

Employment Application

Cass County

The position I am applying for is: _____

Last Name

First Name

Middle Name

Address

Street

City

State

ZIP Code

Telephone

Email Address

Social Security Number

Driver's License Number

CDL License Y / N

Class of CDL

List additional names you have used: _____

Please list an additional phone number where we can leave a message:

Name: _____ Relationship: _____ Number: _____

How did you learn about the employment opportunity?

Newspaper

Job Service

Employment Agency

Friend

Other

Walk-in

Website

Education Institution

Employee

Please be sure to answer all items completely and accurately.

Type of work you would accept: Full time Part time Summer Temporary

Shift preferred: Day Evening Night

What date would you be available for work? _____

Have you ever filed an application with us before? Yes No If yes, Month/Year: _____

Have you ever been employed with us before? Yes No

If yes, in what capacity? _____ From: _____ To: _____

Reason for leaving? _____

What is the minimum salary that you would accept? _____

Do you have any relatives, including in-laws, currently employed by us? Yes No

If yes, state the name, relationship and department in which they are employed.

Are you legally eligible to be employed in the U.S.? Yes No *(Proof of identity and eligibility will be required upon employment)*

Are you a veteran of the U.S. Armed Forces? Yes No

Dates of military service: _____ Branch: _____

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes No

If so, please indicate the nature of the offense, date, state and disposition.

(A conviction record is not an automatic bar to employment and the nature, recency and disposition of the offense will be considered only as it relates to the job for which you are applying)

Education

	High School	Undergraduate College/University	Graduate/Professional
School Name and Location			
Diploma/Degree			
Course of Study			

Describe any skills, specialized training, apprenticeship, and applicable extra-curricular activities.

List equipment and computer software you can operate.

List construction equipment previously operated if applicable to the position.

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
Name Address Phone
2. _____
Name Address Phone
3. _____
Name Address Phone

Employment Experience

List previous 10 years of employment. Start with your present or last job. Add another sheet if necessary.

1. Employer	Dates Employed From / To	Work performed
Address	Hourly Rate/Salary Starting / Final	Reason for leaving
Telephone number		
Job title		
Supervisor		
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		
2. Employer	Dates Employed From / To	Work performed
Address	Hourly Rate/Salary Starting / Final	Reason for leaving
Telephone number		
Job title		
Supervisor		
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		
3. Employer	Dates Employed From / To	Work performed
Address	Hourly Rate/Salary Starting / Final	Reason for leaving
Telephone number		
Job title		
Supervisor		
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		
4. Employer	Dates Employed From / To	Work performed
Address	Hourly Rate/Salary Starting / Final	Reason for leaving
Telephone number		
Job title		
Supervisor		
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time

I hereby acknowledge that any employment relationships with Cass County is of an At-Will nature, which means that the employee may resign at any time and that Cass County may discharge at any time with or without cause. I understand that neither this document nor any offer of employment from Cass County constitutes an employment contract unless a specific document to that effect is executed by Cass County and be in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. I agree to employment entrance exams, if necessary, at Cass County cost. I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

It is the policy of Cass County to provide equal treatment to all Cass County employees and applicants for Cass County employment without regard to race, color, religion, political affiliation, creed, sex, sexual orientation, national origin or ancestry, age, mental or physical disability, marital status, except as bona fide occupational qualifications may require otherwise. This policy applies to all human resources actions and procedures including, but not limited to: recruitment, selection, training, compensation, benefit programs, promotion, demotion, transfer and termination of employment.

Individuals in need of special accommodations are asked to notify our office in advance.