

Requirements:

- 1. **Completed Application**
- 2. **Attach Resume if desired**

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name _____ Social Security No. _____ - _____ - _____
Last First Middle

By what other name or names have you been known? _____

Present Address _____ (_____) _____
No. Street City State Zip Code AC Phone #

Daytime Phone # _____

Period of Active U.S. Military Duty _____ to _____ Rank _____ Branch of Service _____ Type of Discharge _____

Position Desired _____ Salary Desired _____ Date Available _____

EDUCATION

College _____ High School _____
 CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 13
 14 15 16 17 18

| <i>YOU</i> | | | | <i>HOW MANY</i> | <i>DID</i> |
|---------------|-----------------------|---------------------|----------------------|-----------------|------------|
| <i>TYPE</i> | <i>NAME OF SCHOOL</i> | <i>CITY / STATE</i> | <i>MAJOR SUBJECT</i> | <i>YEARS</i> | |
| GRADUATE | | | | | |
| High School / | | | | | |
| Vocational | | | | | |
| College | | | | | |
| Other | | | | | |

SPECIALIZED TRAINING

Business or Trade Schools correspondence courses, etc. Include Military service training courses.

Diploma or Certificate *Name of school and Location* *Type of Training*

MISCELLANENOUS

Have you been convicted of a crime other than a traffic offense? Yes No If so, when, where, and nature of offense?

CDL INFORMATION

| ISSUED BY | CLASS | EXPIRATION DATE | LICENSE NUMBER |
|-----------|-------|-----------------|----------------|
| | | | |

WORK EXPERIENCE

| Employer | Job Title and Responsibilities | Period | Reason for |
|----------------------------|--------------------------------|-------------|------------|
| Leaving | | | |
| Company | | From: Mo/YR | |
| Complete Address & Phone # | | | |
| | | To: Mo/Yr | |
| Supervisor | | | |
| Company | | Salary: | |
| Complete Address & Phone # | | From: Mo/YR | |
| | | To: Mo/Yr | |
| Supervisor | | | Salary: |
| Company | | From: Mo/YR | |
| Complete Address & Phone # | | | |
| | | To: Mo/Yr | |
| Supervisor | | | Salary: |
| Company | | From: Mo/YR | |
| Complete Address & Phone # | | | |
| | | To: Mo/Yr | |
| Supervisor | | | Salary: |
| Company | | From: Mo/YR | |
| Complete Address & Phone # | | | |
| | | To Mo/Yr | |
| Supervisor | | | Salary |

May we contact your present employer? Yes No

Please explain any gaps in employment:

REFERENCES

| Name | Occupation | Complete Address & Phone # |
|------|------------|----------------------------|
|------|------------|----------------------------|

I agree to comply with the policies of the Cass County Government. I hereby affirm and declare that all the forgoing statements are true and correct, and that I have not knowingly withheld any fact that would, if

disclosed, affect my application unfavorably. **I understand that the falsification of any information provided to Cass County Government, including that contained in my employment application, or the failure to accurately disclose information requested will result in a decision not to hire/or termination of employment.**

I hereby authorize Cass County Government to conduct any investigation it deems proper regarding my background, information provided, and the information furnished in my employment application, including but not limited to, making inquiries of my previous employer(s). I hereby unconditionally release Cass County Government and any named or unnamed informants from any and all liability resulting from the furnishing of this information.

I understand that nothing herein or otherwise shall be deemed to create any contract of employment between Cass Co Government and me and that my employment may be terminated at by Cass Co Government.

If I am hired, I understand that this application becomes a part of my official employment record.

I have read and understand the above statements