



Navarro CAD

**Navarro Central Appraisal District**  
**APPLICATION FOR EMPLOYMENT**  
**An Equal Opportunity Employer (EOE)**

**Personal Information (Please Print or Type)**

Name/Last	First	Full Middle Name	Social Security Number
Email		Telephone Number	
Current Address/City/State/Zip Code		Date available for employment?	
What position are you applying for?	Are you willing to travel if required? <input type="checkbox"/> Yes or <input type="checkbox"/> No	Any restriction on hours, weekends, or overtime? If yes, explain.	
Has this District or any of its subsidiaries before ever employed you? <input type="checkbox"/> Yes or <input type="checkbox"/> No	Indicate locations and dates:		
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes or <input type="checkbox"/> No	Have you ever been convicted of a felony? <input type="checkbox"/> Yes or <input type="checkbox"/> No Have you ever been convicted of a class A or B misdemeanor? <input type="checkbox"/> Yes or <input type="checkbox"/> No Have you ever been accused/engaged/convicted of sexual abuse/misconduct/activity/harassment in the work place? <input type="checkbox"/> Yes or <input type="checkbox"/> No <i>Convictions will not automatically disqualify job candidates. The seriousness of the crime and date of conviction will be considered.</i>		
May inquiry be made of your present employer regarding your qualifications and record of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	How did you hear about Navarro CAD? <input type="checkbox"/> Newspaper <input type="checkbox"/> Workforce <input type="checkbox"/> Online <input type="checkbox"/> Social Media <input type="checkbox"/> Other If Other, please list:		
What is your desired rate of pay?	Are you related to any current or past employee that has worked for Navarro CAD? If so, please list their name(s):		

**Performance of Job Functions**

Are you able to perform all the functions of the job for which you are applying with or without accommodation?

Yes, without accommodation       Yes, with accommodation       No

If you indicated you can perform all the functions with an accommodation, please explain how you would perform the tasks and with what accommodation(s).

**Education**

School Level	School & Name Address	# of Years Attended	Did you graduate?	Course of Study
High School				
Vo-Tech, Business or Trade School				
College				
Graduate School				

**\*\*\*Please attach a copy of your GED or transcript/diploma from the highest level of education completed.**

**Personal Driving Record (If applicable to the position you are applying for)**

Do you have a valid Driver's License?	Driver's license Number	Expiration Date	Issuing State
List any other state(s) in which you have had a driver's license(s) in the past?			
Within the past five years have you had a vehicle accident? <input type="checkbox"/> Yes or <input type="checkbox"/> No	Been convicted of reckless or drunken driving? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, give dates:	Been cited for moving violations? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, give dates:	
Has your driver's license ever been revoked or suspended? <input type="checkbox"/> Yes or <input type="checkbox"/> No	Is your driver's license restricted? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain:		

**CRIMINAL HISTORY:** Please be honest, we do run your background through a third party company. Charges that appear on your criminal history will not automatically disqualify you from employment. Failure to disclose will! To be eligible for employment NCAD requires that all cases must be resolved and that felony charges must have been resolved at least 15 years ago.

**MINOR TRAFFIC VIOLATIONS: PLEASE LIST ANY MINOR TRAFFIC VIOLATIONS AND NOTE DATE, CHARGE, AND STATUS (RESOLVED OR PENDING).**

DATE:	CHARGE:	STATUS:

**MISDEMEANOR ARRESTS, CHARGES, OR CONVICTIONS: PLEASE LIST ANY MISDEMEANOR ARRESTS, CHARGES OR CONVICTIONS AND NOTE DATE, CHARGE, AND STATUS (RESOLVED OR PENDING).**

DATE:	CHARGE:	STATUS:

**FELONY ARRESTS, CHARGES OR CONVICTIONS: PLEASE LIST ANY FELONY ARREST, CHARGES, OR CONVICTIONS AND NOTE DATE, CHARGE, AND STATUS (RESOLVED OR PENDING).**

DATE:	CHARGE:	STATUS:

**EMPLOYMENT HISTORY** - List entire employment history, starting with your present employer. For any unemployed or self-employed periods show dates and location. (Attach additional sheets if necessary.)

Company Name:  Address:  City/State/Zip:  Phone #: ( )	Your Job:  Supervisor:  <b>Dates Employed</b>  From: _____ To: _____	Last Pay Rate:  Reason Leaving:
Company Name:  Address:  City/State/Zip:  Phone #: ( )	Your Job:  Supervisor:  <b>Dates Employed</b>  From: _____ To: _____	Last Pay Rate:  Reason Leaving:
Company Name:  Address:  City/State/Zip:  Phone #: ( )	Your Job:  Supervisor:  <b>Dates Employed</b>  From: _____ To: _____	Last Pay Rate:  Reason Leaving:
Company Name:  Address:  City/State/Zip:  Phone #: ( )	Your Job:  Supervisor:  <b>Dates Employed</b>  From: _____ To: _____	Last Pay Rate:  Reason Leaving:
Company Name:  Address:  City/State/Zip:  Phone #: ( )	Your Job:  Supervisor:  <b>Dates Employed</b>  From: _____ To: _____	Last Pay Rate:  Reason Leaving:

Specify skills you may have. List equipment/machines you operate (office and/or road): \_\_\_\_\_

Do you have other additional experience and training you feel would qualify you for the position? List: \_\_\_\_\_

List any foreign languages you may speak, read, and/or write: \_\_\_\_\_

Give the names and contact information of three (3) persons other than relatives, who have knowledge of your character, experience or ability that we may call as references:

Name	Occupation (Title and Place of Employment)	Telephone Number(s)
(1)		
(2)		
(3)		

**Military Service**

Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Rank on Entering: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Primary Duties: \_\_\_\_\_

**I M P O R T A N T - We are glad you are interested in joining the Navarro Central Appraisal District family.  
Please read the following statements carefully before you sign and return this application.**

The agency, in considering my application for employment, may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background. *I have read, understand, and agree to this statement, (Initial here.)* \_\_\_\_\_

I understand that Navarro Central Appraisal District has a commitment to maintain an alcohol/drug-free workplace and that Navarro Central Appraisal District, unless prohibited by state law, requires a drug screening test as a part of its selection and hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If any detectable amounts are found in my body, a second test, approved by the NIDA will be performed on the same specimen. If the results of the second test are also positive, I will be disqualified from consideration for employment and any offer of employment withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug testing under certain circumstances during my employment. *I have read, understand, and agree to the statement above, (Initial here.)* \_\_\_\_\_

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment and that if hired I will be able to resign at any time for any reason. Likewise, the agency can terminate my employment at any time with or without cause. *I have read, understand, and agree to this statement, (Initial here.)* \_\_\_\_\_

I understand that this application is good only for sixty (60) days from today's date. If I still desire a position with the agency after this application expires, it will be my responsibility to fill out a new application and file it with the agency. Otherwise, the agency will not consider me for employment after this application expires.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PERSONNEL OFFICE USE ONLY**

Meets Qualifications?  YES  NO

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation: (   ) Hire (   ) Do Not Hire (   ) Hold For Further Interview

Comments: