



**APPLICATION FOR THE APPOINTMENT TO THE
APPRAISAL REVIEW BOARD
FOR THE
VICTORIA CENTRAL APPRAISAL DISTRICT**

Read and answer each question carefully. Your answers will be used to determine your legal eligibility for appointment and qualifications for service on the board.

1. Applicant Information

Name (Last, First, Middle Initial)		Telephone Number (area code and number)	
		Daytime () Evening ()	
Current Mailing Address (number, street or P.O. Box)			
Street address if different from above			
City		State	Zip Code
Social Security Number	Date of Birth	Email Address	

2. Education and Training

Name of School, City, State	Dates Attended Mo/Yr to Mo/Yr	Major/Minor	Semester Hours Earned	Type of Diploma or Degree Awarded

List any other training, qualities, or attributes you consider relevant, including offices held, awards, honors, professional memberships, licenses, etc.

3. Employment History

Address		Dates Employed (from mo/yr to mo/yr)
Supervisor's Name		Supervisor's Title
Number of employees Supervised Directly	Indirectly	Reason for Leaving

Summary of Duties

Previous Employer		Position
Address		Dates Employed (From mo/yr to mo/yr)
Supervisor's Name		Supervisor's Title
Number of Employees Supervised Directly	Indirectly	Reason for Leaving

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4. Eligibility and Conflict of Interest Disclosure

In order to ensure that ARB members are impartial, the law puts a number of limits on who can serve as ARB members. Your answers to these questions will determine whether you are legally eligible to serve on the ARB. For the purpose of these questions:

A “local government” is a government entity that levies property taxes, such as a county, city, school district junior college, hospital district, municipal utility district, or other special district.

“Appraisal district” refers to the Victoria Central Appraisal District and to any other appraisal district in the State of Texas.

“Governing body” means the group of officials that oversee a local government, such as a city council, county commissioners’ court, school board of trustees, or board of directors.

“Officer” means holding an elective or appointive office for a local government, such as governing body member, chief executive officer, judge, tax assessor, business manager, superintendent, etc., and includes an election judge, alternate election judge, and election clerk who serve in conducting a general election.

“Part-time employee” includes a substitute teacher. “Contract” means an agreement of any sort.

“Substantial interest” means combined ownership by you and your spouse of at least 10% of the voting stock or shares of a business entity, or that you or your spouse is a partner, limited partner, or officer of the business entity.

Check “Yes” or “No”. If you are not sure, write “not sure”

- | | |
|---|---|
| 1. Do you reside in Victoria County | 1. Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Have you resided in Victoria County for at least two years? | 2. Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Are you <i>currently</i> a member of the governing body or an officer of a local government or an appraisal district? | 3. Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Are you <i>currently</i> employed, either full or part-time, by a local government or an appraisal district? | 4. Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Are you <i>currently</i> employed, either full or part-time, by the Texas Comptroller of Public Accounts? | 5. Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Are you a <i>former</i> employee, chief appraiser, or member of the Board of Directors of the Victoria Central Appraisal District? | 6. Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Are you a <i>former</i> member of the governing body or officer of a local government served by the Victoria Central Appraisal District, and you left the office within the last four years? (check “No” if you have been out of office more than 4 years) | 7. Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Are you <i>currently</i> a member of the Appraisal Review Board of another appraisal district? | 8. Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. Is anyone who is related to you by blood or marriage employed by the Victoria Central Appraisal District? | 9. Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9a. If “Yes”, give name and relationship _____ | |
| 10. Do you have a spouse, parent, child, son-in-law, daughter-in-law, grandparent, grandchild, brother or sister, spouse of a brother or sister, step child, step parent, father-in-law, mother-in-law, or a brother or sister of your spouse who: | |
| a. Is a member of the Board of Directors or an officer of the Victoria Central Appraisal District? | 10a. Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Does business in the Victoria Central Appraisal District as a paid property tax consultant? | 10b. Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Performs appraisals for use in property tax proceedings in the appraisal district? | 10c. Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11. Have you previously appeared before the Victoria Central Appraisal Review Board for compensation (i.e. as a tax consultant, accountant, appraiser, or representative of a property owner)? | 11. Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 12. Do you or your spouse have a contract with a local government or an appraisal district? | 12. Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 13. Does a business in which you or your spouse own a substantial interest have a contract with a local government or an appraisal district? | 13. Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 14. Are you presently under a criminal charge or indictment or have previously been convicted of a felony or a misdemeanor involving moral turpitude? | 14. Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 14a. If “YES”, explain: _____ | 15. Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 15. Are you a U.S. Citizen? | |
| 15a. If you answered “No” to Question 15, are you eligible to be employed under a visa or entry permit? | 15a. Yes <input type="checkbox"/> No <input type="checkbox"/> |

An answer of “NO” to questions 1, 2, or 15 or an answer of “YES” to questions 3-14 indicates that you are not legally eligible to serve on the Appraisal Review Board.

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5. Delinquent Taxes

In the space below, please render by listing all properties on which you currently pay property taxes. Include both real property and business personal property. Include community property and property owned by partnerships or sole proprietorships. Please give the appraisal district account number or the location address (and business name, if applicable) of the property, the years for which taxes are owed, and the taxing entities to which the taxes are owed.

16. Are taxes delinquent on any of these properties? 16. Yes ☐ No ☐

Account Number	Location Address	Owner or Business Name	Years for which taxes are owed (if applicable)	Entities to which taxes are owed (if applicable)

6. Why Do You Want To Serve?

Briefly state why you should be considered for appointment to the Appraisal Review Board.

7. Signature and Affirmation

I have read this application carefully. The information I have given in it is true and correct to the best of my knowledge and belief. I understand that omitting or misrepresenting information could result in failure to consider this application. I also understand that it is a criminal violation to make a false statement on this application.

I authorize the Appraisal Review Board or its representative to verify the statements I have made and affirm that, to the best of my knowledge and belief, I am not disqualified by law from accepting an appointment to the Appraisal Review Board for the Victoria Central Appraisal District.

Printed Name

Applicant Signature

Date

Victoria Central Appraisal District
Authorization and Release form
Telephone 361-576-3621 Fax 361-578-1662

Name	Social Security Number
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I, _____, hereby authorize any investigator or duly appointed representative of the Victoria Central Appraisal District holding this release authorization and to obtain any information from schools, employers, criminal justice agencies, or individuals relating to my activities. This information may include, but is not limited to, academic, achievement, performance, attendance, personal history, disciplinary and conviction records. I hereby ask you to release such information upon request of the person holding this authorization form. I understand that the information released is for official use by the Victoria Central Appraisal Review Board and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release and hold harmless any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Applicant's Signature

Date

To Be Completed By Employer

Company Name	Position Held
Employment Dates From To	Eligible for Rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>

Explanation

Performance Rating	Excellent	Good	Fair	Poor	Comments
Attendance					
Work Habits					
Quality of Work					
Quantity of Work					
Initiative					
Cooperation					
Completed By	Position			Date	

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/Crime%20Records/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date _____

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date _____

Please: Check and Initial each Applicable Space

CCH Report Printed:

YES _____ NO _____ _____ initial

Purpose of CCH: _____

Empl _____ Vol/Contractor _____ _____ initial

Date Printed: _____ _____ initial

Destroyed Date: _____ _____ initial

Retain in your files