

**COTTLE COUNTY APPRAISAL DISTRICT
APPLICATION FOR EMPLOYMENT**

AN EQUAL OPPORTUNITY EMPLOYER

Date of Application _____ Position(s) Applied For _____

Name _____ Telephone _____

Address _____
Street City State Zip Code

Have you ever been employed by Cottle CAD before? Yes No
If yes, give date: _____

Are you currently employed? Yes No
If yes, may we contact your present employer? Yes No

Have you been told the essential functions of the job? Yes No

Can you perform these essential functions with or without reasonable accommodation? Yes No

When are you available to work? Full Time Part Time Shift Work Temporary

Are you available to work evenings and/or weekends? Yes No

Are you willing to work overtime? Yes No

Have you ever been convicted of a felony or a crime involving moral turpitude, such as theft or fraud by check?
Yes No

If yes, provide the number of conviction(s), nature of offense(s) leading to all convictions, how recently such offense(s) was/were committed, sentence(s) imposed, and types of rehabilitation:

(Note: No applicant will be denied employment solely on the grounds of a criminal conviction. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

On what date would you be available for work? _____

Wage or salary desired: _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	MAJOR	DIPLOMA/DEGREE
High School			
College/University			
College/University			
Other Training/Education:			

WORK HISTORY

Most Recent Employer	Dates Employed From: _____ To: _____
Address	Telephone
Job Title	
Name and Title of Supervisor	
Description of Duties	
Reason for Leaving	

May we contact this previous employer? Yes No

Previous Employer	Dates Employed From: _____ To: _____
Address	Telephone
Job Title	
Name and Title of Supervisor	
Description of Duties	
Reason for Leaving	

May we contact this previous employer? Yes No

Previous Employer	Dates Employed From: _____ To: _____
Address	Telephone
Job Title	
Name and Title of Supervisor	
Description of Duties	
Reason for Leaving	

May we contact this previous employer? Yes No

Previous Employer	Dates Employed From: _____ To: _____
Address	Telephone
Job Title	
Name and Title of Supervisor	
Description of Duties	
Reason for Leaving	

May we contact this previous employer? Yes No

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge.

