

LIBERTY COUNTY CAD APPLICATION FOR EMPLOYMENT

LCCAD considers applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, age, medical condition, disability, workers' compensation status, veteran status, or any other legally protected status.
Please return application to Alan D. Conner, Chief Appraiser
Fax - (936) 336-8390 or Email - aconner@libertycad.com

Name: _____ S.S. #: _____
Last First Middle

Present Address: _____

Phone Number: _____ TX Driver's License #: _____
(if driving is an essential function)

Only United States citizens who are legally entitled to work in the United States are eligible for employment. Can you, if you are offered a position, provide documentation verifying your identity and your legal right to work in the United States? YES NO

Position Applied For: _____ Salary Requirement: _____

How did you learn about us? _____

Are you employed now? YES NO May we contact your present employer? YES NO

(if yes)
Company: _____ Supervisor: _____

Phone #: _____

Have you ever been employed by the LCCAD before? YES NO

(if yes)
Reason for leaving: _____

~EDUCATION

Education	Name/Location Of School	Years Attended	Diploma Obtained	Subject(s) Studied
Elementary School				
High School				
College				
Trade School				

WE ARE AN EQUAL OPPURTUNITY EMPLOYER

~EMPLOYMENT HISTORY

Company	Phone #	Supervisor	Job Title
Dates of Employment	Hourly Rate/Salary	Reason for leaving	
Company	Phone #	Supervisor	Job Title
Dates of Employment	Hourly Rate/Salary	Reason for leaving	
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~SPECIALIZED SKILLS (Check Skills)

		Other (list)
<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	_____
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> SQL	_____
<input type="checkbox"/> WPM	<input type="checkbox"/> GIS	_____

~ REFERENCES

1. Name:	Phone #:
Address:	
2. Name:	Phone #:
Address:	
3. Name:	Phone #:
Address:	

~APPLICANTS STATEMENT

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the LCCAD may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the LCCAD.

Signature of Applicant

Date