





PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

EMPLOYMENT APPLICATION

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PLEASE COMPLETE  
PAGES 1- 4

Have you ever been in the Armed Forces?  Yes  No  
Are you now a member of the National Guard?  Yes  No  
Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**PROFESSIONAL LICENSE OR MEMBERSHIP**

Type of License(s) Held with expiration date:

Other Professional Membership: (You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability or any other protected status).

**PERSONAL RERERENCES**

Name two persons other than relatives and former employers who can attest to your character, experience and/or qualifications

1). Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Company Employed/ Job Title: \_\_\_\_\_  
Home Phone:(\_\_\_\_) \_\_\_\_\_ Other Phone No.:(\_\_\_\_) \_\_\_\_\_

2). Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Company Employed/ Job Title: \_\_\_\_\_  
Home Phone:(\_\_\_\_) \_\_\_\_\_ Other Phone No.:(\_\_\_\_) \_\_\_\_\_

**PLEASE READ CAREFULLY**

**APPLICANT'S ACKNOWLEDGEMENTS AND CONSENTS**

**Initials Required**

\_\_\_\_\_ I understand that should an employment offer be extended to me and accepted, that I will fully adhere to the policies, rules, procedures and regulations of the Cameron Appraisal District ("District"). I further understand that neither this application, polices, rules, procedures or regulations of employment, or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration, "at will" and that either I or the District may terminate my employment at any time with or without notice or cause.

\_\_\_\_\_ I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.

\_\_\_\_\_ If employed, I understand that the District may change or revise/reduce their benefits or change policies and procedures with or without prior notice.

\_\_\_\_\_ I understand that if employed, my employment with the District shall be probationary for a period of ninety (90) days, and that at any time during the probationary period or thereafter, my employment relation with the District is terminable at will for any reason by either party.

\_\_\_\_\_ I understand that Cameron Appraisal District, in an effort to maintain a safe working environment, has a zero tolerance drug and alcohol policy. I understand that I will be subject to compliance with the District's policy and procedures for drug and alcohol testing, and therefore, consent to the drug and alcohol testing. I further understand that (1) the District's drug and alcohol policy provides for pre-employment testing; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of an annual testing under such policy. I also understand that the District reserves the right to test employees when they suspect an employee is under the influence of drugs and alcohol in the workplace and may require a drug and alcohol test on employees involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol in connection with the accident or injury.

<p align="center"><b>PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE</b></p>	<p align="center"><b>EMPLOYMENT APPLICATION</b></p>	<p align="center"><b>PAGE 4 PLEASE COMPLETE PAGES 1- 4</b></p>
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**APPLICANT'S ACKNOWLEDGEMENTS AND CONSENTS cont.**

\_\_\_\_\_ I understand that, in connection with the routine processing of the employment application, the Cameron Appraisal District may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character and general reputation. I understand, that if the District would take an adverse action due to my report, upon written request from me, the District, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

\_\_\_\_\_ I understand that a criminal history check will be required prior to employment to determine if I have any criminal convictions and therefore, I consent to a criminal history check.

\_\_\_\_\_ If employed, I agree to engage in no outside activities which would involve a material conflict of interest with, or which could reflect adversely on the District. If employed, I agree to hold in strictest confidence any information concerning the District, it's representatives, agents, taxpayers or customers which may come to my knowledge.

\_\_\_\_\_ I hereby declare that I have accounted for all of my work experiences and training and to the best of my knowledge all of the information I have provided on this application is true, complete and accurate. I understand that any misstatement, false information or omission of information on this and other employment information and forms will be sufficient reason not to consider me for employment or terminate me immediately if the same is discovered during employment with the District.

**CONSENT TO SCREENING AND VERIFICATION OF INFORMATION:**

\_\_\_\_\_ I understand that as a part of the procedure for processing this application, the Cameron Appraisal District may verify the information that I have provided, contact my past employers for information regarding my work skills, work habits, abilities, and personal character; and check the references listed, both personal and employment related. I therefore, hereby authorize and release this District from any and all liability in connection with the above screening and inquiries.

**CONSENT TO OBTAIN INFORMATION:**

\_\_\_\_\_ I hereby authorize and request each former employer and person, firm or corporation given as a reference to answer all questions that may be asked and give all information that may be sought concerning me or my work habits, character, attendance performance, skills or my action in any transaction. I therefore release all parties and person connected with the release of information from any and all liability for furnishing such information.

**I have read all of the information very carefully; I fully understand that by signing my name that I am agreeing to the terms of all these statements.**

Applicant's printed name: \_\_\_\_\_ Initials: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_