JOB APPLICATION

LEON CENTRAL APPRAISAL DISTRICT PO BOX 536, CENTERVILLE, Texas 75833

903-536-2252

LEON CENTRAL APPRAISAL DISTRICT is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below: **Applicant Information Applicant Name:** Address: City, State and Zip Code: **Telephone Number: Email Address:** Date of Application: **Employment Position Position(s) applying for:** FIELD APPRAISER (full time) How did you hear about this position? On what date can you start working if you are hired? Do you have reliable transportation to and from work? Salary desired: **Personal Information** Do you have any friends, relatives, or acquaintances working for LEON CENTRAL APPRAISAL DISTRICT Yes No If yes, state name & relationship: Are you 18 years of age or older? Yes No Are you a U.S. citizen or approved to work in the United States? Yes No What document can you provide as proof of citizenship or legal status? Will you consent to a mandatory controlled substance test? Yes No Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

offense, the nature of the of	enied employment solely on the grou ffense, including any significant det ad the relevance of the offense to the	tails that affect the descri	ption of the event, and the
sarrounding encumstances an	a the relevance of the offense to the	posicion(s) applica joi maj	,, nowever, be considered.,
Job Skills/Qualifications			
	d qualifications you possess for the p	osition for which you are a	pplying:
(Note: LEON CENTRAL APPRAI	SAL DISTRICT complies with the ADA	and considers reasonable	accommodation measures
that may be necessary for elig	rible applicants/employees to perfor	m essential functions.)	
Education and Training			
High School Name	Location (City, State)	Year Graduated	Degree Earned
Nume	Eocution (city, State)	rear Gradatea	Degree Earnea
College/University			
Name	Location (City, State)	Year Graduated	Degree Earned
		1	
Vocational School/Specialized			Degree Earned
Vocational School/Specialized Name	Location (City, State)	Year Graduated	Degree Earned
	Location (City, State)	Year Graduated	Degree Lamed
•	Location (City, State)	Year Graduated	Degree Larried
Name		Year Graduated	Degree Larried
Name Military:	med Services?	Year Graduated	Degree Larried
Name Military: Are you a member of the Arr	med Services? did you enlist?	Year Graduated	Degree Lamed
Name Military: Are you a member of the Arr What branch of the military of	med Services? did you enlist? when discharged?	Year Graduated	Degree Lamed
Name Military: Are you a member of the Arr What branch of the military of the was your military rank How many years did you serv	med Services? did you enlist? when discharged?		Degree Lamed

<u>Previous Employment</u>	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Familia van Nama	
Employer Name: Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
References	
Please provide 3 personal and professional	l reference(s) below:
Reference	Contact Information
AT-WILL EMPLOYMENT	
	ON CENTRAL APPRAISAL DISTRICT is referred to as "employment at will." This
· · · · · · · · · · · · · · · · · · ·	nated at any time for any reason, with or without cause, with or without notice
by you or the LEON CENTRAL APPRAISAL DI	STRICT. No representative of LEON CENTRAL APPRAISAL DISTRICT has authority
·	the foregoing "employment at will" relationship. You understand that you
	nowledge that no oral or written statements or representations regarding you
	ment status, except for a written statement signed by you and either our Chie
Appraiser or Deputy Chief Appraiser.	
Applicant Signature:	Dated: