COTTLE COUNTY APPRAISAL DISTRICT APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Name		Telepho	ne		
Address					
Street	City		State	Zip Code	
Have you ever been employed by Cottle If yes, give date:		Yes	No		
Are you currently employed? Y If yes, may we contact your pres	es No sent employer?	Yes	No		
Have you been told the essential function	ons of the job?	Yes	No		
Can you perform these essential functio	ons with or withou	it reasonable ac	commodation?	Yes	No
When are you available to work?	Full Time	Part Time	Shift Work	Tem	porary
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 felor Yes No	ny or a crime invo	lving moral turp	itude, such as thefi	t or fraud by	check?

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:	То:		
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:	То:		
Address	Telephone			
Job Title				
Name and Title of Supervisor				
Description of Duties				
Reason for Leaving				

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

May we conta	ct this previou	s employer?	Yes	No
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Dates Employed				
From:	То:			
Telephone				
Name and Title of Supervisor				
Description of Duties				
	From:			

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.

REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1.	Name:	Telephone:
	Address:	
2.	Name:	Telephone:
	Address:	
3.	Name:	Telephone:
	Address:	

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby authorize the investigation of all statements contained in this application. I understand that any misrepresentation or omission of facts called for in this Application for Employment is cause for dismissal at any time without any prior notice. I hereby give Cottle CAD permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Cottle CAD from any liability as a result of such contact.

I understand that employment with Cottle CAD is "at will" which means that either I or Cottle CAD can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Signature of Applicant

Date

AUTHORIZATION FOR A CRIMINAL BACKGROUND SEARCH

I, ______ (Full Name) authorize Cottle CAD to perform a criminal background search solely as a reference for possible employment with Cottle CAD.

Driver's License Number

State

Date

Signature

Witness