



TRAVIS COUNTY APPRAISAL REVIEW BOARD

8314 CROSS PARK DRIVE P.O. BOX 149012
AUSTIN, TEXAS 78714-9012 512-834-9317 EXT. 313

APPLICATION FOR APPOINTMENT TO THE APPRAISAL REVIEW BOARD

A. APPLICANT INFORMATION

Last Name:		First Name:	Middle I.:
Address:			
City:		Zip Code:	
Social Security Number:	Telephone Number:		
Drivers License Number:	Daytime ()	Evening ()	

B. APPRAISAL REVIEW BOARD QUALIFICATION STATEMENT

Please answer the following questions by checking "Yes" or "No".

- Are you a resident of the Travis Central Appraisal District and have you resided within the district for the past two years? YES NO
An answer of "No" disqualifies you from ARB service.
- Are you currently employed by, or an officer or director of, the State Comptroller's Office, an appraisal district, or a taxing unit (county, city, school district, college district, MUD, or other special district) in any capacity? YES NO
An answer of "Yes" disqualifies you from ARB service.
- Are you currently employed by, or an officer or director of the Travis Central Appraisal District? YES NO
An answer of "Yes" disqualifies you from ARB service.
 - Are you a former member of the governing body or officer of a taxing unit for which the Travis Central Appraisal District appraises property? YES NO
 - If you answered "Yes" to (b), has it been four years or more since the date you ceased to be a member or officer of a taxing unit served by the Travis Central Appraisal District? YES NO
An answer of "No" disqualifies you from ARB service.
- Have you at any time served all or part of three previous terms on the appraisal review board for this district? YES NO
An answer of "Yes" disqualifies you from ARB service.
- Do you, or does any relative of yours within the second degree by either blood or marriage, do business in the Travis Central Appraisal District as a paid property tax agent, or as an appraiser who performs appraisals for use in property tax proceedings? YES NO
An answer of "Yes" disqualifies you from ARB service.
These are the degrees of relationship included:

1st Degree by Consanguinity (blood)	1st Degree by Affinity (marriage)
Parents	Spouse Spouse's children
Children	Spouses of relatives listed under consanguinity
	Stepparents Stepchildren
2nd Degree by Consanguinity (blood)	2nd Degree by Affinity (marriage)
Grandparents	Spouse's Grandparents
Brothers and Sisters	Spouse's Brothers and Sisters
Grandchildren	
- 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. YES NO
An answer of "Yes" disqualifies you from ARB service.
- Is any relative of either you or your spouse employed by the Travis Central Appraisal District in any capacity? YES NO
An answer of "Yes" may disqualify you, depending on the relative's position and the degree of relationship.

Relative's Name:
Relative's Address:
Degree of Relationship:
TCAD Position:

To be eligible for appointment an applicant must be a resident of Travis County for at least two years. Individuals who fall into any of these categories however, **are ineligible**:

If currently employed by the State Comptroller of Public Accounts, or who are a member of a governing body, an officer, or a full or part-time employee of a county, city, school district, community college district, MUD, or any other entity supported by local property taxes. Former governing body members, or officers of a taxing unit served by TCAD are ineligible for four full years from the date they ceased to serve in that capacity.

Persons who own an interest in property on which delinquent taxes are due, regardless of where in Texas that property may be located, unless the tax is deferred or being paid under an installment agreement.

Anyone who personally, or whose spouse personally, has a contract with a local government or an appraisal district. The same restriction applies if the person, or his or her spouse, owns a 10% or greater interest in a business that contracts with a local government or taxing unit.

Persons who at any time have appeared before the ARB for compensation as a tax consultant, accountant, appraiser, or representative of a property owner.

Anyone who has served on the appraisal review board for all or part of three previous two-year terms, and any individual who has ever been employed by TCAD or has ever served as a member of the district's board of directors.

Also, individuals are not considered if they are presently under indictment or have previously been convicted of a felony or a misdemeanor involving moral turpitude.

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

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 appointment.

4. Do you or your spouse own an interest in property on which delinquent tax is not deferred or being paid under an installment agreement? YES NO

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.						
4.						

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.

1.	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 _____	
2.	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 _____	
3.	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 _____	

Attach additional sheets if necessary

