organizations listed in the application, or by contacting any person or organization that may have information concerning me.

I hereby consent and voluntarily authorize the Uvalde County Appraisal District to obtain an independent criminal background report and Social Security Number validation report, if applicable. I further authorize the Uvalde County Appraisal District to request or receive information, including motor vehicle reports, past employment and education records, and/or references from any person, school, or previous employers. I further understand that a credit report may be requested by the Uvalde County Appraisal District. This consent and authorization shall remain valid as long as I am employed by the Uvalde County Appraisal District. I authorize any person, organization, government authority, or other party to release and disclose information and cooperate in the obtaining and producing of background check on me.

I certify that the entries made by me in this form are true, complete, and accurate to the best of my knowledge, and are made in good faith and voluntarily. I understand that any false statement or answers by me may disqualify me for any position or will be sufficient grounds for termination and that failure to complete this form will preclude me from employment opportunities with the Uvalde County Appraisal District.

Moreover, I understand that the background check could contain information presumed to be expunged; that I will receive a complete and accurate disclosure of that nature and scope of the background check in the event such investigation negatively affects my placement as an employee; and that a procedure is available for clarification if I dispute the report as received. I further understand that, in accordance with applicable provisions of Texas laws, I will not be allowed to keep or photocopy my background check transcript and that all information obtained is confidential as provided by law, and will be used and retained only as authorized by law.

To assist the Uvalde County Appraisal District in Conducting a criminal record search, please state whether you have been convicted, received a deferred adjudication or a suspended sentence for a felony or misdemeanor (other than a minor traffic offense)? YES NO

Please note that answering in the affirmative will not necessarily disqualify you from qualifying for the position. The Uvalde County Appraisal District will Consider the nature of the responsibilities of the position, as well as the nature of the conviction, and the length of time since the conviction occurred. If you answered "yes" to the question above, please provide the details in the space provided

Date of Offense	City/County/State	Nature of Offense	Disposition

In order to enable the Uvalde County Appraisal District to process your pre-appointment background check, please supply the information requested below.

_____-_____-_____
*Social Security Number

____/____/_____
*Date of Birth

Driver's License # (Required)

State Issued

Do you maintain vehicle insurance? YES NO

Insurance Carrier _____

Acknowledgement

I acknowledge that I have read and understood this supplemental background information form. I verify that the information I have provided on this form is true, correct and complete and contains no omissions. I agree to provide the Uvalde County Appraisal District with additional information, if requested, in order to complete my background, criminal record check under the Fair Credit Reporting Act. I understand that false, incorrect, misleading or incomplete information on this form will result in the withdraw of my eligibility to serve as an employee.

*Applicant's Signature

____/____/_____
*Date(mm/dd/yyyy)

Print Name