



## An Equal Opportunity Employer

Position Applied For	Position Number	Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		Date
Salary Expected	Date Available	Are you willing to work hours other than 8-5? If yes, when?		
Name of Applicant	(Last)	(First)	(Middle)	(Former)
				Social Security Number -      -
Current Address ( <i>Number, Street, City, State, ZIP</i> )		Contact Number:	Alternate Contact Number:	
			<i>Email Address:</i>	
Permanent Address ( <i>Number, Street, City, State, ZIP</i> )				
Are you legally entitled to work in the United States?	Have you ever been convicted of or granted deferred adjudication for a felony or misdemeanor?		If yes, describe:	
Driver's License Number		State	Expiration ( <i>month, day, year</i> )	

High school attended and location:			Highest Grade successfully completed	Graduate Yes/No		Type of Diploma or Degree	Major Field of Study
College/University attended and location:	From	To	Number of Semester Hours completed	Graduate Yes/No		Type of Diploma or Degree	Major Field of Study
Technical/Vocational School attended and location:	From	To	Number of Semester Hours completed	Graduate Yes/No		Type of Diploma or Degree	Major Field of Study

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Branch:		From	To
Are you in the Active Reserve? Yes <input type="checkbox"/> No <input type="checkbox"/>		If "Yes", what branch:	

Special Skills/Qualifications			
Skill/Aptitude	Years Exp.	WPM	List all special skills you possess and software packages, machines or office equipment you can use. This includes adding machines, dictation equipment, printing or graphics equipment, data processing equipment, etc.

**EMPLOYMENT HISTORY (List present or most recent positions first)**

*Employment Record: Please indicate at least the last 10 years of employment. Start with present or most recent position and work back. Include military service. Use additional sheets if necessary.*

Employer	Type of Business	Full-Time	<input type="checkbox"/>
Mailing Address	Starting Position Title		
City and State	Present or Last Title	Part-Time	<input type="checkbox"/>
Telephone Number (area code and number)	Immediate Supervisor		
Seasonal		<input type="checkbox"/>	

From: Month / Year	To: Month / Year	Starting Base Salary	Ending Base Salary
		\$	\$

Briefly describe your duties and responsibilities:

Explain reason for leaving:

Employer	Type of Business	Full-Time	<input type="checkbox"/>
Mailing Address	Starting Position Title		
City and State	Present or Last Title	Part-Time	<input type="checkbox"/>
Telephone Number (area code and number)	Immediate Supervisor		
Seasonal		<input type="checkbox"/>	

From: Month / Year	To: Month / Year	Starting Base Salary	Ending Base Salary
		\$	\$

Briefly describe your duties and responsibilities:

Explain reason for leaving:

Employer	Type of Business	Full-Time	<input type="checkbox"/>
Mailing Address	Starting Position Title		
City and State	Present or Last Title	Part-Time	<input type="checkbox"/>
Telephone Number (area code and number)	Immediate Supervisor		
Seasonal		<input type="checkbox"/>	

From: Month / Year	To: Month / Year	Starting Base Salary	Ending Base Salary
		\$	\$

Briefly describe your duties and responsibilities:

Explain reason for leaving:

May we contact your current employer? Yes ☐ No ☐

**Please Read Carefully**

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 the Harris County Appraisal District to verify the statements I have made (except where I have indicated not to check with my current employer). I understand that Harris 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 Harris County Appraisal District has the authority to promise me employment for a specified period of time or to waive Harris County Appraisal District's status as an at will employer.

Signature of Applicant

Date

# Harris County Appraisal District

## Human Resources Division

Last Name	First Name	Middle Name	Former Name(s)
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Social Security Number:                      -                      -                      -

Are you registered with the Texas Department of Licensing & Regulation (TDLR) as a Property Tax Professional?

☐ Yes

☐ No

☐ Formerly Registered

If so, what is the highest classification level you have achieved? \_\_\_\_\_

**List all Texas Department of Licensing & Regulation approved appraisal and tax administration courses which you have completed and passed.**

Course Number	Title	Date Completed	Where Complete

### Disclosure Statements

**Do you or any of your relatives by blood or marriage currently:**

Work for the Harris County Appraisal District? \_\_\_\_\_ Yes ☐ No ☐

Serve on the Board of Directors? \_\_\_\_\_ Yes ☐ No ☐

Serve on the Appraisal Review Board? \_\_\_\_\_ Yes ☐ No ☐

Conduct independent fee appraisals in Harris County? \_\_\_\_\_ Yes ☐ No ☐

Work or serve in any capacity to represent property owners on ad valorem tax matters in Harris County? \_\_\_\_\_ Yes ☐ No ☐

*If you answered "Yes", to any of the five previous questions, list names, relationships and locations where they are currently working.*

Name	Relationship	Location

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 of applicant as usually written)

\_\_\_\_\_  
Date

# Harris County Appraisal District

## Human Resources Division

Telephone 713-812-5815

Fax 713-957-5664

Name	Social Security Number
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I, \_\_\_\_\_, hereby authorize any investigator or duly accredited representative of the Harris 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 of the bearer. I understand that the information released is for official use by the Harris County Appraisal District and may only 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 damages of any kind which may at any time result to me due to their compliance, or any attempts to comply, with this authorization.

Applicant's Signature

Date

### To Be Completed By Employer

Company Name		Position Held			
Employment Dates From	To	Eligible for Rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Explanation					
Performance Rating	Excellent	Good	Fair	Poor	Comments
Attendance					
Work Habits					
Quality of Work					
Quantity of Work					
Initiative					
Cooperation					
Completed By		Position			Date

# Harris County Appraisal District

## Human Resources Division

### Voluntary Information - Applicant Data Survey

Please be advised this survey is **not** a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. Your completion of this form is strictly voluntary. We appreciate your cooperation.

Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Referral Source:

☐

Advertisement

☐

Walk-In

☐

Employee

☐

Job Line

☐

Job Fair

☐

Internet

☐

Government Employment Agency

☐

Other \_\_\_\_\_

( ie: Business School or College )  
Please List

Check One: .....

☐

Male

☐

Female

Please Check One Of The Following Race/Ethnic Groups:

☐

Hispanic (H)

☐

Black (B)

☐

White (W)

☐

Other

☐

American Indian/Alaskan Native (AI/AN)

☐

Asian/Pacific Islander (A/PI)

Harris County Appraisal District is an Equal Opportunity Employer.

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	