



# Cass County, Missouri

HR: (816-380-8103) Fax: (816-380-8113)  
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Email: [hr@casscounty.com](mailto:hr@casscounty.com)  
[www.casscounty.com](http://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: \_\_\_\_\_
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**

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

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

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

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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 \_\_\_\_\_

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 \_\_\_\_\_

**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