

LLANO CENTRAL APPRAISAL DISTRICT

103 East Sandstone • Llano, Texas 78643

325/247-3065 • Fax 325/247-4656

PRINT OR TYPE. Fill out application form completely. If questions are not applicable, enter "N/A" DO NOT LEAVE QUESTIONS BLANK. Be sure to sign when completed. The Llano Central Appraisal District is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. RÉSUMÉS WILL NOT BE ACCEPTED IN LIEU OF APPLICATIONS but may be attached. If a résumé is attached you may omit all or part of Sections B through D. This application becomes public record and is subject to disclosure. These applications will be kept on file for 1 year.

SECTION A:

NAME _____ SOCIAL SECURITY NO. _____
 (LAST) (FIRST) (MI)

MAILING ADDRESS (CURRENT) _____
 (STREET) (CITY) (STATE) (ZIP)

TELEPHONE : DAY _____ EVENING _____

FULL TIME _____ PART TIME _____ SUMMER _____ TEMP/PROJECT _____

DATE AVAILABLE FOR WORK _____ DRIVER'S LICENSE _____
 (STATE) (NUMBER)

ARE YOU AT LEAST 17 YEARS OF AGE? _____ (Y/N)

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No
 Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of a felony? YES NO If your answer is "YES", explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case. A conviction may not disqualify you, but a false statement will.

SECTION B:

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certificates and registrations.)

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate/achieve GED? YES NO

| TYPE OF SCHOOL | NAME AND LOCATION OF SCHOOL | DATES ATTENDED | HOURS COMPLETED | GRADUATED YES/NO | EXPECTED GRADUATION DATE | TYPE OF DIPOLMA OR DEGREE | MAJOR/MINOR FIELD OF STUDY |
|--|-----------------------------|----------------|-----------------|------------------|--------------------------|---------------------------|----------------------------|
| UNDERGRADUATE COLLEGES OR UNIVERSITIES | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| GRADUATE SCHOOLS | | | | | | | |
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EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Included ALL employment. Begin with your current or last position and work back to your first position.
2. Employment history should include EACH POSITION held, even those with the same employer.
3. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
4. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, attach additional sheets.

| | | | | | | | | | | | | |
|---|--|-----------------------------|--|------------|--|-------------|--|--------------------------------------|--|--|--|--|
| Position Title: _____ Employer: _____ Mailing Address: _____ City, State, Zip: _____ Employer's Telephone No: () _____ Starting Date _____ Leaving Date _____ Current/Final Salary _____ Supervisory/Managerial _____ | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: none;"> Immediate Supervisor </td> <td style="border: none;"></td> </tr> <tr> <td style="border-top: none;">Name _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border-top: none;">Title _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border-top: none;">Supervisor's Telephone No. () _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border-top: none;">If supervisory, number of employees you supervised _____</td> <td style="border: none;"></td> </tr> </table> | Immediate Supervisor | | Name _____ | | Title _____ | | Supervisor's Telephone No. () _____ | | If supervisory, number of employees you supervised _____ | | Full-Time _____ Part - Time _____ Summer _____ Temp/Project _____ Give average number of hours worked per week if part-time. _____ |
| Immediate Supervisor | | | | | | | | | | | | |
| Name _____ | | | | | | | | | | | | |
| Title _____ | | | | | | | | | | | | |
| Supervisor's Telephone No. () _____ | | | | | | | | | | | | |
| If supervisory, number of employees you supervised _____ | | | | | | | | | | | | |
| Summary of Experience: | | | | | | | | | | | | |
| Specific reason for leaving: | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|---|--|-----------------------------|--|------------|--|-------------|--|--------------------------------------|--|--|--|--|
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| Supervisor's Telephone No. () _____ | | | | | | | | | | | | |
| If supervisory, number of employees you supervised _____ | | | | | | | | | | | | |
| Summary of Experience: | | | | | | | | | | | | |
| Specific reason for leaving: | | | | | | | | | | | | |

SECTION D:

Special skills/qualifications: List all special skills you possess and machines or office equipment you can use, such as calculators, computer equipment, types of software and hardware, etc. _____

Approximate words per minute in typing / keyboarding _____

SECTION E:

Do you have any relatives working for this agency? Yes No If yes, list the names and relationships. _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING THE SPACE PROVIDED.

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I authorize any of the persons or organizations referenced in this application to give any and all information concerning my previous employment, education, or any other information they might have with regard to any of the subjects covered by this application.

THIS APPLICATION MUST BE SIGNED

SIGN
HERE: 

Signature - Applicant

Date

