

APPLICATION FOR APPRAISAL REVIEW BOARD APPOINTMENT

Williamson Central Appraisal District

A. APPLICANT INFORMATION			
Last Name	First Name	Middle Initial	
Address			
City	State	Zip Code	
Telephone Number			
Daytime () () ()	Evening () () ()	Cell Phone () () ()	
B. APPRAISAL REVIEW BOARD QUALIFICATION STATEMENT			
<i>Please answer the following questions by checking "Yes" or "No"</i>			
1. Are you a resident of the Williamson Central Appraisal District and have you resided within the district for the past two years? An answer of "No" disqualifies you from ARB service.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
2. Are you now or have you ever been employed by, or been an officer or director of, the Williamson Central Appraisal District? An answer of "Yes" disqualifies you from ARB service.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
3. Are you an employee of the Office of the State Comptroller of Public Accounts? An answer of "Yes" disqualifies you from ARB service.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
4. Are you now or have you ever been employed by, or been an officer or member of the governing body of any taxing unit (county, city school district) served by the Williamson Central Appraisal District? If so, what was the last date you filled this position? You are ineligible to serve if your term as a member of the governing body or officer of a taxing unit was less than four years ago.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
5. Have you ever appeared before the Appraisal Review Board for compensation? An answer of "Yes" disqualifies you from ARB Service.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
6. Have you at any time served all or part of three previous terms on the appraisal review board for this district? An answer of "Yes" disqualifies you from ARB service.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
7. Do you, or does any relative of yours within the second degree by either blood or marriage, do business in the Williamson Central Appraisal District as a paid property tax agent, or as an appraiser who performs appraisals for use in property tax proceedings? An answer of "Yes" disqualifies you from ARB service.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
These are the degrees of relationship included: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><i>1st Degree by Consanguinity (blood)</i></p> <p>Parents Children</p> <p> </p> <p><i>2nd Degree by Consanguinity (blood)</i></p> <p>Grandparents Brothers and Sisters</p> <p>Grandchildren</p> </div> <div style="width: 45%;"> <p><i>1st Degree by Affinity (marriage)</i></p> <p>Spouse Spouses of relatives listed under consanguinity</p> <p>Stepparents</p> <p>Spouse's children Stepchildren</p> <p> </p> <p><i>2nd Degree by Affinity (marriage)</i></p> <p>Spouse's grandparents Spouse's brothers & sisters</p> </div> </div>			
8. Are you, or a business in which you hold a substantial interest, a party to a contract with the appraisal district or with a taxing unit in the district? A substantial interest means that you and your spouse together own at least 10% of the voting stock or shares in the business, or that either of you is a partner, limited partner, or officer of the business entity. An answer of "Yes" disqualifies you from ARB service.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
9. Is any relative of either you or your spouse employed by the Williamson Central Appraisal District in any capacity, or a member of the Williamson Central Appraisal District Board of Directors? An answer of "Yes" may disqualify you, depending on the relative's position and the degree of relationship.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Relatives' Name: _____ Relative's Address: _____ Degree of Relationship: _____ WCAD Position: _____			

C. PERSONAL BACKGROUND

1. Have you ever been convicted of a felony, or a misdemeanor involving moral turpitude, or are you presently under indictment? If "Yes", explain below the nature of the offense, date and location. YES NO
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2. Are you a U. S. Citizen? YES NO
 If "No", are you eligible to be employed under a visa or entry permit? YES NO
3. Use the space below to list professional society memberships, job related licenses, registrations, certificates (with their numbers), and expiration dates. Provide additional comments or information that would be of assistance in considering you for this position.
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D. EDUCATION & TRAINING (List most recent first)

COLLEGE - UNIVERSITIES TRADE OR BUSINESS SCHOOLS	CITY/STATE (LIST CAMPUS ATTENDED)	DATES ATTENDED MO/YR TO MO/YR	DEGREE / DIPLOMA AND DATES RECEIVED	SEMESTER HOURS EARNED	QUARTER HOURS EARNED	MAJOR AREA OF STUDY
1.						
2.						
3.						

E. WORK HISTORY (List most recent job first) Include paid or verifiable non-paid experience including military service. If you have had more than one position with the same employer, please list each position separately.

FROM (MO/YR)	TO	JOB TITLE
HOURS WORKED		TYPE OF BUSINESS
NO. OF EMPLOYEES SUPERVISED DIRECTLY / INDIRECTLY		EMPLOYER'S NAME
SUPERVISOR'S NAME		COMPLETE ADDRESS
SUPERVISOR'S TITLE		
REASON FOR LEAVING		
FROM (MO/YR)	TO	JOB TITLE
HOURS WORKED		TYPE OF BUSINESS
NO. OF EMPLOYEES SUPERVISED DIRECTLY / INDIRECTLY		EMPLOYER'S NAME
SUPERVISOR'S NAME		COMPLETE ADDRESS
SUPERVISOR'S TITLE		
REASON FOR LEAVING		
FROM (MO/YR)	TO	JOB TITLE
HOURS WORKED		TYPE OF BUSINESS
NO. OF EMPLOYEES SUPERVISED DIRECTLY / INDIRECTLY		EMPLOYER'S NAME
SUPERVISOR'S NAME		COMPLETE ADDRESS
SUPERVISOR'S TITLE		
REASON FOR LEAVING		

