



**LA SALLE COUNTY APPRAISAL DISTRICT
APPLICATION FOR EMPLOYMENT**

TODAY'S DATE: _____

IMPORTANT- APPLICATION MUST BE FULLY COMPLETED EVEN IF A RESUME IS ATTACHED. INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED. THE LA SALLE COUNTY APPRAISAL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER. IF YOU DO NOT FEEL YOUR APPLICATION WAS PROPERLY CONSIDERED, PLEASE CONTACT THE CHIEF APPRAISER. APPLICATIONS ARE RETAINED FOR ACTIVE CONSIDERATION FOR A PERIOD NOT TO EXCEED NINETY (90) DAYS.

POSITION INFORMATION:

POSITION APPLIED FOR: _____

DATE AVAILABLE TO BEGIN WORK: _____ ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? _____

ARE YOU AGE 18 OR OLDER? IF NOT, STATE YOUR AGE: _____

REQUIRED SALARY: \$ _____ PER YEAR OR \$ _____ PER HOUR

EMPLOYEES OF THE DISTRICT MUST MEET EMPLOYMENT ELIGIBILITY AND IDENTIFICATION REQUIREMENTS SET FORTH BY THE IMMIGRATION REFORM AND CONTROL ACT OF 1986. UPON EXTENSION OF AN OFFER OF EMPLOYMENT CANDIDATES MUST COMPLETE INS FORM I-9. REFER TO THE APPLICATION INSTRUCTIONS FOR REQUIRED DOCUMENTS TO VERIFY EMPLOYMENT ELIGIBILITY AND ESTABLISH IDENTIFICATION. EMPLOYMENT WILL BE DENIED TO INDIVIDUALS WHO CANNOT MEET THE REQUIREMENTS OF THIS ACT.

IDENTIFICATION:

LAST NAME: _____ FIRST _____ MI: _____

STREET ADDRESS: _____ APT#: _____

CITY: _____ COUNTY: _____ STATE: _____

ZIP CODE: _____

HOME PHONE: _____ CELLPHONE: _____

MAY WE CONTACT YOU AT WORK? _____ WORK PHONE# _____

E-MAIL: _____

NOTE: YOU MUST HAVE A VALID SOCIAL SECURITY CARD IN ORDER TO BEGIN EMPLOYMENT.

HOURS OF WORK:

MAY BE ASKED TO WORK OVERTIME DURING THE ASSIGNED WORK DAYS OR WEEKENDS.

IN ORDER TO VERIFY YOUR PREVIOUS EMPLOYMENT AND EDUCATION, LIST BELOW ANY OTHER NAMES UNDER WHICH YOU MAY HAVE BEEN EMPLOYED OR ENROLLED AS WELL AS THE DATES THE NAME WAS IN USE.

NAME: _____ DATES: _____ NAME: _____ DATES: _____

EMPLOYMENT HISTORY:

Complete requested employment information for all employers (including self-employment) for not less than the last ten (10) years. Use the additional "Supplemental Employment Form" if necessary. Start with the most recent employers.

EMPLOYER NAME: _____ PHONE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TYPE OF BUSINESS: _____ DEPT.: _____

POSITION: _____ SUPERVISOR: _____

DATE HIRED: _____ DATE TERMINATED: _____

STARTING SALARY: _____ FINAL SALARY: _____

DESCRIBE YOUR RESPONSIBILITIES:

REASON FOR LEAVING:

MAY WE CONTACT YOUR EMPLOYER?

EMPLOYER NAME: _____ PHONE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TYPE OF BUSINESS: _____ DEPT.: _____

POSITION: _____ SUPERVISOR: _____

DATE HIRED: _____ DATE TERMINATED: _____

STARTING SALARY: _____ FINAL SALARY: _____

DESCRIBE YOUR RESPONSIBILITIES:

REASON FOR LEAVING:

MAY WE CONTACT YOUR EMPLOYER?

EMPLOYER NAME: _____ PHONE: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 TYPE OF BUSINESS: _____ DEPT.: _____
 POSITION: _____ SUPERVISOR: _____
 DATE HIRED: _____ DATE TERMINATED: _____
 STARTING SALARY: _____ FINAL SALARY: _____

DESCRIBE YOUR RESPONSIBILITIES:

REASON FOR LEAVING:

MAY WE CONTACT YOUR EMPLOYER?

EDUCATIONAL BACKGROUND:

YEAR GRADUATED FROM HIGH SCHOOL: _____ DIPLOMA: _____ GED: _____

SCHOOL NAME/ADDRESS: _____

COLLEGE/UNIVERSITY ATTENDED: _____

COLLEGE/UNIVERSITY ADDRESS: _____

DEGREE: _____ YEAR DEGREE RECEIVED: _____ HOURS: _____

GPA: _____

MAJOR/CONCENTRATIONS: _____

OTHER EDUCATION/TRAINING: _____

PROFESSIONAL CERTIFICATIONS:

LIST BELOW ANY PROFESSIONAL CERTIFICATIONS YOU POSSESS AND THE NAME AND ADDRESS OF THE GRANTING AUTHORITY.

CERTIFICATIONS	DATE CONFERRED	NAME/ADDRESS OF GRANTING AUTHORITY
_____	_____	_____
_____	_____	_____

LIST ALL PERIODS OF UNEMPLOYMENT DURING THE LAST TEN (10) YEARS INDICATING THE REASON FOR THE UNEMPLOYMENT AND YOUR

DATES FROM:	TO:	REASON FOR UNEMPLOYMENT/MAJOR ACTIVITIES

LIST BELOW ANY FELONY AND/OR MISDEMEANOR CONVICTIONS WITHIN THE LAST 10 YEARS, AS WELL AS ANY CURRENT CRIMINAL INDICTMENTS (A CRIMINAL RECORD IS NOT NECESSARILY A DENIAL OF EMPLOYMENT).

VIOLATION	DATE CONVICTED	JURISDICTION	SENTENCE

ALL APPLICANTS:

LIST BELOW ANY RELATIVES THAT ARE EMPLOYED BY THE LA SALLE COUNTY APPRAISAL DISTRICT OR SERVE ON ITS BOARD OF DIRECTORS.

NAME: _____ RELATIONSHIP: _____

INDICATE BELOW YOUR EXPERIENCE AND SKILL LEVEL ON THE FOLLOWING BY CHECKING THE APPROPRIATE BOX:

<u>SOFTWARE</u>	<u>NONE</u>	<u>BASIC</u>	<u>INTERMEDIATE</u>	<u>ADVANCED</u>
WINDOWS 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MICROSOFT EXCEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MICROSOFT ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MICROSOFT WORD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MICROSOFT POWERPOINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TYPING SPEED: _____ WPM DATA ENTRY KEYSTROKES PER HOUR: _____
KPH

10 KEY BY TOUCH: YES NO

APPRAISAL APPLICANTS:

APPRAISAL COURSES TAKEN:

<u>COURSE NAME/NUMBER</u>	<u>GRADE</u>	<u>DATE</u>	<u>COURSE NAME/NUMBER</u>	<u>GRADE</u>	<u>DATE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

