



FISHER COUNTY APPRAISAL DISTRICT

107 E. NORTH 1ST STREET ♦ PO BOX 516 ♦ ROBY, TEXAS 79543
(325) 776-2733 ♦ FAX (325) 776-2636

THE FOLLOWING PROCEDURE MUST BE FOLLOWED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED.

APPLICATION INSTRUCTIONS

All of the information requested below is considered to be part of your formal application for employment and should be included with your submission.

1. A complete application form. In order for your application to receive proper consideration, all information requested on the application form must be provided.
2. A copy of your valid registration certificate issued by the Texas Department of Licensing and Regulation, if applicable.

You may be asked to provide the following documentation prior to employment:

1. A copy of your transcript from each college/university attended, if applicable.
2. Signed Employer Reference Report forms. Return the reference forms with your application. When/if you get to the interview process with the appraisal district, we will mail those forms to your references. All you need to do is complete the top part of the form. **DO NOT SEND THESE FORMS TO YOUR REFERENCES!!!**

In addition to the information listed above, you are encouraged to include your resume' with the application.



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APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Date _____

PERSONAL DATA

Name _____
Last First Middle Maiden Name

Social Security Number: _____ Driver's License #: _____ State: _____

Present Address _____
Street City State Zip Code Telephone (area code)

Other address where you may be reached _____

Have you ever worked under a different name? Yes _____ No _____ Explain _____

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and education record? If yes, please explain _____

Are you a veteran of Military Service? _____ Yes _____ No Branch _____

POSITION FOR WHICH YOU ARE APPLYING

- Clerical
- Information Technology
- GIS Specialist
- Field Appraisal
- Administrator (specify)
- Other (specify)

DATE AVAILABLE TO BEGIN EMPLOYMENT _____

EDUCATIONAL & PROFESSIONAL PREPARATION

Name of School and Location	Course of Study Major Fields	Course of Study Minor Fields	Diploma/Degrees Or Certificates
High School:			
Colleges:			
Trade Schools:			
Other:			

Fisher County Appraisal District
Employment Application
 107 E. North 1st Street PO Box 516 Roby, Texas 79543
 Phone: 325-776-2733 Fax: 325-776-2636

Last Name:	First Name:	Middle Initial:
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Are you registered with the Texas Department of Licensing and Regulation (TDLR)? Yes ___ No ___
 Formerly Registered? Yes ___ No ___
 If you are a current or former TDLR registrant, what is your classification? _____

Social Security Number: _____ TDLR Number: _____

List all Texas Department of Licensing and Regulation approved appraisal and tax administrative courses which you have completed and passed

Course Number	Title	Date completed	Where Completed

Do you have any relatives working for the Fisher County Appraisal District or serving on its Board of Directors or on its Appraisal Review Board? Yes ___ No ___

Do you have any relatives who conduct independent fee appraisals in Fisher County? Yes ___ No ___

Do you have any relatives who serve as or who are employed by an agent, person or firm which represents property owners in Fisher County? Yes ___ No ___

If you answered "yes" to any of the three previous questions, list relatives' names, relationships and employer.

Name	Relationship	Employer

I hereby affirm that the information I have given in this attachment to my application for employment is complete to the best of my knowledge.

Signature:	Date:
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Special Skill / Qualifications					
Skill / Aptitude	Years Exp.	Skill / Aptitude	Years Exp.	Skill / Aptitude	Years Exp.

List all special skills you possess and software packages, machines or office equipment you can use. This includes adding machines, dictation equipment, printing or graphic equipment, data processing equipment, drafting or engineering, etc.

Salary Expectation: _____

Employment History (List present or most recent positions first)

Employer	Type of Business		Full Time	
Mailing Address	Starting Position		Part Time	
Phone Number	Ending Position		Seasonal	
Supervisor:	Starting Date	Ending Date	Starting Salary	Ending Salary

Briefly describe your duties and responsibilities:

Explain reason for leaving:

Employer	Type of Business		Full Time	
Mailing Address	Starting Position		Part Time	
Phone Number	Ending Position		Seasonal	
Supervisor:	Starting Date	Ending Date	Starting Salary	Ending Salary

Briefly describe your duties and responsibilities:

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Briefly describe your duties and responsibilities:

Explain reason for leaving:

May we contact your current employer? Yes No

I have read this application carefully. The information I have given in it is true and correct to the best of my knowledge and belief.
 I understand that omitting or misrepresenting information could result in failure to consider this application.
 I also understand that if I am hired and omissions or misrepresentations later come to light, I could be immediately dismissed.
 I authorize Fisher County Appraisal District to verify statements I have made (except where I have indicated not to check with my current employer).
 I understand that Fisher County Appraisal District is an at will employer, which means that employment may be terminated at any time with or without cause. I understand that no representative of the Fisher County Appraisal District has the authority to promise me employment for a specific period of time or to waive Fisher County Appraisal District status as an at will employer.

Signature of Applicant: _____ Date: _____

Please mail completed application to:
Fisher CAD
PO Box 516
Roby, TX 79543



FISHER COUNTY APPRAISAL DISTRICT

107 E. NORTH 1ST STREET • PO BOX 516 • ROBY, TEXAS 79543
 (325) 776-2733 • FAX (325) 776-2636

DATE _____	APPLICANT SIGNATURE _____
TO: _____ <small>NAME OF REFERENCE</small>	RE: _____ <small>APPLICANT NAME</small>
_____ <small>ADDRESS</small>	_____ <small>ASSIGNMENT DESIRED</small>
_____ <small>CITY STATE ZIP</small>	_____ <small>SOCIAL SECURITY NUMBER</small>

Indicate by a check mark your confidential rating of the applicant's qualities as listed below. Please rate according to the following:

- | | |
|----------------------------|-----------------------------|
| C/O - Clearly Outstanding | B/E - Below Expectations |
| E/E - Exceeds Expectations | N/S - Not Satisfactory |
| M/E - Meets Expectations | N/B - No Basis for Judgment |

	C/O	E/E	M/E	B/E	N/S	N/B
GENERAL APPEARANCE: Acceptable, Well Groomed						
PERSONALITY: Wholesome, Pleasing						
ATTITUDE: Toward Co-workers, Clients						
Toward Extra Assignments						
Toward Supervision						
ETHICS: Professional Relationships						
CAPABILITIES: Customer Service						
With ARB						
Subject Knowledge						
Communications (written/oral)						
EVIDENCE OF BEING UP-TO-DATE PROFESSIONALLY						
ABILITY TO PLAN AND ORGANIZE WORK						
ACCURACY CONCERNING REPORTS AND RECORDS						
ENTHUSIASM FOR ASSIGNMENT						
GENERAL ATTENDANCE/PUNCTUALITY						
GENERAL ESTIMATE OF THIS PERSON						

1. Would you employ this applicant in the desired assignment? _____ Yes _____ No
2. What opportunity have you had to form your judgment of this applicant as shown above? _____
3. If applicant was employed by you, give reason for termination of employment: _____

Signature: _____
 Title: _____
 Date: _____



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_____ <small>STATE</small>	_____ <small>ZIP</small>

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 Title: _____
 Date: _____

Fisher County Appraisal District
Employment Application
References Verification
Telephone 325-776-2733 Fax 325-776-2636

Name:	Social Security Number:
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I, _____, hereby authorize any investigator or duly accredited representative of the Fisher County Appraisal District bearing this release to obtain any information from schools, employers, criminal justice agencies, or individuals relating to my activities. This information may include, but is not limited to, academic, achievement, performance, attendance, personal history, disciplinary and conviction records. I hereby ask you to release such information upon request. I understand that the information released is for official use by the Fisher County Appraisal District and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release and hold harmless any individual, including record custodians, from any and all damages which may result from compliance, or any attempts to comply, with this authorization.

Applicant's Signature

Date Signed