

Cass County Secondary Roads Department

Employment Application

			Арр	olican	t Inform	ation				
Full Nam	ne:						Date:			
	Last		Firs	t			M.I.			
Address	:									
		t Address						Apartment/	Unit #	
	City						State	ZIP Code		
Phone:					Email					
Date Ava	ailable:						Desired Salary	/: \$		
Position	Applied f	or:	-,,							
	urrently t	nave a CDL?	YES	NO П	Class:					
Do you o	Junionary I				<u> </u>					
Are you a	a citizen (of the United States?	YES		lf no, are	you auth	orized to work in the L		ES	
			YES	NO						
Are you	18 years	of age or older?								
Have you	u ever be	en convicted of a felony?	YES	NO □						
lf yes, ex	oplain:									
				Edu	ucation					
High Sch				Addres						
nigh Sui		Did	you gra	duate	or YES	NO				
	From	То	receive				·			
College:			/	Addres	s: YES					
	-		d you gi	raduate	e?		Degree:			
Other	From	То		۵ddrae	s:					
Other:		······ /								
			ł you gr	raduate	YES ∋?□		Degree:			
	From									

	Previous I	Employn	nent	
Company:				Phone:
Address:			·······	Supervisor:
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary: <u>\$</u>
Responsibil	ities:			
Equipment a	& Machinery Operated:			
From:	То:	Reason	for Leaving:_	
May we con	tact your previous supervisor for a reference?	YES	NO □	
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary: <u>\$</u>
Responsibili	ties:			
Equipment &	& Machinery Operated:			
From:	То:	Reason	for Leaving:_	
-	tact your previous supervisor for a reference?	YES		
	an a		· · · · ·	ing an and a second s
Company:			<u> </u>	Phone:
Address:		·····		Supervisor:
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary: <u>\$</u>
Responsibili	ties:			
Equipment 8	Machinery Operated:			
From:	То:	Reason	for Leaving:_	
May we cont	act your previous supervisor for a reference?	YES		

List your skills, knowledge, and abilities such as office skills & equipment, computers, software, machinery, heavy equipment that were not previously covered.

References

Please list three professional reference	s. (These references will only be contacted after a personal interview.)
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
	Military Service
Branch:	From: To:
Rank at Discharge:	Type of Discharge:
If other than honorable, explain:	
	Disclaimer and Signature
I certify that my answers are true and co	omplete to the best of my knowledge.
If this application leads to employment, interview may result in my release.	I understand that false or misleading information in my application or
Signature:	Date:
	Applications may be returned to:
	Cass County Engineer's Office
	or Cass County Auditor's Office
	5 W 7 th Street Atlantic, IA 50022

Any questions, please call the Cass County Engineer's Office at 712-243-2442.