IMPORTANT: APPLICATION MUST BE SIGNED TO BE CONSIDERED. PLEASE READ CAREFULLY BEFORE SIGNING.
 I CERTIFY THAT ALL RESPONSES TO QUESTIONS CONTAINED IN THIS APPLICATION AND INFORMATION PROVIDED ON ANY ATTACHMENTS AND RESUMES ARE TRUE AND CORRECT. I UNDERSTAND THAT INCOMPLETE OR FALSE RESPONSES MAY CAUSE THIS APPLICATION TO BE REJECTED, AND SHOULD I BECOME EMPLOYED THAT ANY FALSE OR MISLEADING INFORMATION OFFERED IN ANY APPLICATION, RESUME, OR DURING THE INTERVIEW WILL BE GROUNDS FOR TERMINATION OF EMPLOYMENT. SHOULD ANY MISREPRESENTATION OR FALSIFICATION OF DATA ON THIS APPLICATION OR ANY RESUME OR INTERVIEW BE DISCOVERED AFTER EMPLOYMENT, I AGREE TO HOLD THE LA SALLE COUNTY APPRAISAL DISTRICT (LA SALLE CAD), ITS EMPLOYEES, AGENTS AND OFFICIALS HARMLESS FROM ANY AND ALL LIABILITY AND ANY AND ALL LEGAL ACTIONS OF ANY TYPE FOR ANY REASON THAT MAY OCCUR AS A RESULT OF OR DURING ANY PERIOD OF EMPLOYMENT WITH THE LA SALLE CAD. I FURTHER AUTHORIZE THE LA SALLE CAD OR ITS AGENTS TO CONDUCT INVESTIGATIONS TO VERIFY ANY INFORMATION OBTAINED IN APPLICATIONS, RESUMES AND INTERVIEWS REGARDING MY SUITABILITY FOR EMPLOYMENT. I SPECIFICALLY REQUEST ANY AND ALL INDIVIDUALS AND/OR EMPLOYERS CONTACTED BY LCAD OR ITS AGENTS TO PROVIDE ANY AND ALL REQUESTED INFORMATION AND I DO RELEASE AND HOLD HARMLESS TO LA SALLE CAD, ITS AGENTS AS WELL AS INDIVIDUALS AND/OR EMPLOYERS CONTACTED BY THE LA SALLE CAD FULLY FROM ANY AND ALL LIABILITY AND/OR LEGAL ACTION THAT MAY OCCUR AS A RESULT OF INFORMATION FURNISHED BY COMPLYING WITH THIS REQUEST. IF EMPLOYED, I UNDERSTAND THAT EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME AND THAT NO CONTRACTUAL OBLIGATION REGARDING EMPLOYMENT, IMPLIED OR OTHERWISE, EXISTS BETWEEN MYSELF AND THE LA SALLE COUNTY APPRAISAL DISTRICT. I ALSO AGREE THAT SHOULD I BECOME EMPLOYED I WILL ABIDE BY ALL POLICIES, PROCEDURES RULES AND REGULATIONS ISSUED BY THE DISTRICT TO ITS EMPLOYEES AND I WILL BE AVAILABLE TO WORK AS REQUIRED BY THE HOURS OF OPERATION STATEMENT CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT FROM TIME TO TIME MY TELEPHONE CONVERSATIONS MAY BE MONITORED AS PART OF THE DISTRICT'S QUALITY CONTROL PROGRAM. I FURTHER AGREE TO COOPERATE FULLY IN ANY INVESTIGATION CONDUCTED BY THE LA SALLE CAD DURING MY EMPLOYMENT AND AGREE THAT FAILURE TO FULLY COOPERATE IN ANY INVESTIGATION MAY RESULT IN TERMINATION OF EMPLOYMENT.

APPLICANT'S SIGNATURE: _____ DATE: _____

SUPPLEMENTAL EMPLOYMENT HISTORY FORM:

EMPLOYER NAME: _____ PHONE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TYPE OF BUSINESS: _____ DEPT.: _____

POSITION: _____ SUPERVISOR: _____

DATE HIRED: _____ DATE TERMINATED: _____

STARTING SALARY: _____ FINAL SALARY: _____

DESCRIBE YOUR RESPONSIBILITIES:

REASON FOR LEAVING:

MAY WE CONTACT YOUR EMPLOYER?

EMPLOYER NAME: _____ PHONE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TYPE OF BUSINESS: _____ DEPT.: _____

POSITION: _____ SUPERVISOR: _____

DATE HIRED: _____ DATE TERMINATED: _____

STARTING SALARY: _____ FINAL SALARY: _____

DESCRIBE YOUR RESPONSIBILITIES:

REASON FOR LEAVING:

MAY WE CONTACT YOUR EMPLOYER?

EMPLOYER NAME: _____ PHONE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TYPE OF BUSINESS: _____ DEPT.: _____

POSITION: _____ SUPERVISOR: _____

DATE HIRED: _____ DATE TERMINATED: _____

STARTING SALARY: _____ FINAL SALARY: _____

DESCRIBE YOUR RESPONSIBILITIES:

REASON FOR LEAVING:

MAY WE CONTRACT YOUR EMPLOYER?



ACKNOWLEDGMENT

I understand that any false statement or omission of information on this application may be considered as sufficient cause for rejection of this application, or for dismissal if such false statement or omission is discovered subsequent to my employment. I authorize La Salle County Appraisal District (“the District”) to request from each of my former employers, schools and colleges, and/or person, firm or corporation identified in this application as an employer or reference to answer any and all questions that may be asked and to give any and all information concerning me, my work habits, character or skill that may be sought in connection with this application. I expressly release these persons from any and all liability in furnishing responses to these inquiries. I understand and agree that if employed, my employment is a voluntary one and is subject to termination by myself or the District at will, with or without cause, and with or without notice, at any time. Nothing in this application or the policies of the District shall be interpreted to be in conflict with or to eliminate or modify in any way the employment-at-will status of the District. If this application is considered favorably, I agree to abide by and comply with all rules and regulations of the District as they currently exist and/or as they are modified from time to time during my employment relationship. I hereby certify that the foregoing statements and answers on this form are true and correct to the best of my knowledge and belief, and I hereby authorize the District to take any steps it deems necessary to verify any and all such answers.

Signature of Applicant

Date