

**APPLICATION FOR
APPOINTMENT/RE-APPOINTMENT
TO THE
COLLIN APPRAISAL REVIEW BOARD**

Read and answer each question carefully. Your answers will be used to determine your eligibility for appointment and qualifications for service on the Appraisal Review Board (ARB). This application must be fully completed, signed and dated by the applicant or it will not be considered.

The Attorney General of the State of Texas as not determined whether the completed application or any part is subject to disclosure under the Texas Public Information Act.

1. Applicant Information

Name (Last, First, Middle Initial)

Telephone Number
Daytime ()

Evening ()

Cell ()

Current Mailing Address (number, street or P.O. Box)

(Primary Residence) Street address if different from above

City

State

Zip Code

Social Security Number

Texas Driver's License Number

Email Address

2. Service Required

***** A person is ineligible to serve on the Collin ARB, if the person served for all or part of three previous terms as a Collin ARB member or auxiliary ARB member. *****

Collin ARB hearings begin in May. You will be required to work 8 hours per day for an extended period of time. The average time period is 8 weeks during the protest season (May, June & July). Regular ARB meetings as well as supplemental hearings will be held during the remainder of the year.

Do you have any business or other obligations that would conflict with your commitment to serve the required days?

Yes No If yes, please explain _____

Once appointed, would you be willing to resign your position as an ARB member if you discover that due to business or other commitments, you would no longer be able to serve the days required during the ARB hearing process?

Yes No If no, please explain _____

3. Education and Training

Name of School, City, State (High school and college)	Dates Attended	Major/Minor	Diploma or Degree

List any other training, technical skills (i.e. excel, word, etc.), qualities, or attributes you consider relevant, including offices held, awards, honors, professional memberships, licenses, etc.

Please check the box, if you hold any of the following degrees or certifications:

- | | |
|---|--|
| <input type="checkbox"/> Law Degree

<input type="checkbox"/> MBA

<input type="checkbox"/> Licensed CPA

<input type="checkbox"/> Licensed Real Estate Broker

<input type="checkbox"/> Licensed Real Estate Sales Agent | <input type="checkbox"/> Accredited Senior Appraiser by American Society of Appraisers

<input type="checkbox"/> MAI Appraiser

<input type="checkbox"/> Certified Assessment Evaluator designation from IAAO

<input type="checkbox"/> At least 10 Years of property tax appraisal or consulting experience |
|---|--|

4. Most Current Employment

Present/Most Recent Employer	Position
Address	Dates Employed
Supervisor's Name/Title	Reason for leaving
Summary of Duties	

5. Eligibility and Conflict of Interest Disclosure

In order to ensure the Collin ARB members are impartial, the law puts limits on who can serve as ARB members. Your answer to these questions will determine whether you are legally eligible to serve.

For purposes of these questions:

- A "local government" is a governmental 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 Collin Central Appraisal District (CCAD) 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 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.

Eligibility Questions. Check "Yes" or "No".

1. Do you reside in Collin County?	1. Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you resided in Collin County for at least two years?	2. Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are you currently a member of a 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 currently employed, either full or part-time, by a local government or appraisal district?	4. Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Are you currently 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 former employee or member of the CCAD Board of Directors?	6. Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Are you a former member of the governing body or officer of a local government served by the CCAD, and you left the office within the last four years? (Check "No" if you have been out of office more than four years.)	7. Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Are you currently a member of the ARB of another appraisal district?	8. Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Is anyone related to you by blood or marriage employed by the CCAD? 9a. If "Yes", give name and relationship _____	9. Yes <input type="checkbox"/>	No <input type="checkbox"/>

10. Do you have a spouse, parent, child, son-in-law, daughter-in-law, grandparent, grandchild, brother, 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:		
10a. Is a member of the Board of Directors or an officer or employee of CCAD?	10a. Yes <input type="checkbox"/>	No <input type="checkbox"/>
10b. Represents clients within Collin County as a paid property tax consultant?	10b. Yes <input type="checkbox"/>	No <input type="checkbox"/>
10c. Performs appraisals for use in the property tax proceedings in the CCAD?	10c. Yes <input type="checkbox"/>	No <input type="checkbox"/>
10d. Is currently serving as a member of the Collin ARB?	10d. Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Have you previously served all or part of three terms as a Collin ARB member? 11a. If "Yes", when did your appointment begin and end _____	11. Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Have you, in the past two years, appeared before the Collin ARB for compensation (i.e., tax consultant, accountant or representative of a property owner)?	12. Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Do you or your spouse have a contract with a local government or an appraisal district?	13. Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Does a business in which you or your spouse own a substantial interest have a contract with a local government or an appraisal district?	14. Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Are you presently under a criminal charge or indictment or have previously been convicted of a felony or a misdemeanor involving moral turpitude? 15a. If "Yes", explain: _____	15. Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Are you legally eligible to work in the United States? (Proof of eligibility will be required upon appointment.)	16. Yes <input type="checkbox"/>	No <input type="checkbox"/>

An answer of "No" to questions 1, 2, or 16a or an answer of "Yes" to questions 3-15 indicated that you are not eligible to serve on the Collin ARB.

6. Delinquent Taxes

In the space below, you must provide the CCAD account number(s) and location address for all properties (real, mineral and business personal) you currently own, in whole or part. Include all property owned by partnerships or sole proprietorships, provide the business name, if applicable.

ACCOUNT NUMBER	LOCATION	OWNER OR BUSINESS NAME

Attach a separate list if additional room is necessary.

8. Signature and Affirmation

I have read this application carefully. I certify that all information given by me is true, accurate and complete. I understand that falsifying, omitting or misrepresenting information could result in failure to consider this application. I also understand it is a criminal violation to make a false statement on this application.

I authorize Collin ARB or its representative to verify the statements I have made and to obtain any information from schools, employers, Texas Department of Public Safety or other criminal justice agency, or individuals relating to my background or activities. I understand that any information obtained is for official use by the Collin Central Appraisal District (CCAD) or by the Appraisal Review Board (ARB) and may be disclosed to third parties only as necessary in fulfillment of official responsibilities. I understand that I am not required to consent to a criminal history report and that if I do not do so, my application will not be processed further.

Please initial: YES _____ NO _____

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

I further affirm that, to the best of my knowledge and belief, I am not disqualified by law from accepting an appointment to the Collin ARB.

I am aware and agree, I will be an independent contractor and not an employee of CCAD or Collin ARB.

Applicant Signature

Date

Printed Name

Return Completed Application To:

Collin Appraisal Review Board
ATTN: Michele Lake, Taxpayer Liaison
250 Eldorado Parkway
McKinney, TX 75069

or

liaison@cadcollin.org



COLLIN APPRAISAL REVIEW BOARD

250 Eldorado Pkwy, McKinney, TX 75069

Phone: 469.742.9288 • Web: www.collinarb.org

AUTHORIZATION OF CRIMINAL HISTORY REPORT

I, _____, am seeking appointment to the Collin Appraisal Review Board. In connection with that process, I authorize the Collin Central Appraisal District to obtain a criminal history report from the Texas Department of Public Safety concerning my record. I understand that any information so obtained is for official use by the Collin Central Appraisal District and may be disclosed to third parties only as necessary in fulfillment of official responsibilities. I understand that I am not required to consent to a criminal history report and that if I do not do so my application will not be processed any further.

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 attempt to comply with this authorization.

Signature

Date: _____

Print Full Legal Name

Date of Birth: _____
(Month / Date / Year)

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the 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/CrimeRecords/ReviewofPersonalCriminalHistory) 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 \$24.95 to the fingerprinting services company.

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

Signature of Applicant or Employee

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	