

ANDREWS COUNTY APPRAISAL DISTRICT
600 N MAIN STREET
ANDREWS, TEXAS 79714
(432) 523-9111

Dear Applicant:

Your request for an application for a position with the Andrews County Appraisal District is greatly appreciated.

THE FOLLOWING PROCEDURE MUST BE FOLLOWED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED.

APPLICATION INSTRUCTIONS

All of the information requested below is considered to be part of your formal application for employment and should be included with your submission.

1. A complete application form. In order for your application to receive proper consideration, all information requested on the application form must be provided.
2. A copy of your valid registration certificate issued by the Texas Department of Licensing and Regulation, if applicable.

You may be asked to provide the following documentation prior to employment:

1. A copy of your transcript from each college/university attended, if applicable.
2. Signed Employer Reference Report forms. Return the reference forms with your application. When/if you get to the interview process with the appraisal district, we will mail those forms to your references. All you need to do is complete the top part of the form. **DO NOT SEND THESE FORMS TO YOUR REFERENCES!!!**

In addition to the information listed above, you are encouraged to include your resume' with the application.

YOUR APPLICATION IS GOOD FOR 120 DAYS ONLY. A letter requesting that the application remain active must be sent to the personnel department. IF WE DO NOT RECEIVE A LETTER FROM YOU, YOUR APPLICATION WILL BECOME INACTIVE AT THAT TIME.

Thank you for your interest in employment with the Andrews County Appraisal District.

Sincerely,



Chief Appraiser

ANDREWS COUNTY APPRAISAL DISTRICT

600 N MAIN ST.
Andrews, Texas 79714
(432) 523-9111

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Date _____

PERSONAL DATA				
Name _____				
Last	First	Middle	Maiden Name	
Social Security Number: _____ Driver's License #: _____ State: _____				
Present Address _____				
Street	City	State	Zip Code	Telephone (area code)
Other address where you may be reached _____				
Former Andrews CAD Employee: Yes _____ No _____				
Have you ever worked under a different name? Yes _____ No _____ Explain _____				
Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and education record? If yes, please explain _____				
Do you have a relative who is a member of the Andrews CAD Board of Directors and/or an employee of the Andrews CAD? Yes _____ No _____				
If yes, please give the name of relative and relationship: _____				
Are you a veteran of Military Service? Yes _____ No _____ Branch _____				
POSITION FOR WHICH YOU ARE APPLYING				
<input type="checkbox"/> Clerical		<input type="checkbox"/> GIS Specialist		<input type="checkbox"/> Administrator (specify)
<input type="checkbox"/> Information Technology		<input type="checkbox"/> Field Appraisal		<input type="checkbox"/> Other (specify)
DATE AVAILABLE TO BEGIN EMPLOYMENT _____				

EDUCATIONAL & PROFESSIONAL PREPARATION

Name of School and Location	Course of Study Major Fields	Course of Study Minor Fields	Diploma/Degrees Or Certificates
High School:			
Colleges:			
Trade Schools:			
Other:			

Copies of post secondary education transcripts should be included with submission of application.

Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, etc.)? YES _____ NO _____

(CONVICTION OF AN OFFENSE IS NOT AUTOMATIC BAR TO EMPLOYMENT. THE DISTRICT WILL CONSIDER THE NATURE, DATE AND RELATIONSHIP BETWEEN THE OFFENSE AND THE POSITION FOR WHICH YOU ARE APPLYING.)

If "Yes" explain (attach additional page if necessary) _____

Work Experience:

List Most Recent Work Experience First

Company Name _____ **Immediate Supervisor** _____

Complete Address _____
Street / P.O. Box *City* *State* *Zip Code*

Job Title _____ Phone () -

Job Description (duties, skills, equipment used) _____

From To
 Dates: (mm/yy) / (mm/yy) / Reason for leaving _____

Company Name _____ **Immediate Supervisor** _____

Complete Address _____
Street / P.O. Box *City* *State* *Zip Code*

Job Title _____ Phone () -

Job Description (duties, skills, equipment used) _____

From To
 Dates: (mm/yy) / (mm/yy) / Reason for leaving _____

Company Name _____ **Immediate Supervisor** _____

Complete Address _____
Street / P.O. Box *City* *State* *Zip Code*

Job Title _____ Phone () -

Job Description (duties, skills, equipment used) _____

From To
 Dates: (mm/yy) / (mm/yy) / Reason for leaving _____

REFERENCES: Give five references, three of which should be related to your work experience, excluding immediate supervisor, such as clients and/or associates.

