

**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?

- |                                    |                                      |  |                                   |                                |
|------------------------------------|--------------------------------------|--|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Job Service | <input type="checkbox"/> Employment Agency     | <input type="checkbox"/> Friend   | <input type="checkbox"/> Other |
| <input type="checkbox"/> Walk-in   | <input type="checkbox"/> Website     | <input type="checkbox"/> Education Institution | <input type="checkbox"/> 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.

<b>1.</b> 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?		
<b>2.</b> 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?		
<b>3.</b> 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?		
<b>4.</b> 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.

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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.*