
APPLICANT INSTRUCTIONS

Thank you for your interest in employment with Brazos Central Appraisal District (BCAD). We appreciate your application, and look forward to the possibility of you joining our team. This sheet is for your information. Please read it carefully.

If you need any assistance or accommodation to facilitate the filling out of this form or during any of the application process, please notify the person who gave you this form and every effort will be made to provide you with the help you request.

Please print all information so it can be easily read. Be certain that all questions are **completely** answered. Incomplete information forms will not be considered. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. If you need additional space, you may use the back of the form.

This application form is intended for use in evaluating your qualifications for employment. This is not a contract for employment. False or misleading information given in this form or during the interviewing process are grounds for terminating the application process or, if discovered after employment, for terminating employment. A background check and/or consumer report may be requested by Brazos Central Appraisal District.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, and work experience. Credentials and experience will be verified through schools, former employers, and any other applicable sources. As an Equal Opportunity Employer, we make decisions to hire and promote without regard to race, color, national origin, religion, sex, age, disability or other legally protected status.

You should understand that the position for which you are applying is considered at-will, which means that either you or the Brazos Central Appraisal District can terminate employment for any reason or no reason at any time. No one except the Chief Appraiser has the authority to amend this agreement.

We appreciate your interest.

I have read and understood the above information.

Signature _____ Date _____

APPLICATION FOR EMPLOYMENT

(Please Print)

Position Desired _____ Date _____

How did you learn about us?

Advertisement Friend Walk-In Relative Other _____

Name (Last) _____ (First) _____ (Middle) _____

Address _____ City _____ State _____ Zip _____

Telephone Number(s) _____ Social Security Number _____

Are you over 18 years of age? Yes No

If you are under 18 years of age, can you provide proof of your
eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Are you able to perform the duties of the job for which you are applying? Yes No

If "no", please describe: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally authorized to work in the United States?
Proof of identity and work authorization will be required upon employment. Yes No

On what date would you be available for work? _____

Availability: Full Time Part Time Shift Work Temporary

Can you travel if a job requires it? Yes No

Have you ever been convicted or pled guilty or no contest to a felony offense? Yes No*

If yes, please explain. _____

For purposes of employment with **Brazos Central Appraisal District** "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.

City/State _____ Charge _____

Please explain _____

**Conviction of a felony will not necessarily bar you from employment.*

FELONY CONVICTION

I _____ agree to immediately notify **Brazos Central Appraisal District** if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.

Signature of Applicant

Date

EDUCATION

Circle the highest grade completed in school:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Name, address, city and state of last school attended: _____

Vocational or Business schools attended: _____

List names of friends or relatives now employed by **Brazos Central Appraisal District**:

Person to contact in case of an emergency:

This information is to facilitate contact in the event of an emergency and is not used in the selection process.

Full Name

Phone

Address

Their place of employment

Phone

Relationship to you

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

Start with your present or last job. You may also include any activities which you believe demonstrate your qualifications for the position applied.

CURRENT OR MOST RECENT EMPLOYER:

Name _____ Phone _____

Address _____

Positions/Duties: _____

Supervisor: _____

Reason for leaving _____

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

NEXT PREVIOUS EMPLOYER:

Name _____ Phone _____

Address _____

Positions/Duties: _____

Supervisor: _____

Reason for leaving _____

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

NEXT PREVIOUS EMPLOYER:

Name _____ Phone _____

Address _____

Positions/Duties: _____

Supervisor: _____

Reason for leaving _____

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Use this space to give us other information about your personal skills or qualities, work style, interpersonal ability or communication skills which would further qualify you for this job.

Complete the following information only if applying for a position that requires use of a vehicle while conducting BCAD business. If hired, your information may be verified with a Motor Vehicle Report.

How many traffic violations have you had during the last two years? _____

Drivers License Number: _____, State _____

REFERENCES

Name only those persons who are familiar with your work capabilities. Do not list relatives.

Name _____ Phone _____

Address _____

Position _____ Years Known: _____

Name _____ Phone _____

Address _____

Position _____ Years Known: _____

Name _____ Phone _____

Address _____

Position _____ Years Known: _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are accepted at that time.

I understand that I may be required to successfully complete a pre-employment physical examination conducted by a Brazos Central Appraisal District-authorized physician and that I may be required to successfully complete a pre-employment drug/alcohol screening after a job offer of employment has been made.

Signature of Applicant _____ Date _____



This page contains sensitive information. Keep only in secure files, separately from personnel files!

Disclosure to Employment Applicant Regarding Procurement of a Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized in the attached pages. By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:

Applicant's

Name: _____
(Please print clearly and provide any middle name or initial)

Applicant's Address:

City/State/Zip:

Signature:

Social Security Number:

_____ Date _____

**Give a copy of this form along with a copy of the "Summary of Rights" to the applicant.
Retain a copy for your files.**

This page contains sensitive information. Keep only in secure files, separately from personnel records!

BACKGROUND INQUIRY RELEASE

- I. In connection with my application for employment with the above named company or individual, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my workers compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the names and address of the agency of the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and central agencies including the Minnesota Department of Labor.
- IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered, check this line _____. The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: SBI, Screening, Backgrounds, Investigations, 3351 S. Field St. #138, Lakewood, CO 80227.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or Insurance Company contacted by SBI or its agents, to furnish the information described in Section I.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to the Brazos Central Appraisal District. This release is in accordance with DOT Regulation 49 CFR Part 40. Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 004 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

PRINT CLEARLY - ALL INFORMATION - (Please provide middle name if you have one.)

Name - Last _____ First _____ Middle _____

Print other names you have used (including maiden name or previous married name). _____

Soc. Sec. # _____ Date of Birth _____ Sex _____ Race _____

Driver's License No. _____ State where license was issued _____

Name as it appears on driver's license _____

Current Address _____

City - State - Zip (County if known) _____

Applicant's Signature _____ **Date** _____

For international searches your Mother's Maiden Name is needed - _____

LIST **ALL** PREVIOUS ADDRESSES FOR THE LAST **SEVEN (7) YEARS** - ADDRESS, CITY, STATE, & ZIP CODE. COUNTY IF KNOWN

FOR BCAD USE ONLY

In accordance with the fair Credit Reporting Act, you must:

- Disclose to the applicant, in a separate document that a consumer report may be obtained.
- Obtain written consent before ordering any reports. Keep the release unless otherwise indicated by code below.

Advise the applicant of adverse information if used to deny employment, provide applicant with report and give them consumer rights.