



**BRAZORIA CENTRAL APPRAISAL DISTRICT**  
**ANGLETON, TEXAS**  
**APPLICATION FOR EMPLOYMENT**

It is the Brazoria Central Appraisal District's policy to provide equal opportunity in all of its operations and in all areas of employment practice and to assure that there shall be no discrimination against any employee or applicant for employment on the grounds of race, color, religion, sex, national origin, or age.

**PERSONAL INFORMATION**

Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_

LastFirstMiddle

Mailing Address \_\_\_\_\_

StreetCityStateZip Code

Permanent Address \_\_\_\_\_

StreetCityStateZip Code

Telephone \_\_\_\_\_ Are you over 18 years of age?    ☐ No        ☐ Yes

Referred by \_\_\_\_\_

If related to anyone in our employ, state name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Type of work desired \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \$ \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Ever applied to the district before? \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

**EDUCATION**

List in order the names and locations of High School, Colleges, or Trade School attended	From (Mo. & Yr.)	To (Mo. & Yr.)	Grade Level Achieved	Nature of Course

List additional Technical Training such as TAAO Courses. Also, list any professional designations from a professional association of assessors or appraisers.

C.T.A.	Date Certified	Number	R.P.A.	Date Certified	Number	DO NOT USE THIS SPACE
S.R.A.	Date Certified	Number	Other	Date Certified	Number	

Completed Courses (If certification not yet attained.)

Date


**SKILLS**

List below any additional special training or work experiences you may have. Such as: drafting, electronics, keypunch, computer, shorthand, speed writing, etc.

What language, other than English, do you fluently:

SpeakReadWrite

EMPLOYMENT RECORD

List below the last four employers starting with last one first. Dates should be continuous. If unemployed for any period, make note of unemployment period.

Date Mo. & Yr.		Name & Employer Address	Salary	Position	Reason for Leaving	May we Contact
From	To					

REFERENCES

List below the name of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted

In case of emergency, notify \_\_\_\_\_

In consideration for rights and privileges of employment with the Brazoria Central Appraisal District, I hereby agree to abide by the District's Rules and Regulations. I hereby authorize any properly designated official to conduct whatever investigation necessary in connection with the data given herein.

I hold free from liability all former employees or other persons who may in response to inquiries made by the District furnish true information pertaining to my reputation, employment, and health history and the Brazoria Central Appraisal District in the use of such data in reciprocal inquiries from other companies.

I further agree that if it is found that I have falsified or omitted information from this questionnaire such falsification or omission shall be construed to be fraud against the District and shall be sufficient grounds for dismissal if I shall be an employee of the company.

I attest to the fact that this application was signed by me.

Date

Signature

List below any additional information which may be helpful in considering your application.

Interviewer's Comments: