

**Waller County Appraisal District**

900 13th Street  
 PO Box 887  
 Hempstead, Texas 77445  
 (979)921-0060  
 (979)921-0377 (fax)  
[www.waller-cad.org](http://www.waller-cad.org)

# APPLICATION FOR EMPLOYMENT WITH WALLER COUNTY APPRAISAL DISTRICT

**INSTRUCTIONS:** These instructions must be followed exactly. PRINT IN INK OR TYPE. Fill out the application form completely; any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration; if questions are not applicable, enter "NA". Do not leave questions or spaces blank. Resumes will be accepted for whatever additional they contain, but not in place of a completed application. Be sure to sign the application when it is completed.

Position Applied For:

Salary Expected:

Date of Application

Date Available for employment:

## APPLICANT INFORMATION

Name: (Last, First, Middle Initial)

Telephone Number (area code and number)

Day time

Evening

email address

Street address

City

State

Zip

Is this your permanent address?  YES  No If No, please give permanent address:

Mailing Address(if different from above): (number, street or PO Box)

City

State

Zip

Social Security Number

Drivers License Number

State

Expiration (Month, day, year)

Are you legally entitled to work in the United States?

Have you ever been convicted or granted deferred adjudication for a felony or misdemeanor?

If yes, describe

## EDUCATION AND TRAINING (attach transcript(s) if you list any college or university attendance)

Name of School, City, State	Dates Attended Mo/Yr to Mo/Yr	Major / Minor	Semester Hours Earned	Type of Diploma or Degree Awarded

## MILITARY SERVICE

Branch:	From:	To:
Are you in the Active Reserve? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "Yes", what branch:	

## SPECIAL SKILLS/QUALIFICATIONS

List all special skills you have mastered and software packages, machines or office equipment you can use. This includes adding machines, printing or graphics equipment, data processing equipment, computers, and software (such as excel, microsoft word,.....)

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List any other training, qualities, or attributes you consider relevant, including offices held, awards, honors, professional memberships, licenses, etc.:

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### 3. Employment History

Employment Record: Please indicate at least the last 10 years of employment. Start with present or most recent position and work back. Include military service. Use additional sheets if necessary.

Employer:		Type of Business:		Full-Time	<input type="checkbox"/>
Mailing address		Starting Position Title		Part-Time	<input type="checkbox"/>
City and State		Present of Last Title		Seasonal	<input type="checkbox"/>
Telephone Number (area code and number)		Immediate Supervisor			
From: Month/Year	To: Month/Year	Starting Base Salary	Ending Base Salary		
		\$	\$		

Briefly describe your duties and responsibilities:

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Explain reason for leaving:

---

Employer:		Type of Business:		Full-Time	<input type="checkbox"/>
Mailing address		Starting Position Title		Part-Time	<input type="checkbox"/>
City and State		Present of Last Title		Seasonal	<input type="checkbox"/>
Telephone Number (area code and number)		Immediate Supervisor			
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Last Name	First Name	Middle Name	Former Name:
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Social Security Number: \_\_\_\_\_

Are you registered with the Texas Department of Licensing & Regulation (TDLR) as a Property Tax Professional? YES  NO  Formerly Registered

If so, what is the highest classification level you have achieved? \_\_\_\_\_

**List all Texas Department of Licensing & Regulation approved appraisal and tax administration courses which you have completed and passed.**

Course # and Title	Date Completed	Where Completed

**Disclosure Statements**

**Do you or any of your relatives by blood or marriage currently:**

Work for the Waller County Appraisal District?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Serve on the Board of Directors?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Conduct independent fee appraisals in Waller County	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Work or serve in any capacity to represent property owners on ad valorem tax matters in Waller County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

*If you answered "Yes", to any of the four previous questions, list names, relationships and locations where they are currently working.*

Name	Relationship	Location

**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 of Applicant

\_\_\_\_\_  
Date

# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, have been notified that a Computerized Criminal  
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Representative Name (Please Print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

Please Check and initial each Applicable Space

CCH Report Printed:

Yes \_\_\_\_\_ NO \_\_\_\_\_ \_\_\_\_\_ Initial

Purpose of CCH: \_\_\_\_\_

Hire \_\_\_\_\_ Not Hire \_\_\_\_\_ \_\_\_\_\_ Initial

Date Printed: \_\_\_\_\_ \_\_\_\_\_ Initial

Destroyed Date: \_\_\_\_\_ \_\_\_\_\_ Initial

**Retain in your files**