FULL NAME OF REFERENCE	BUSINESS OR ORGANIZATION	MAILING ADDRESS	POSITION/TITLE	AREA CODE/PHONE NUMBER

SUPPLEMENTARY INFORMATION

1. Why did you choose property tax profession as a career?

2. List what you feel are your strongest assets relative to the position for which you are applying?

PLEASE FOLLOW THE INSTRUCTIONS ON THE ENCLOSED INFORMATION SHEET AS YOU COMPLETE THIS APPLICATION.

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and understand that any deliberate falsification, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I authorize the references listed on the previous page to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing same to you.

I understand that the district may obtain criminal history record information on applicants selected for employment.

This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for a period of time not to exceed 120 days. Any applicant wishing to be considered for employment beyond this time period must notify this office in writing.

I understand that Andrews CAD may require a pre-employment drug test or establish a random testing policy. Consent to and compliance with this policy may be a pre-condition of my employment, or a condition of continuation of employment.

DATE _____

Signature

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, AGE, RELIGION, SEX, MARITAL OR VETERAN STATUS, THE PRESENCE OF A MEDICAL CONDITION, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

You may be required to complete the following pages as a condition for employment:

EMPLOYER REFERENCE REPORT – Date and sign, complete the information required in the box at the top of the page. Complete a form for your current employer and any other employment you have had within the past ten (10) years, (or last 3 employers)

CRIMINAL RECORD RELEASE AUTHORIZATION – Sign and date the form. Provide all other information requested on the form.

ALL APPLICATION FORMS AND DOCUMENTS SHOULD BE DIRECTED TO:

**Personnel Officer
Andrews County Appraisal District
600 N Main St.
Andrews TX 79714**

ANDREWS COUNTY APPRAISAL DISTRICT

EMPLOYER REFERENCE REPORT

I, the undersigned, give Andrews County Appraisal District (Andrews CAD) authorization to contact this reference. I hereby authorize all persons, schools, companies, corporations, law enforcement agencies, and the Industrial Accident Board to release any information contained in my employment records, school records, criminal records, and Worker's Compensation records to the Andrews CAD. I do release them from any liability and responsibility arising from their doing so. I understand that the information contained in this report is confidential and that it is for the exclusive use of Andrews CAD and that it becomes the property of the district when signed and returned. I hereby waive any right to see or have access to any information contained in this reference report.

DATE	APPLICANT SIGNATURE
TO: _____ <small>NAME OF REFERENCE</small>	RE: _____ <small>APPLICANT NAME</small>
_____ <small>ADDRESS</small>	_____ <small>ASSIGNMENT DESIRED</small>
_____ <small>CITY</small>	_____ <small>SOCIAL SECURITY NUMBER</small>
_____ <small>STATE</small>	_____ <small>ZIP</small>

Indicate by a check mark your confidential rating of the applicant's qualities as listed below. Please rate according to the following:

- | | | | | | |
|-----|---|----------------------|-----|---|-----------------------|
| C/O | - | Clearly Outstanding | B/E | - | Below Expectations |
| E/E | - | Exceeds Expectations | N/S | - | Not Satisfactory |
| M/E | - | Meets Expectations | N/B | - | No Basis for Judgment |

	C/O	E/E	M/E	B/E	N/S	N/B
GENERAL APPEARANCE: Acceptable, Well Groomed						
PERSONALITY: Wholesome, Pleasing						
ATTITUDE: Toward Co-workers, Clients						
Toward Extra Assignments						
Toward Supervision						
ETHICS: Professional Relationships						
CAPABILITIES: Customer Service						
With ARB						
Subject Knowledge						
Communications (written/oral)						
EVIDENCE OF BEING UP-TO-DATE PROFESSIONALLY						
ABILITY TO PLAN AND ORGANIZE WORK						
ACCURACY CONCERNING REPORTS AND RECORDS						
ENTHUSIASM FOR ASSIGNMENT						
GENERAL ATTENDANCE/PUNCTUALITY						
GENERAL ESTIMATE OF THIS PERSON						

