



FORT BEND CENTRAL APPRAISAL DISTRICT

2801 B. F. Terry Blvd. Rosenberg, Texas 77471-5600
 Office | (281) 344-8623 Website | www.fbcad.org

Employment Application

The Fort Bend Central Appraisal District is an Equal Opportunity Employer. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national/ethnic origin, disability, age, veteran status or sexual orientation. **Please type or print.** Complete the entire application and attach your resume.

If you have any questions, please contact us at careers@fbcad.org.

Applicant Information			
First Name:	M.I.:	Last:	Date:
Street Address:			Apartment/Unit #:
City:		State:	ZIP:
Residence Telephone Number:		Cell Phone Number:	
E-mail Address:			
Date Available:	Social Security No.:		Driver License No.:
Position Applied For:			Desired Salary:
Referred by:			
Special Skills/Qualifications (List all special skills you possess and software packages, machines or office equipment you can use.)			

Answer the following questions:	Yes	No	Explain (if applicable)
Are you legally entitled to work in the United States?			
Have you ever been convicted of a felony? (If so, provide brief explanation.)			
Do you have any relatives working for Fort Bend Central Appraisal District or serving on its Board of Directors or on its Appraisal Review Board? If so, who?			
Do you have any relatives who conduct independent fee appraisals in Fort Bend County? If so, who?			
Do you have any relatives who serve as or who are employed by an agent, person, or firm which represents property owners on ad valorem tax matters in Fort Bend County? If so, who?			

References <i>Please list two references other than relatives or previous employers.</i>	
Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone:	Telephone:

Employment History*Please indicate at least the last 10 years of employment. Start with present or most recent position and work back. Use additional sheets if necessary.*

Employer:				Type of Business:			
Mailing Address:				Starting Position Title:			
City and State:				Present or Last Title:			
Telephone Number:				Immediate Supervisor:			
Starting Date		Leaving Date		Starting Base Salary		Ending Base Salary	
Month	Year	Month	Year				
Briefly describe your duties and responsibilities:							
Explain reason for leaving:							
Employer:				Type of Business:			
Mailing Address:				Starting Position Title:			
City and State:				Present or Last Title:			
Telephone Number:				Immediate Supervisor:			
Starting Date		Leaving Date		Starting Base Salary		Ending Base Salary	
Month	Year	Month	Year				
Briefly describe your duties and responsibilities:							
Explain reason for leaving:							
Employer:				Type of Business:			
Mailing Address:				Starting Position Title:			
City and State:				Present or Last Title:			
Telephone Number:				Immediate Supervisor:			
Starting Date		Leaving Date		Starting Base Salary		Ending Base Salary	
Month	Year	Month	Year				
Briefly describe your duties and responsibilities:							
Explain reason for leaving:							

Education:			
School attended and location:	Graduated		Type of Diploma/Field of Study
	Yes	No	
High School	Yes	No	
College/University	Yes	No	
Technical/Vocational School	Yes	No	
Current Licenses/Certifications/Registrations (include types and dates received)			
Are you registered with the Texas Department of Licensing and Registration (TDLR)?	YES NO Formerly Registered		If you are a current or former TDLR registrant, what is your classification?
Foreign Language(s) you can speak, write, read (list language):			

Military Service (active duty):			
Branch:		Date(s) from/to:	
Are you in the Active Reserve?	Yes	No	If yes, what branch?

Affidavit, Affirmation & Release	
<p><i>I, hereby certify that this application and any attachments contain no willful or negligent misrepresentation or falsification, and that the information given by me is true and complete. I understand that should an investigation disclose any misrepresentation or falsification, my application will be rejected and I will be declared ineligible for employment.</i></p> <p><i>I authorize the district or its representatives to verify the statements I have made and to obtain any information from schools, employers, criminal justice agencies or individuals relating to my activities. I understand that any information obtained is for official use by the district and may be disclosed to third parties as necessary in fulfillment of official responsibilities.</i></p> <p><i>I authorize the district to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that the district will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the district's choice. I also understand that I may withhold my permission and that in such case, no investigation will be conducted, and my application for employment will not be processed further.</i></p> <p><i>I hereby release and hold harmless any individual, including record custodians, from any and all liability for damages of whatever kind of nature which may at any time result to me on account of compliance, or any attempt to comply with this authorization.</i></p>	
Signature:	Date: