



LA SALLE COUNTY APPRAISAL DISTRICT
204 NORTHEAST LANE
COTULLA, TEXAS 78014
PHONE: (830) 879-4756 FAX: (830) 879-4067

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race. Color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. (PLEASE PRINT)

Position(s) Applying for: _____ Date of Application: _____

How did you learn about us? _____

___ Advertisement ___ Friend ___ Inquiry
___ Employment Agency ___ Relative ___ Other _____

Last Name: _____ First Name: _____ Middle Name _____

Address: _____ City _____ State _____ Zip _____

Telephone Number(s): _____

Social Security Number: _____

Best time to contact you is: _____ AM PM

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

If yes, give date: _____

Do any of your friends or relatives, other than your spouse, work here? Yes No

If yes, state name, relationship, and location: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment Yes No

Date Available for work: _____

What is your desired salary range? _____

Are you available to work? Full Time Part Time Temporary

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Work with your present or last job. Include any job- related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer: _____ Address: _____

Telephone Number(s): _____ Starting/ Present Job Title: _____

Supervisor: _____

Dates Employed - From: _____ To: _____ Hourly Rate/ Salary- Starting: _____ Final: _____

Work Performed/Duties: _____

Reason for Leaving: _____

May we contact employer: Yes No

Employer: _____ Address: _____

Telephone Number(s): _____ Starting/ Present Job Title: _____

Supervisor: _____

Dates Employed - From: _____ To: _____ Hourly Rate/ Salary- Starting: _____ Final: _____

Work Performed/Duties: _____

Reason for Leaving: _____

May we contact employer: Yes No

Employer: _____ Address: _____
Telephone Number(s): _____ Starting/ Present Job Title: _____
Supervisor: _____
Dates Employed - From: _____ To: _____ Hourly Rate/ Salary- Starting: _____ Final: _____
Work Performed/Duties: _____
Reason for Leaving: _____
May we contact employer: Yes No

Employer: _____ Address: _____
Telephone Number(s): _____ Starting/ Present Job Title: _____
Supervisor: _____
Dates Employed - From: _____ To: _____ Hourly Rate/ Salary- Starting: _____ Final: _____
Work Performed/Duties: _____
Reason for Leaving: _____
May we contact employer: Yes No

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualification acquired from employment or other experience:

State any additional information you feel may be helpful to us in considering you application.

NOTE TO APPLICANT: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached or available upon request?

Yes No

PERSONAL/ PROFESSIONAL REFERENCES (Do not include family members or past supervisors)

Name: _____

Phone Number: _____ Best Time to Call _____

Occupation: _____

Name: _____

Phone Number: _____ Best Time to Call _____

Occupation: _____

Name: _____

Phone Number: _____ Best Time to Call _____

Occupation: _____

APPLICANT'S STATEMENT

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 45 days. An applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time. The District reserves the right to require a new application to be filed at any time and in consideration of any employment position.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. The contents of this application for employment are intended neither to constitute nor imply an employment contract and should not be constructed as a guarantee of employment, but simply to provide the applicant with a uniform standard application form for employment with the District.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE OF APPLICANT

DATE