

ANGELINA COUNTY APPRAISAL DISTRICT

Application for Employment

(CHECK ONE) MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/>	LAST NAME	FIRST NAME	MIDDLE NAME/INITIAL
DATE OF BIRTH	SOCIAL SECURITY NO.	FOR OFFICE USE ONLY	
HOME ADDRESS	CITY	STATE	ZIP
EMPLOYER	POSITION	DATE EMPLOYED	
BUSINESS ADDRESS	CITY	STATE	ZIP
BUSINESS TELEPHONE ()	Home Telephone ()		

EDUCATIONAL BACKGROUND

HIGH SCHOOL ATTENDED	LOCATION	YEAR GRADUATED
COLLEGES OR UNIVERSITIES AWARDING CREDIT	YEARS ATTENDED FROM TO	SEMESTER HOURS
ATTACH COPY OF DIPLOMA OR TRANSCRIPT		DEGREE
	MAJOR SUBJECT	

LIST ADDITIONAL PROPERTY TAX COURSES OR RELATED COURSES YOU HAVE PASSED.

ORGANIZATION OR INSTITUTION PRESENTING COURSE	DATE COMPLETED	COURSE NUMBER	COURSE TITLE

USE PAGE 3 FOR ADDITIONAL INFORMATION

ANGELINA COUNTY APPRAISAL DISTRICT

ARE YOU CURRENTLY CERTIFIED WITH THE TEXAS BOARD OF TAX PROFESSIONAL EXAMINERS?

YES NO

DATE FIRST CERTIFIED: _____

ADDITIONAL INFORMATION

USE THIS SECTION FOR ADDITIONAL INFORMATION ON YOUR EDUCATIONAL OR PROFESSIONAL BACK GROUND

[Empty box for additional information]

THE INFORMATION SUBMITTED HEREIN IS TRUE AND CORRECT AS OF THE DATE AND TIME SUBMITTED.

SIGNED _____

DATE _____