

Cherokee Central Appraisal District
107 E Sixth St.
Rusk TX 75785

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Appraisal Review Board Member Application

The ARB is the administration review arm of the property tax system. It is a quasi-judicial entity with the responsibility to resolve disputes between the property owners and the Appraisal District.

The ARB only has authority over protests submitted to it. It has no role in the day-to-day operations of the appraisal office or in appraising property. It cannot order the reappraisal of a category of property or otherwise instruct the appraisal staff about how to perform its job.

The local administrative judge appoints members to the Appraisal Review Board (ARB) from citizens of the community.

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Physical address of home: _____

Profession: _____ Years in Profession: _____

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|---|-----|----|
| 1. Have you lived in Cherokee County for at least two years prior to this date? | YES | NO |
| 2. Are you a current appraisal district director? | YES | NO |
| 3. Are you a current employee or the chief appraiser of the appraisal district? | YES | NO |
| 4. Are you a current board member, employee or officer of one of the taxing units served by the Cherokee Central Appraisal District? | YES | NO |
| 5. Are you an employee of the Texas Comptroller of Public Accounts? | YES | NO |
| 6. Have you previously served on the ARB?
If yes, when? _____ | YES | NO |
| 7. Do you have any experience in the real estate profession? | YES | NO |
| 8. Do you have any relatives who are tax agents or who appraise property for tax purposes in the Appraisal District? | YES | NO |
| 9. Are you related to any of the members of the Cherokee Central Appraisal District's Board of Directors, the Chief Appraiser, or any of the employees of the Appraisal District? | YES | NO |
| 10. Does your business have a contract with the Appraisal District or one of the taxing entities referenced in question 4? | YES | NO |
| 11. Do you hold a paid public office? | YES | NO |
| 12. Do you have delinquent property taxes that have been owed for more than 60 days? | YES | NO |
| 13. Do you have any known conflicts with any property owners that would prohibit you from participating in a protest hearing on associated properties?
If yes, with whom? _____ | YES | NO |
| 14. The law requires that all ARB members state sponsored training courses each year and receive training regarding the Open Meetings Act and Public Information Act. Are you willing to attend these courses (at the expense of the Appraisal District)? | YES | NO |

I swear or affirm that the information that I have provided above is true and correct. I understand that the local Administrative Law Judge may consider my application as my willingness to serve as a member of the Appraisal Review Board (ARB) for Cherokee County and that the acceptance of the application does not imply or guarantee my appointment to the ARB.

Signature

Date

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

				DATE
NAME			SOCIAL SECURITY NUMBER	
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET		CITY	STATE	ZIP
PERMANENT ADDRESS				
STREET		CITY	STATE	ZIP
PHONE NO.		ARE YOU 18 YEARS OR OLDER? Yes <input type="checkbox"/> No <input type="checkbox"/>		
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes <input type="checkbox"/> _____ No <input type="checkbox"/> _____				

LAST

EMPLOYMENT DESIRED

POSITION	ARB BOARD MEMBER	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?		WHERE?	WHEN?
REFERRED BY			

FIRST

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

MIDDLE

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state)
 IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A
 CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE
 SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

 Signature of Applicant

IN CASE OF
 EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
 IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS:

NEATNESS

ABILITY

HIRED: Yes No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER