



EL PASO CENTRAL APPRAISAL DISTRICT EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. It is our policy to abide by all Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law. The completion of this application does not guarantee that any positions are open and does not obligate an offer of employment to you. **PLEASE HANDWRITE IN INK.**

This application is valid for one year.

Position(s) Applying For	Date of Application
Last Name First Middle	Social Security No.
Street Address	Home Phone
City State Zip	Are you available to work? <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time <input type="checkbox"/> Shift work
Can you, after being hired, verify your legal right to work in the United States?	Wages Expected

Were you previously employed by the District? No
 Yes, Date(s) _____

List any friends/relatives working for the District.	Name	Relationship
_____	_____	_____
_____	_____	_____

Do you have a valid Driver's License? Yes, Lic. # _____ No

Have you ever been convicted of a felony? If yes, please provide details.
Answering "Yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

EDUCATION	Name and Location of School	Course of Study	No. Years Completed	Did You Graduate	Diploma or Degree
HIGH SCHOOL					
TRADE OR BUSINESS SCHOOL					
COLLEGE OR UNIVERSITY					
GRADUATE SCHOOL					

Are you Bilingual? () Yes () No List languages spoken/written.

SKILLS Typewriter (wpm) _____ Shorthand/Speedwriting (wpm) _____ Dictaphone _____ 10-Key Calculator () Touch () Sight Cash Register _____ Other Machine _____	List all PC Applications used, including proficiency. _____ _____ _____ _____
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List any Professional Honors, Certifications, Licenses you have received, or any special skills or knowledge that would support your application, including dates.

NOTICE TO APPLICANTS AND EMPLOYEES
 Should a job offer be made, I understand and agree that I will be required to submit to a drug screening test. My signature below specifically signifies my consent to this pre-employment drug screening tests and random drug screening once employed.

I understand that I am required to abide by all the rules and regulations of the El Paso Central Appraisal District.

Applicant Signature & Date _____

EXPERIENCE - List Present and Former Employers for last 10 years, if applicable, beginning with most recent. All information below must be completed even if a resume is attached.

NAME/ADDRESS of Company Supervisor Name/Title	DATES		SALARY		DESCRIBE YOUR WORK and give Job Title	REASON FOR LEAVING
	FROM	TO	START	FINAL		

May we contact the above employers? Yes No

References Include only individuals familiar with your work ability and performance. DO NOT INCLUDE RELATIVES.

NAME	ADDRESS AND PHONE NUMBER	OCCUPATION

APPLICANT'S CERTIFICATION - Please read carefully before signing.

I am aware that a more detailed investigation concerning my background may also be conducted, and I hereby authorize such an investigation. I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application may lead to my discharge

If employed, I understand and agree that such employment may be terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract but is at-will.

Applicant's Signature

Date