



**DALLAS CENTRAL APPRAISAL DISTRICT**  
**APPLICATION FOR EMPLOYMENT**

OFFICE USE ONLY	
TEST A _____	B _____
1. _____	2. _____
2. _____	4. _____
WPM: _____	
KPH: _____	

**TODAY'S DATE:** \_\_\_\_\_

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

**POSITION INFORMATION:**

POSITION APPLIED FOR: \_\_\_\_\_ JOB OPENING NUMBER: \_\_\_\_\_  
 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: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 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:**

**INFORMATION TECHNOLOGY DIVISION:** MUST BE ABLE TO WORK WEEKDAYS AND WEEKENDS. OVERTIME DURING THE ASSIGNED WORK DAY OR DAY OFF MAY BE REQUIRED.

**ALL OTHER EMPLOYEES** MUST BE ABLE TO WORK AN ELEVEN HOUR BLOCK OF TIME (INCLUDES A ONE HOUR LUNCH) BETWEEN THE HOURS OF 7:00 A.M. AND 6:00 P.M. WEEKDAYS. OVERTIME ON WEEKENDS MAY ALSO BE REQUIRED. DISTRICT EMPLOYEES MUST BE ABLE TO WORK MULTIPLE WORK SCHEDULES THROUGHOUT THE YEAR.

FORM PRO42 09/05

**THE DALLAS CENTRAL APPRAISAL DISTRICT**  
**IS AN EQUAL OPPORTUNITY EMPLOYER.**

CONTROL I : \_\_\_\_\_

**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: \_\_\_\_\_

NAME: \_\_\_\_\_ DATES: \_\_\_\_\_ NAME: \_\_\_\_\_ DATES: \_\_\_\_\_

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**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?

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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:

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**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 ACTIVITIES DURING THIS PERIOD.

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 DALLAS CENTRAL 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:

SOFTWARE                                      NONE                                      BASIC                                      INTERMEDIATE                                      ADVANCED

WINDOWS XP

MICROSOFT EXCEL

MICROSOFT ACCESS

MICROSOFT WORD

MICROSOFT POWERPOINT

LOTUS NOTES

TYPING SPEED: \_\_\_\_\_ WPM DATA ENTRY KEYSTROKES PER HOUR: \_\_\_\_\_ KPH

10-KEY BY TOUCH:      YES                      NO

**APPRAISAL APPLICANTS:**

APPRAISAL COURSES TAKEN:

COURSE NAME/NUMBER      GRADE      DATE                      COURSE NAME/NUMBER                      GRADE                      DATE

\_\_\_\_\_

\_\_\_\_\_

**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 DALLAS CENTRAL APPRAISAL DISTRICT (DCAD), 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 DCAD. I FURTHER AUTHORIZE THE DCAD 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 DCAD OR ITS AGENTS TO PROVIDE ANY AND ALL REQUESTED INFORMATION AND I DO RELEASE AND HOLD HARMLESS TO DCAD, ITS AGENTS AS WELL AS INDIVIDUALS AND/OR EMPLOYERS CONTACTED BY DCAD 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 DALLAS CENTRAL APPRAISAL DISTRICT. I UNDERSTAND THAT NO MANAGER OR REPRESENTATIVE OF THE DALLAS CENTRAL APPRAISAL DISTRICT OTHER THAN THE EXECUTIVE DIRECTOR/CHIEF APPRAISER, UPON APPROVAL OF THE BOARD OF DIRECTORS OF THE DISTRICT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, AND ANY SUCH AGREEMENT BY THE CHIEF APPRAISER MUST BE IN WRITING. 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 DCAD 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?

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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:

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EMPLOYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ DEPT.: \_\_\_\_\_

POSITION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

DATE HIRED: \_\_\_\_\_ DATE TERMINATED: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ FINAL SALARY: \_\_\_\_\_

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REASON FOR LEAVING:

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**DALLAS CENTRAL APPRAISAL DISTRICT** (Revised 9/05)  
**APPLICATION FOR EMPLOYMENT INSTRUCTIONS-PLEASE READ CAREFULLY**

1. All applications must be completed fully, even if a resume is provided, (**incomplete applications may not be considered for employment**).
2. An original or officially issued duplicate Social Security card must be presented at the time of employment. Copies or facsimiles are not acceptable.
3. The immigration Reform and Control Act of 1986 requires employers to verify employment eligibility and identification of new employees as well as complete an *INS Form I-9* on every employee hired since November 6, 1986. Some identification satisfies the requirement to verify identity and employment eligibility. If you have one of the following you will need to present it to the Human Resources Division prior to employment.

**I. Documents indicating Employment Eligibility and Identification:**

- a. United States Passport (unexpired or expired)
- b. Certificate of Naturalization, *INS Form N-550 or 570*
- c. Certificate of United States Citizenship, *INS Form N-560 or N-561*
- d. Alien Registration Receipt Card, *INS Form I-151* or Resident alien *INS Form I-551*, provided that it contains a photograph of the bearer
- e. Unexpired foreign passport with I-551 stamp or attached Form I-94 indicating unexpired employment authorization
- f. Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-151 or I-551)
- g. Unexpired Temporary Resident Card (Form I-688)
- h. Unexpired Employment authorization Card (Form I-688A)
- i. Unexpired Reentry Permit (Form I-327)
- j. Unexpired Refugee Travel Document (Form I-571)
- k. Unexpired Employment Authorization Document issued by DHS that contains a photograph (Form I-688B)

If you do not have one of the documents mentioned above, you will need to present a document that “Establishes Identity” and one that “Establishes Employment Eligibility”.

**II. Documents that Establish Identity:**

- a. A state issued driver’s license or state issued identification card containing a photograph. If the driver’s license or identification card that contains a photograph, identifying information should be included such as name, date of birth, sex, height, weight, color of eyes, and address.
- b. A Military ID card with a photograph or draft record, or Military dependent’s ID card
- c. School ID card with a photograph
- d. Voter’s registration card

**AND**

**III. Documents that Establish Employment Eligibility:**

- a. Social Security card, other than one that has printed on its face “not valid for employment purposes”.
  - b. An original certified copy of a birth certificate issued by a state, county, or municipal authority bearing a seal.
  - c. Unexpired INS employment authorization
  - d. Original or certified copy of birth issued by the state, county, municipal authority or outlying possession of the US bearing an official seal
  - e. US Citizen ID Card (Form I-197)
  - f. ID Card for use of Resident Citizen in the US (Form I-179)
  - g. Certification of birth abroad issued by the Department of State, (*Form FS-545 or Form DS-1350*)
4. All applicants will be contacted regarding the status of their application. If you have not been contacted within three weeks from the date of application, call the Human Resources Division.
  5. Applicants for appraisal positions or for positions that require a car allowance will be required to complete a supplemental application and undergo a driving record and criminal history investigation.
  6. Applicants are requested to complete the demographic data on the reverse side of this form. The information requested is used for statistical reporting and analysis only, and does not become a part of your application.