



Cass County, Missouri

HR: (816-380-8103) Fax: (816-380-8113)
102 E. Wall St, Harrisonville, Mo 64701
Email: hr@casscounty.com
www.casscounty.com

Employment Application

Position Applying For: _____ **Date:** _____

Name: _____
(Last) (First) (MI)

Other Names used (including alias and maiden names)

Social Security Number: _____ - _____ - _____

Date of Birth: _____ - _____ - _____

Sex: (M) _____ (F) _____ **Race:** _____ (for statistical, affirmative action and criminal history use only)

Home Phone #: _____ - _____ - _____ **Best time to call:** _____

Alternate Phone#: _____ - _____ - _____ **Best time to call:** _____

Street Address: _____

City: _____

State, Zip: _____

Email: _____

You must answer the following to be considered for employment with the County:

1. When available to start work? _____
2. Do you possess a high school diploma or GED? Yes ___ No ___
3. Do you have a valid Driver's License? Yes ___ No ___
4. State of issue and CDL A or B (if applicable): _____
5. Have you had any accidents in the past 3 years? Yes ___ No ___
If yes, how many? _____
6. Have you had any moving violations in the past 3 years? Yes ___ No ___
7. Have you ever been convicted of a crime? Yes ___ No ___
If yes, please explain _____
8. Have you used any illegal drug in the past 3 years? Yes ___ No ___
9. Have you ever been a member of the United States Armed Forces? Yes ___ No ___
If yes, did you receive an Honorable Discharge with no conditions? Yes ___ No ___
10. Do you have any relatives employed with Cass County? Yes ___ No ___
If yes, who? _____

Education:

High School

Name of School and Complete Address	No Years Completed	Major or Degree
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College, Business or Trade School:

Name of School and Complete Address	No Years Completed	Major or Degree
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Professional School:

Name of School and Complete Address	No Years Completed	Major or Degree
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Other:

Name of School and Complete Address	No Years Completed	Major or Degree
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Employment History: (last 4 jobs – starting with most recent)

Employer: _____ Dates of Employment: _____

Address: _____ Supervisor: _____

Position held: _____ Type of Business: _____

Job Title or Duties: _____ Reason for leaving: _____

May we contact your employer: Yes _____ No _____

Employer: _____ Dates of Employment: _____

Address: _____ Supervisor: _____

Position held: _____ Type of Business: _____

Job Title or Duties: _____ Reason for leaving: _____

May we contact your employer: Yes _____ No _____

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Employer: _____ Dates of Employment: _____

Address: _____ Supervisor: _____

Position held: _____ Type of Business: _____

Job Title or Duties: _____ Reason for leaving: _____

May we contact your employer: Yes _____ No _____

Please list 2 references other than relatives and previous employers:

Name _____

Position _____

Company _____

Telephone number _____

Name _____

Position _____

Company _____

Telephone number _____

Applicant Authorization Release of Information

To: Cass County Human Resource Office

From: _____
PRINT FULL NAME

1. I understand that I am applying for employment with a Cass County Government Office and acknowledge that the burden of proving my qualifications for such employment is always upon me. I further understand that a full investigation will be made of my background, character, and financial responsibility by Cass County. I accept any risk of adverse public notice, embarrassment, criticism, or financial loss that may result from action regarding my application. This authorization and request are given freely and without duress. I am voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.
2. I hereby authorize and request all persons to whom this request is presented, having information relating to or concerning me, to furnish such information to all duly appointed representatives of Cass County, whether or not such information would otherwise be protected from disclosure by any constitutional statutory or common law privilege.
3. I hereby authorize and request all persons to whom this request is presented, having documents relating to, or concerning me, to permit a duly appointed representative of Cass County to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional statutory or common law privilege.
4. I agree to indemnify and hold harmless the person(s) to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of, or by reason of, complying with this request.
5. A reproduction of this request by photocopy or similar process shall be for all intents and purposes as valid as the original.

Applicant Signature