1. Would you employ this applicant in the desired assignment? _____ Yes _____ No
2. What opportunity have you had to form your judgment of this applicant as shown above? _____
3. If applicant was employed by you, give reason for termination of employment: _____

Signature: _____

Title: _____

Date: _____

ANDREWS COUNTY APPRAISAL DISTRICT

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- | | | | |
|-------|----------------------|-------|-----------------------|
| C/O - | Clearly Outstanding | B/E - | Below Expectations |
| E/E - | Exceeds Expectations | N/S - | Not Satisfactory |
| M/E - | Meets Expectations | N/B - | No Basis for Judgment |

	C/O	E/E	M/E	B/E	N/S	N/B
GENERAL APPEARANCE: Acceptable, Well Groomed						
PERSONALITY: Wholesome, Pleasing						
ATTITUDE: Toward Coworkers/Clients						
Toward Extra Assignments						
Toward Supervision						
ETHICS: Professional Relationships						
CAPABILITIES: Customer Service						
With ARB						
Subject Knowledge						
Communications (written/oral)						
EVIDENCE OF BEING UP-TO-DATE PROFESSIONALLY						
ABILITY TO PLAN AND ORGANIZE WORK						
ACCURACY CONCERNING REPORTS AND RECORDS						
ENTHUSIASM FOR ASSIGNMENT						
GENERAL ATTENDANCE/PUNCTUALITY						
GENERAL ESTIMATE OF THIS PERSON						

1. Would you employ this applicant in the desired assignment? _____ Yes _____ No
2. What opportunity have you had to form your judgment of this applicant as shown above? _____
3. If applicant was employed by you, give reason for termination of employment: _____

Signature: _____
 Title: _____
 Date: _____

ANDREWS COUNTY APPRAISAL DISTRICT

EMPLOYER REFERENCE REPORT

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TO: _____ <small>NAME OF REFERENCE</small>	RE: _____ <small>APPLICANT NAME</small>
_____ <small>ADDRESS</small>	_____ <small>ASSIGNMENT DESIRED</small>
_____ <small>CITY</small>	_____ <small>SOCIAL SECURITY NUMBER</small>
_____ <small>STATE</small>	_____ <small>ZIP</small>

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- | | |
|----------------------------|-----------------------------|
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| E/E - Exceeds Expectations | N/S - Not Satisfactory |
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	C/O	E/E	M/E	B/E	N/S	N/B
GENERAL APPEARANCE: Acceptable, Well Groomed						
PERSONALITY: Wholesome, Pleasing						
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1. Would you employ this applicant in the desired assignment? _____ Yes _____ No
2. What opportunity have you had to form your judgment of this applicant as shown above? _____
3. If applicant was employed by you, give reason for termination of employment: _____

Signature: _____

Title: _____

Date: _____

ANDREWS COUNTY APPRAISAL DISTRICT
600 N MAIN St.
Andrews, Texas 79714
(432) 523-9111

Criminal Record Release Authorization

Your application for employment may not be considered unless the appraisal district has been given your permission to obtain such criminal records. The criminal history information obtained by the district will be used for the purpose of evaluating you as an applicant for employment with the Andrews County Appraisal District and for no other reason.

I have read and understand the preceding. I do hereby authorize the Andrews County Appraisal District to have complete access to any and all criminal history record information pertaining to me on file with your agency, and I hereby grant permission to your agency to release all of said criminal history information to the Andrews County Appraisal District.

Signature of Applicant

Date

PLEASE PRINT OR TYPE:

NAME: _____

LAST

FIRST

MI

SEX:

M

F

RACE: _____

DATE OF BIRTH: _____

MONTH / DAY / YEAR

SOCIAL SECURITY NUMBER: _____

-

-

DRIVER LICENSE:

STATE: _____

LICENSE NUMBER: _____