



Employment Application
An Equal Opportunity Employer

To applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. This application will only be considered for the position applied for. To be considered for other positions will require filling out additional applications.

Name: (Last) (First) (Middle)

Address: (Street) (City) (State) (Zip)

Telephone: ( ) - Position Applied For:

Were you previously employed by us? If yes, when and under what name?

Previous Employment: List all employment (including military service) for at least the past 10 years. Begin with your present or most recent position and work back. Attach additional sheets if necessary. (Must complete this section even if resume is attached.)

I. From To Job Title Salary
Name and Address of Company Supervisor
Reason for Leaving Phone:
Description of Work

II. From To Job Title Salary
Name and Address of Company Supervisor
Reason for Leaving Phone:
Description of Work

III. From To Job Title Salary
Name and Address of Company Supervisor
Reason for Leaving Phone:
Description of Work

IV. From To Job Title Salary
Name and Address of Company Supervisor
Reason for Leaving Phone:
Description of Work

May we contact the employers listed above? If not, indicate by number which one(s) you do not wish us to contact.

Education: (Do not fill in blue areas)

Table with 6 columns: SCHOOLS, NAME AND ADDRESS OF INSTITUTION, Dates of Attendance, Semester Hours, Degree, Areas of Specialization. Rows include Grade School, High School, College, Graduate School, Trade, Business Correspondence, Apprenticeship and Other.

**MILITARY SERVICE RECORD**

Were you in the U.S. Armed Forces? Yes  No  If yes, what Branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at discharge \_\_\_\_\_

List duties in the service including special training \_\_\_\_\_

**PERSONAL REFERENCES** (Not former employers or relatives; should be familiar with your qualifications for employment.)

Name and Occupation	Address	Phone Number

Are you related by blood or marriage to any member of the Board of Directors or any person now employed by the Milam Appraisal District?  Yes  No

Name	Where Employed	Relation
_____	_____	_____

List all licenses you hold: (Drivers, appraisal, etc..)

Type \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Specify equipment or office machines you operate: \_\_\_\_\_

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I further understand that the Milam Appraisal District is an "at will" employer. Part 2. Hiring of the Personnel Policy Manual provides in part that "employment is on an at-will basis, nothing contained in the policy manual or any other materials or information creates a contract of employment between an employee and the District. Employees are free to resign their employment at any time, for any reason, and the District retains the right to dismiss the employee at any time, for any reason." The Milam Appraisal District is hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of its choice.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

*The Milam Appraisal District does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provisions of services.*

**EMPLOYMENT APPLICATION ADDENDUM**

(Please attach additional paper if necessary to answer the questions completely)

**IF THIS ADDENDUM IS NOT FILLED OUT COMPLETELY, SIGNED, AND DATED, YOUR APPLICATION WILL NOT BE CONSIDERED.**

1. Has your driver's license ever been suspended or revoked for any reason? Yes  No

*If yes, please provide the date(s), location(s), and the specific reasons.*

Month/Year	Offense	Location	Disposition

2. Have you ever been cited to answer and appear at an administrative hearing as a habitual violator of traffic laws? Yes  No

*If yes, please provide the date(s), location(s), findings, and determination of the hearing officer.*

Month/Year	Offense	Location	Disposition

3. Have you ever received a conviction, been placed on probation, or received a court ordered community supervision for driving while intoxicated or for driving under the influence of alcoholic beverage or other intoxicant or public intoxication in any state of the United States or in any foreign country? Yes  No

*If yes, please provide the date(s), location(s), and the punishment assessed.*

Month/Year	Offense	Location	Punishment

4. Have you ever refused to give a blood sample or take a Breathalyzer or intoxilyzer test as a result of a traffic apprehension when you were requested to do so? Yes  No

*If yes, please provide the date(s), location(s), and specific circumstances surrounding the request.*

Month/Year	Circumstances	Location	Disposition

5. Have you received any traffic citations in the past five (5) years? Yes  No

*If yes, list below, excluding parking tickets.*

Month/Year	Offense	Location	Disposition

6. Have you ever been involved in a motor vehicle accident in the past five (5) years? Yes  No

*If yes, list all motor vehicle accidents, including those 1) accidents involving private property; 2) accidents involving only one vehicle; 3) accidents involving only your vehicle; and 4) accidents that were not reported to or investigated by a peace officer. Describe each accident listing dates, citation locations, and specific circumstances surrounding the accident.*

Month/Year	Citation	Location	Circumstances

7. Have you ever pled nolo contendere (no contest) or guilty to a criminal offense, been placed on probation, or received a deferred adjudication for a criminal offense other than a traffic offense or found guilty of any criminal offense other than a traffic offense? Yes  No

*If yes, please provide the date(s), location(s), and specific circumstances surrounding the offense.*

Month/Year	Offense	Location	Disposition

8. Have you ever gone by an alias or a different last name? Yes  No

*If yes, list the name(s) below.*

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9. The Milam Appraisal District, as an employer, realizes that a person is innocent until proven guilty. However, we would like to know of any criminal charges currently pending against you (including but not limited to any alcohol or drug related charges). Pending charges will not automatically disqualify you for employment with the District, but we will consider the type of offense and the date of the offense in relationship to the position you are applying for when we make the hiring decision.

Are there any criminal charges pending against you? Yes  No

*If yes, list below.*

Month/Year	Offense	Location	Comments

**PLEASE READ AND SIGN BELOW**

I represent that the facts set forth in this Employment Application Addendum are true, accurate and correct, and there are no omissions. I understand that if employed, my having made any false statements on this addendum shall be sufficient cause for dismissal. I also understand that should investigation disclose any misrepresentations, falsifications, or omissions, my employment will be immediately terminated.

You are hereby authorized to make any investigation of my personal and financial history to include a check of my driving record and criminal history, if any, through any investigative agency or bureau of your choice.

I also understand that if a position is offered, it is my duty and responsibility to inform the Chief Appraiser or the interviewing department head, of any criminal charges or traffic violations I may receive after the date below and up to the date of hire.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

**CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK  
AUTHORIZATION/WAIVER/INDEMNITY**

**Each applicant, staff member or volunteer who is to be screened must sign an authorization/waiver/indemnity form, giving approval for the Milam Appraisal District to perform the criminal background search.**

*I, the undersigned, hereby give my permission for the Milam Appraisal District to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data, as well as, plea bargains, deferred adjudications and delinquent conduct committed as a juvenile. Information obtained may also include any charges pending or not disposed of. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization.*

*I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the Milam Appraisal District, its officers, directors, employees and agents, and hold them harmless from and against any and all courses of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever including claims for negligence, gross negligence, and/or strict liability of the Milam Appraisal District and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with any application to become a volunteer or employee.*

*It is my understanding that the Milam Appraisal District will rely on information provided by the Texas Department of Public Safety, Milam County, local Police Department and court. I understand that the Milam Appraisal District will not release my record to me, nor discuss anything contained thereon with me, and that if I have questions regarding the information contained therein, I must contact the reporting agencies in order to clarify such information.*

*I understand that this form in no way constitutes legal advice, and that if I require any legal advice, it shall be obtained privately and at my own expense.*

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
Date

Applicant's Printed Name: \_\_\_\_\_

DL# \_\_\_\_\_ State \_\_\_\_\_

Date of Birth: \_\_\_\_\_

# DPS COMPUTERIZED CRIMINAL HISTORY (CCH) VERIFICATION (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a computerized criminal history (CCH)  
APPLICANT OR EMPLOYEE NAME (Please print)

verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment 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><i>Please:</i></b>	
<b><i>Check and initial each applicable space</i></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>	