





Position Title: Employer: Mailing Address: City & State / Zip Employer's Telephone No.: (    )					Immediate Supervisor's Name:  Title: Supervisor's Telephone No.: (    )				
Starting Date		Leaving Date		Current / Final Salary	Clerical <input type="checkbox"/>	If supervisory, number of employees supervised:	Full-Time <input type="checkbox"/>		
					Technical <input type="checkbox"/>		Part-Time <input type="checkbox"/>		
Mo	Yr	Mo	Yr	\$	Supervisory / Managerial <input type="checkbox"/>	Specific reason for leaving:	Temporary <input type="checkbox"/>		
Summary of Experience:									
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**PROFESSIONAL REFERENCES:** Give the names of three professional references not related to you, whom you have known at least one year.

Name	Business Name and Address	Telephone No.	Years Acquainted

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire, or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that the Williamson Central Appraisal District may check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

**THIS APPLICATION MUST BE SIGNED**      SIGN HERE: \_\_\_\_\_  
Signature – Applicant      Date

AN EQUAL OPPORTUNITY EMPLOYER

## **Authorization and Release**

I hereby certify that the information contained in the attached application for employment is true and correct and that I have not omitted any information. I understand that false or misleading information given in my application or interview(s) will result in my disqualification from further consideration. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge.

I acknowledge that consideration for employment is contingent on the results of a reference and background check. I hereby authorize Williamson Central Appraisal District to (1) investigate the truthfulness of all statements made on the attached application; (2) contact my current and former employers, schools, other listed references, law enforcement agencies, and any other person or entity who may verify information; (3) provide each contacted individual or entity with a copy of this Release and Authorization; and (4) discuss the results of any investigation with other employees of Williamson County Appraisal District involved in the hiring process. In addition, I give my consent for all contacted persons to provide my record, reason for leaving, and any and all other information they may have concerning me, and I release Williamson Central Appraisal District and all other parties from any and all liability, claims, or damages arising from any reference or background check.

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Name (printed)

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Signature

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Date