

Comal Appraisal District

Employment Application

Comal Appraisal District (the "District") is an equal opportunity employer and does not discriminate against qualified applicants or employees on account of race, color, religion, sex, pregnancy, age, national origin, disability, genetic information, veteran status, or any other factor protected by state, local or federal law.

Applicants with a disability who need assistance completing an application or using this site may contact Director of Finance at 830-625-8597 to request a reasonable accommodation.

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Other Names					
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone	Mobile	E-mail Address			
Date Available		Social Security No.		Desired Compensation	
Position Applied for: (1) _____ (2) _____					
Are you a citizen of the United States?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you at least 18 years of age?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Have you previously applied with or worked with the District?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	If employed: Month and Year _____ Reason for leaving: _____
What is your availability for work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other					
If none of the above, what hours/days can you work? _____					
Do you plan to work for another organization while employed by the District? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please indicate organization, position and days/hours of the week employed. _____ _____					
Please state all languages (including English) that you speak, read and write proficiently:					
	Speak	Read	Write	Comments:	
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Are you subject to any type of agreement with a current or former employer or entity that would restrict your ability to work for the District, such as a non-competition or non-solicitation agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain and provide a copy of the agreement: 					

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business/ Technical				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Provide complete information on all employment during the *past 10 years or 4 employers*, whichever is greater. Begin with your current and most recent employment. Include full-time, part-time, and temporary employment. Explain all gaps in your employment history. *Use additional sheets if necessary.*

PREVIOUS EMPLOYMENT

Company			Phone ()		
Address			Supervisor		
Job Title		Starting Pay		Ending Pay	
Responsibilities					
Dates of Employment:		Reason for Leaving			
From	To				
May we contact your previous supervisor for a reference?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Pay		Ending Pay	
Responsibilities					
Dates of Employment:		Reason for Leaving			
From	To				
May we contact your previous supervisor for a reference?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Pay		Ending Pay	
Responsibilities					
Dates of Employment		Reason for Leaving			
From	To				
May we contact your previous supervisor for a reference?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Company			Phone	()	
Address			Supervisor		
Job Title		Starting Pay	\$	Ending Pay	
Responsibilities					
Dates of Employment:		Reason for Leaving			
From	To				
May we contact your previous supervisor for a reference?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	

(Use additional sheets if necessary)

Have you ever been terminated from employment or asked to resign by *any* employer? If yes, please provide employer, location, dates and describe circumstances.

The District contacts prior employers to obtain references regarding work history, conduct, and suitability for employment. May we contact your present employer at this time? YES NO

SPECIALIZED SKILLS

List all specialized skills you possess and equipment (including computer programs) which you operate proficiently:

Skills

Equipment

REFERENCES

Please list professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

MILITARY SERVICE

Branch	From	To
Rank at Discharge		

CRIMINAL HISTORY

Conviction of a crime is not an automatic bar to consideration for employment, except where state law prohibits employment. Determinations of suitability based on criminal record checks will be considered if job-related for the position in question, consistent with business necessity, and with any applicable laws or regulations. If the District is inclined to make an adverse decision based on the results of the criminal background check, you may be advised on the part(s) of the record that make(s) you unsuitable for the position and given an opportunity to provide additional information. Unless otherwise provided by law, the District will consider, among other things, the nature and gravity of the offense, the length of time that has passed since the conviction, and the relationship of the conviction to the particular duties and responsibilities of the position sought.

You must include information on **ALL** convictions, pleas, alternative disposition programs that have occurred during your lifetime. Please disclose any criminal offense that may appear on your record, even if you are uncertain of the exact date or how the criminal offense was classified. State the approximate date and your understanding of the criminal classification.

Have you **at any time (check all that apply)** () pled guilty or () nolo contendere (no contest) or () been convicted of any criminal

offense (misdemeanor or felony) other than parking tickets?

Have you ever been subject to judicial or non-judicial punishment under the Uniform Code of Military Justice? ___ Yes ___ No

If yes, provide complete information on criminal offense(s), date(s), location(s) (city and state), and disposition: (use additional sheets if necessary)

Have you **at any time** served any of the following for any criminal offense? Check appropriate box or boxes. If the alternative disposition program in which you participated is not specifically listed below, you **MUST** disclose it by checking the last option and describing the program. Failure to disclose any type of alternative disposition program will be considered falsification and result in your ineligibility for employment.

- | | | |
|------------------------------------|--|----------------------------------|
| _____pretrial diversion | _____deferred adjudication | _____deferral of prosecutions |
| _____suspended sentence | _____community supervision | _____expungement of conviction |
| _____shock incarceration | _____community-based punishment | _____postponed judgment |
| _____probation | _____unconditional discharge | _____restorative justice program |
| _____community control program | _____pretrial intervention | _____indeterminate commitment |
| _____pretrial release | _____probation without adjudication of guilt | _____supervised release |
| _____any other type of disposition | _____conditional discharge | _____probation prior to judgment |

Program; describe type_____

If yes, please provide complete information on the criminal offense, nature of alternative disposition program, and dates of commencement and completion: (use additional sheets if necessary)

MOTOR VEHICLE RECORD

Please complete this section only if you are applying for a position which includes driving a vehicle for work purposes.

Driver's License Issuing State: Expiration
No. Date

Has your driver's license ever been denied, suspended, or revoked? Yes No

If yes, provide information on action(s), date(s), location(s), and current status:

List all violations (other than parking tickets) for which you have been convicted, pled guilty or no contest, or forfeited bond in the past 5 years:

Do you have automobile liability insurance Yes No If yes, expiration date_____

ADDITIONAL INFORMATION

Provide any additional information that you believe will assist the District in considering your application, including membership in professional or civil organizations, specialized training, apprenticeships, or other qualifications.

APPLICATION PROCESS

Applications for employment will be actively considered for the positions listed for 60 days after the submission to the District. Applicants seeking other positions or consideration after this time period has expired must submit another application. The District may not interview all applicants for vacancy. Those applicants to be interviewed will be contacted by the District

APPLICANT VERIFICATION

I certify that all of the information provided on this employment application and all exhibits and resumes submitted to the District is true, correct, and complete. I understand that false, misleading, incomplete, or omitted information on this application or exhibits and resumes will result in rejection of my application or termination, if hired, regardless of the date of discovery. I authorize all persons and organizations, including but not limited to my former and present employers and personal references, to provide the District and its agents with complete information concerning my character, employment record, and suitability for employment with the District. I understand that this authorization does not include a consumer report under the federal Fair Credit Reporting Act. If the District desires to conduct a consumer report or background check about me under the federal Fair Credit Reporting Act, I will receive a separate notice and authorization for that report.

I understand that this application is not an offer of employment or any employment contract with the District. I further understand that employment with the District is "at will" and based on mutual consent. Either the District or I can terminate any employment relationship at any time, with or without prior notice or cause. I understand that no employee of the District, other than the President is authorized to enter into any contract or create any employment relationship other than "at will."

I understand that if I am hired by the District, I will be required to complete a Federal I-9 form and provide documentation verifying my right to live and work in the United States. Further, I understand that any conditional employment offer by the District is subject to successful completion of all employment prerequisites, including but not limited to, verifying employment and professional/personal references, testing for the illegal use of drugs, and verifying criminal and driving record through a consumer reporting agency in accordance with the requirements of the Fair Credit Reporting Act of 1970, as amended.

If employed, I will comply with the District's policies, rules and procedures. I further understand that, if employed, I will be required as a condition of my employment to sign a binding arbitration agreement for all disputes which may arise as a result of my employment with the District, as set forth in the Arbitration Agreement.

Signature

Date