



# Don Summers, CPA, RTA

Tax Assessor-Collector

## HARRIS COUNTY TAX OFFICE APPLICATION FOR EMPLOYMENT

### PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION

Harris County Tax Office does not discriminate in hiring on the basis of race, color, religion, national origin, sex, disability or on the basis of age. No question on this application is intended to secure information to be used for such discrimination, or to violate the Provisions of the Immigration Reform and Control Act of 1986. In compliance with this Act, you will be requested to verify employment eligibility (Form I-9) if hired.

Thank you for applying for employment with the Tax Office. In preparing the application, we request that you use ink, write legibly and answer all questions. **RETURN THIS FORM TO THE TAX OFFICE HUMAN RESOURCES DEPARTMENT 1001 PRESTON / HOUSTON, TEXAS 77002 / (713) 274-8060.**

### PERSONAL DATA

Print Your Full Name	First	Middle	Last	
Present Address	Street	City	State/Zip	How Long Telephone No.
Previous Address	Street	City	State/Zip	How Long Email Address
Social Security Number: _____ - _____ - _____	Are You: citizen or national of the United States <input type="checkbox"/>		Or an alien lawfully admitted for permanent residence <input type="checkbox"/> (Alien Number: _____)	
Or an alien authorized by the Immigration and Naturalization Service to work in the United States <input type="checkbox"/> (Alien Number: _____ or Admission Number: _____, Expiration of employment authorization, if any, _____)				

### POSITION DATA

JOB TITLE	Date You Can Start	Salary Desired
Other Position for which you wish to be Considered	Referred By	

### EDUCATION

SCHOOL	NAME AND ADDRESS OF INSTITUTIONS	YEARS COMPLETED	TYPE OF DEGREE/DIPLOMA RECEIVED
HIGH SCHOOL			
COLLEGE			
COLLEGE			
OTHER			

Note: Transcripts on All College Work may be Required.

MAJOR: \_\_\_\_\_ NO. HOURS \_\_\_\_\_ MINOR \_\_\_\_\_ NO. HOURS \_\_\_\_\_

GPA \_\_\_\_\_ ON A \_\_\_\_\_ SCALE OR CLASS STANDING (i.e. TOP 1/4, 1/2, etc.)

List Scholastic Honors, Offices Held, and Activities in School and College. \_\_\_\_\_

### REFERENCES

List Three Persons who are NOT related to you and who have definite knowledge of your qualifications for the position for which you are applying. Do Not Repeat names of supervisors listed under Employment history.

FULL NAME	HOME OR BUSINESS ADDRESS OR PHONE (Number, Street, City, State, Zip)	BUSINESS OR OCCUPATION	YEARS Acquainted

**EMPLOYMENT HISTORY ••• LIST LAST EMPLOYMENT FIRST.**

In the space provided below, please present period of employment which will serve as evidence that you have acquired the necessary experience to qualify you for the position for which you are applying. We invite all applicants to submit any additional employment information they feel will serve as experience.

Name of Employer			Supervisor and Title		
Address - City/State/Zip			Your Title		
From: Month & Year	To: Month & Year	Starting Salary	Present or Final Salary	No. of Persons Supervised	
Reason for Leaving			If still employed may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone No.: _____		
Describe your Duties					

Name of Employer			Supervisor and Title		
Address - City/State/Zip			Your Title		
From: Month & Year	To: Month & Year	Starting Salary	Final Salary	No. of Persons Supervised	
Reason for Leaving					
Describe your Duties					

Name of Employer			Supervisor and Title		
Address - City/State/Zip			Your Title		
From: Month & Year	To: Month & Year	Starting Salary	Final Salary	No. of Persons Supervised	
Reason for Leaving					
Describe your Duties					

Name of Employer			Supervisor and Title		
Address - City/State/Zip			Your Title		
From: Month & Year	To: Month & Year	Starting Salary	Final Salary	No. of Persons Supervised	
Reason for Leaving					
Describe your Duties					

**COMPLETE NAMES AND ADDRESSES OF REFERENCES MUST BE GIVEN BEFORE THIS APPLICATION WILL BE CONSIDERED.**

**GENERAL DATA**

Answer items 1 through 5 by placing a "check mark" in the proper box. Give details in number 10 below.

**YES NO**

1. Are you now working for or have you previously worked for Harris County?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you or does your spouse have any relatives presently working for or holding of fice in Harris County Government?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you licensed in the State of Texas to operate a motor vehicle? If yes, give Texas Driver's License number in No. 10 belo w. (Will not be considered unless related to job.)	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you aware of any reason which would keep you from being bonded?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of an offense? Please include driving while intoxicated or driving under the influence of drugs . (Exclude minor traffic violations.) If yes, give details below in #10. Show for each of fense, (1) date, (2) charge, (3) place, (4) court, (5) action taken. <b>NOTE:</b> A conviction does not automatically mean you cannot be hired. What you were convicted of, or how long ago, are import ant. Give all facts so that a decision can be made.	<input type="checkbox"/>	<input type="checkbox"/>
6. FOREIGN LANGUAGE SKILLS: Speak _____ Read _____ Write _____		
7. MACHINE AND EQUIPMENT SKILLS: _____ _____ Typing - WPM _____ Shorthand - WPM _____		
8. SPECIAL QUALIFICATIONS AND SKILLS: Use this space to indicate any additional experience, skills, licenses or certificates, et c., which in your opinion would qualify you for the position you seek. _____ _____ _____ _____		
9. GENERAL REMARKS: You may wish to include civic or community activities, membership in professional or scientific societies, p ublications, copyrights, patents or inventions, honors, awards, and fellowship s. _____ _____ _____ _____		
10. SPACE FOR DETAIL ANSWERS: INDICATE ITEM NUMBER FOR WHICH ANSWERS APPLY.		
<b>ITEM NO.</b>	<b>DETAILS</b>	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION.  
 I certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentations, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated. I also understand that if offered employment, I will be required to pass a drug test as a condition of employment.

**YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS SIGNED AND ALL QUESTIONS ANSWERED.**

In case of emergency contact: \_\_\_\_\_ Telephone no. during the day: ( \_\_\_\_\_ ) \_\_\_\_\_

Date: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_