

(For driving positions only)

Do you have a valid Texas driver's license? _____ YES _____ NO

Driver's License # _____ Expiration Date _____ State _____

Have you been convicted of any moving violations in the past 3 years? _____ YES _____ NO

If yes, please indicate the date and type of moving violation _____

During the last seven years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a felony or a misdemeanor, having a penalty of imprisonment or a fine of over \$500? **(Answering "yes" is not an automatic bar to employment, but will be considered in relation to specific job requirements.)**

_____ YES _____ NO

If yes, please explain: _____

Have you ever been fired or asked to resign from a job? ___ YES ___ NO

If yes, please explain _____

* * * * *

Are you a veteran of the U.S. military service? ___ YES Branch: _____

___ NO

Indicate what foreign languages you speak, read, and/or write:

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

EDUCATION: LIST LAST HIGH SCHOOL, TECHNICAL/TRADE SCHOOL AND ALL COLLEGES

	High School	College/Univ.	Graduate	Other
Name:				
Address:				
Diploma/Degree				
Hours Attained	N/A			
Course of Study	N/A			
Honors Received				

Indicate any professional licenses or special skills you possess including word processing, computer software applications, etc:

List professional, trade, business, or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin)

EMPLOYMENT EXPERIENCE
PLEASE COMPLETE EXPERIENCE SECTION
(DO NOT WRITE "SEE RESUME")

List all periods of employment for the last ten years (or last 4 employers). Start with your most recent position.

Present or Last Employer: Address:	Dates Employed (Mo/Yr) From: To:	Duties Performed
Phone Number:	Hourly Rate/Salary	
Job Title:	Starting	
Supervisor	Final	
Reason for Leaving:		
Employer: Address:	Dates Employed (Mo/Yr) From: To:	Duties Performed
Phone Number:	Hourly Rate/Salary	
Job Title:	Starting:	
Supervisor:	Final:	
Reason for Leaving:		
Employer: Address:	Dates Employed (Mo/Yr) From: To:	Duties Performed
Phone Number:	Hourly Rate/Salary	
Job Title:	Starting:	
Supervisor:	Final:	
Reason for Leaving:		
Employer: Address:	Dates Employed (Mo/Yr) From: To:	Duties Performed
Phone Number:	Hourly Rate/Salary	
Job Title:	Starting	
Supervisor:	Final:	
Reason for Leaving:		

If you need additional space, please continue on a separate sheet of paper.

ACKNOWLEDGMENT

I understand that any false statement or omission of information on this application may be considered as sufficient cause for rejection of this application, or for dismissal if such false statement or omission is discovered subsequent to my employment. I authorize Bexar Appraisal District ("the District") to request from each of my former employers, schools and colleges, and/or person, firm or corporation identified in this application as an employer or reference to answer any and all questions that may be asked and to give any and all information concerning me, my work habits, character or skill that may be sought in connection with this application. I expressly release these persons from any and all liability in furnishing responses to these inquiries. I understand and agree that if employed, my employment is a voluntary one and is subject to termination by myself or the District at will, with or without cause, and with or without notice, at any time. Nothing in this application or the policies of the District shall be interpreted to be in conflict with or to eliminate or modify in any way the employment-at-will status of the District. If this application is considered favorably, I agree to abide by and comply with all rules and regulations of the District as they currently exist and/or as they are modified from time to time during my employment relationship. I hereby certify that the foregoing statements and answers on this form are true and correct to the best of my knowledge and belief, and I hereby authorize the District to take any steps it deems necessary to verify any and all such answers.

Signature of Applicant

Date

BEXAR APPRAISAL DISTRICT IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER
Thank you for completing this application and your interest in our organization

1050-14-BD-EmploymentApplication-5/7/07-Sep+5