



EMPLOYMENT APPLICATION

Polk Central Appraisal District
114 Matthews
Livingston, Texas 77351

An Equal Opportunity Employer

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely; any misstatements(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration; if questions are not applicable, enter "NA". **Do not leave questions or spaces blank.** Resumes will be accepted for whatever additional information they contain, but not in place of a completed application. Be sure to sign when completed.

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 Maiden			Social Security Number		
Current Address (Number, Street, City, State, Zip)		Residence Telephone Number: (area code and number)	Business Telephone (area code and number)		
			Alt. Phone Number (area code and number)		
Permanent Address (Number, Street, City, State, Zip)					
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:		
Education (You must attach transcripts(s) if you list any college or university attendance)					
High school attended and location:	Dates Attended FROM TO	Highest Grade successfully completed	Graduate YES NO	Type of Diploma or Degree	Major Field of Study
College/University attended and location:	Dates Attended 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:	Dates Attended FROM TO	Number of Semester Hours completed	Graduate YES NO	Type of Diploma or Degree	Major Field of Study
Major subjects or areas of specialization:					
Current Licenses/Certification/Registrations (Include types and dates received):					
Foreign Languages you can speak, write, read (list language):					
Military Service (active duty)					
Branch			Dates: From To		
Are you in the Active Reserve:			If yes, what branch:		
<input type="checkbox"/> YES <input type="checkbox"/> NO					

(Note: A certified copy of a report of separation from the armed forces may be required)

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			Part-Time	<input type="checkbox"/>
City and State			Present of Last Title				
Telephone Number (area code and number)			Immediate Supervisor			Seasonal	<input type="checkbox"/>
Starting Date		Leaving Date		Starting Base Salary		Ending Base Salary	
Month	Year	Month	Year	\$		\$	
Briefly describe your duties and responsibilities:							
Explain reason for leaving:							
Employer			Type of Business			Full-Time	<input type="checkbox"/>
Mailing Address			Starting Position Title			Part-Time	<input type="checkbox"/>
City and State			Present of Last Title				
Telephone Number (area code and number)			Immediate Supervisor			Seasonal	<input type="checkbox"/>
Starting Date		Leaving Date		Starting Base Salary		Ending Base Salary	
Month	Year	Month	Year	\$		\$	
Briefly describe your duties and responsibilities:							
Explain reason for leaving:							
Employer			Type of Business			Full-Time	<input type="checkbox"/>
Mailing Address			Starting Position Title			Part-Time	<input type="checkbox"/>
City and State			Present of Last Title				
Telephone Number (area code and number)			Immediate Supervisor			Seasonal	<input type="checkbox"/>
Starting Date		Leaving Date		Starting Base Salary		Ending Base Salary	
Month	Year	Month	Year	\$		\$	
Briefly describe your duties and responsibilities:							
Explain reason for leaving:							
Employer			Type of Business			Full-Time	<input type="checkbox"/>
Mailing Address			Starting Position Title			Part-Time	<input type="checkbox"/>
City and State			Present of Last Title				
Telephone Number (area code and number)			Immediate Supervisor			Seasonal	<input type="checkbox"/>
Starting Date		Leaving Date		Starting Base Salary		Ending Base Salary	
Month	Year	Month	Year	\$		\$	
Briefly describe your duties and responsibilities:							
Explain reason for leaving:							
May we contact your current employer?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

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 come to light, I could be immediately dismissed.

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

Signature of Applicant

Date

POLK CENTRAL APPRAISAL DISTRICT

Last Name	First Name	Middle Name	Maiden Name
Are you registered with the Texas Department of Licensing and Regulation (TDLR)?	<input type="checkbox"/> Yes	If you are a current or former TDLR registrant, what is your classification?	
	<input type="checkbox"/> No		
	<input type="checkbox"/> Formerly Registered	Social Security Number:	
List all Texas Department of Licensing and Regulations approved appraisal and tax administration courses which you have completed and passed.			
COURSE NUMBER	TITLE	DATE COMPLETED	LOCATION COURSE WAS COMPLETED

Do you have any relatives working for the Polk Central 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 appraisals in Polk 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 Polk County? Yes _____ No _____

If you answered yes to any of the 3 previous questions, list names, relationships and location where 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