

**EMPLOYMENT APPLICATION**  
**Caldwell County Appraisal District**  
 211 Bufkin Ln; P.O. Box 900  
 Lockhart, Texas 78644-0900

An Equal Opportunity Employer

PRINT IN BLACK INK OR TYPE: Fill out the application completely; any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration. If questions or not applicable, enter "NA". Do not leave questions or spaces blank. Resumes will be accepted for additional information, but not as a replacement of a complete application. Be sure to sign the application when completed.

Position Applied For		Type of EMPLOYMENT ___ Full Time ___ Part Time ___ Seasonal		Date	
Salary Expected	Date Available	Are you willing to work other than 8am to 5pm? If yes, when?			
Name of Applicant (Last)	(First)	(Middle Initial)	(Maiden Name)	Social Security Number - -	
Current Address (Number, Street, City, State, Zip)		Residence Phone Number (area code and number)		Business Phone (area code and number)	
				Alternate Phone (area code and number)	
Permanent Address (Number, Street, City, State, Zip)		Person to notify in case of an emergency: Name: Relationship: Phone:			
Are you legally entitled to work in the United States? ___ Yes ___ No	Have you ever been convicted of or granted deferred adjudication for a felony or misdemeanor?		If yes, describe:		
Driver's License Number		State		Expiration Date	
<b>Education ( You must attach transcript(s), if you list any college or university attendance )</b>					
High school attended and location			Graduated	GED	
College / University attended and location	From	To	Graduated	Degree	Major Field of Study
Technical / Vocational School attended and location	From	To	Graduated	Degree	Major Field of Study
Major subjects or areas of specialization					
Current License / Certifications / Registrations (Types and dates received)					
Foreign Languages you can speak, write, and read					
1.	2.	3.			
<b>Military Service ( active duty )</b>					
Branch		From		To	
Are you in the Active Reserve? ___ Yes ___ No		If Yes, what branch:			
Note: A certified copy of a report of separation from the armed forces may be required ( DD214 )					

**Special Skill / Qualifications**

Skill / Aptitude	Years Exp.	Skill / Aptitude	Years Exp.	Skill / Aptitude	Years Exp.

List all special skills you possess and software packages, machines or office equipment you can use. This includes adding machines, dictation equipment, printing or graphic equipment, data processing equipment, drafting or engineering, etc.


**Employment History ( List present or most recent positions first )**

Employer	Type of Business	Full Time	
Mailing Address	Starting Position	Part Time	
Phone Number	Ending Position	Seasonal	
Supervisor:	Starting Date	Ending Date	Starting Salary
			Ending Salary

Briefly describe your duties and responsibilities:

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Explain reason for leaving:

Employer	Type of Business	Full Time	
Mailing Address	Starting Position	Part Time	
Phone Number	Ending Position	Seasonal	
Supervisor:	Starting Date	Ending Date	Starting Salary
			Ending Salary

Briefly describe your duties and responsibilities:

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Explain reason for leaving:

Employer	Type of Business	Full Time	
Mailing Address	Starting Position	Part Time	
Phone Number	Ending Position	Seasonal	
Supervisor:	Starting Date	Ending Date	Starting Salary
			Ending Salary

Briefly describe your duties and responsibilities:

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Explain reason for leaving:

May we contact your current employer?     Yes     No

I have read this application carefully. The information I have given in it is true and correct to the best of my knowledge and belief. I understand that omitting or misrepresenting information could result in failure to consider this application. I also understand that if I am hired and omissions or misrepresentations later come to light, I could be immediately dismissed. I authorize Caldwell County Appraisal District to verify statements I have made (except where I have indicated not to check with my current employer). I understand that Caldwell County Appraisal District is an at will employer, which means that employment may be terminated at any time with or without cause. I understand that no representative of the Caldwell County Appraisal District has the authority to promise me employment for a specific period of time or to waive Caldwell County Appraisal District status as an at will employer.

Signature of Applicant:	Date:
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**Caldwell County Appraisal District  
Human Resources Division**

Last Name	First Name	Middle Initial	
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Are you registered with the Board of Tax Professional Examiners (BTPE)?       Yes       No       Formerly Registered

If you are a current or former BTPE registrant, what is your classification? \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      BTPE Number: \_\_\_\_\_

**List all Board of Tax Professional Examiners approved appraisal and tax administrative  
courses which you have completed and passed**

Course Number	Title	Date Completed	Where Completed

Do you have any relatives working for the Caldwell County Appraisal District or serving on its Board of Directors or on its Appraisal Review Board?       Yes       No

Do you have any relatives who conduct independent fee appraisal in Caldwell County?       Yes       No

Do you have any relatives who serve as or who are employed by an agent, person, or firm which represents property owners on ad valorem tax matters in Caldwell County?       Yes       No

If you answered "Yes" to any of the three previous questions, list relatives' names, relationships and employer.

Name	Relationship	Employer

I hereby affirm that the information I have given in this attachment to my application for employment is complete to the best of my knowledge.

Signature:	Date:
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**Caldwell County Appraisal District**  
**Human Resources Division**  
**References Verification**  
Telephone 512-398-5550 FAX 512-398-5551

Name:	Social Security Number:        -        -
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I, \_\_\_\_\_, hereby authorize any investigator or duly accredited representative of the Caldwell County Appraisal District bearing this release to obtain any information from schools, employers, criminal justice agencies, or individuals relating to my activities. This information may include, but is not limited to, academic, achievement, performance, attendance, personal history, disciplinary and conviction records. I hereby ask you to release such information upon request. I understand that the information released is for official use by the Caldwell County Appraisal District and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release and hold harmless any individual, including record custodians, from any and all liability for any and all damages which may result from compliance, or any attempts to comply, with this authorization.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed