

CASS COUNTY PUBLIC SAFETY COMMISSION

APPLICATION FOR EMPLOYMENT

The Cass County Public Safety Commission is an Equal Opportunity Employer. Qualified applicants are eligible to compete for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation or any other legally protected status.

INSTRUCTIONS: Application must be typewritten or clearly printed in ink. All questions must be answered and any accompanying documents received prior to processing. If an item is not applicable, indicate N/A (not applicable). If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of white 8.5" x 11" paper and the end of this application. Your application will be rejected if not fully completed.

PERSONAL INFORMATION

| | | | |
|-------------------------------------------------------------------------------------|----------------------------------|-------------------------------|----------|
| Name in full (last, first, middle) | | Social Security Number | |
| Current mailing address | City | State | Zip Code |
| Permanent address (if different from above) | City | State | Zip Code |
| Home Telephone | Work Telephone | Cellular Telephone | |
| Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO | Date of birth (month, day, year) | Place of birth | |
| Drivers license number | | Divers license state of issue | |
| List all states in which you have had a drivers license issued to you: | | | |

EMPLOYMENT QUESTIONNAIRE

| | | |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------|
| Have you applied for a job with Cass County before? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been employed by Cass County before? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you currently employed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| May we contact your present employer? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Can you travel if the job requires it? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you been convicted of a felony within the last 7 years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you prevented from legally becoming employed in the USA because of VISA or Immigration Status? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you currently on "lay-off" and subject to recall? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you available to work: | <input type="checkbox"/> Fulltime <input type="checkbox"/> Part time | |
| On what date are you available to begin employment? | | |
| What is your typing speed? | | |

EDUCATION

High School: Check highest grade completed: ☐9th ☐10th ☐11th ☐12th High school diploma or GED? ☐Yes ☐No

| Name | Address | Dates Attended | Date Graduated |
|------|---------|----------------|----------------|
| | | | |
| | | | |
| | | | |

College/University: Check number of years completed: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 or more

| Name and Location | Dates Attended | Credit Received | | Field of Study or Area of Concentration | | Type of Degree Obtained |
|-------------------|----------------|-----------------|---------------|-----------------------------------------|-------|-------------------------|
| | | Semester Hours | Quarter Hours | Major | Minor | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Have you had any disciplinary action, including scholastic probation, dismissal or expulsion, ever been taken against you during your academic career ☐ YES ☐ NO

If yes, complete the following:

School _____

Date _____

Type of action taken: _____

If you are working towards a degree, please give the anticipated completion date.

List languages, including American Sign Language, in addition to English that you can speak, read, and write fluently.

List any awards, citations, athletic endeavors, and any other special recognition you received.

If you are licensed or certified to practice a trade or profession, complete the following:

Specialty: _____

License issued by: _____

Specialty: _____

License issued by: _____

List any special abilities, (computer skills, etc.) special interests or hobbies:

RESIDENCE HISTORY

| List chronologically ALL of your residences in the past 15 years (include addresses while attending school if away from home, and all military addresses including any off military base). If additional space is needed, please attach a separate sheet | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------|----------|--------------|--------|
| Dates | | Street Address | Apt. No. | City / State | County |
| To | From | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

COURT RECORD

| Have you ever been arrested or charged with any violation <i>including traffic citations</i> ? <input type="checkbox"/> YES <input type="checkbox"/> NO (List all matters even if not formally charged, or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral) | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|-------------------|---------|
| Date | Place | Charge | Final Disposition | Details |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Has any member of your immediate family, i.e. spouse, parents, brother, sister, or children ever been arrested for any violation other than traffic violations? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list below: |
| |
| |
| |
| |

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Have you ever been a plaintiff or defendant in any court action (including divorce)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list below: |
| |
| |
| |

EMPLOYMENT HISTORY

List your work experience, starting with the most recent. Include summer and part-time employment. Account for all time. If unemployed for a period of time, indicate and set forth dates of unemployment. Failure to disclose employment or failing to account for all time will result in the immediate rejection of your application. If additional space is needed, make additional copies of this page.

| | | |
|------------------|---------------------------|----------------|
| Name of employer | Date of employment | Salary / Wages |
| Address | Position and kind of work | |
| City and State | Name of supervisor | |
| Telephone | Reason for leaving | |

| | | |
|------------------|---------------------------|----------------|
| Name of employer | Date of employment | Salary / Wages |
| Address | Position and kind of work | |
| City and State | Name of supervisor | |
| Telephone | Reason for leaving | |

| | | |
|------------------|---------------------------|----------------|
| Name of employer | Date of employment | Salary / Wages |
| Address | Position and kind of work | |
| City and State | Name of supervisor | |
| Telephone | Reason for leaving | |

| | | |
|------------------|---------------------------|----------------|
| Name of employer | Date of employment | Salary / Wages |
| Address | Position and kind of work | |
| City and State | Name of supervisor | |
| Telephone | Reason for leaving | |

| | | |
|------------------|---------------------------|----------------|
| Name of employer | Date of employment | Salary / Wages |
| Address | Position and kind of work | |
| City and State | Name of supervisor | |
| Telephone | Reason for leaving | |

REFERENCES

List three references (*not relatives, present employers, or school teachers*) who are responsible adults of reputable standing in their communities, who have known you well during the past five years. If retired, give former occupation.

| | | |
|---------------------------|--------------------|----------------------|
| Complete name | Occupation | No. years acquainted |
| Home address | Home telephone | |
| Business name and address | Business telephone | |

| | | |
|---------------------------|--------------------|----------------------|
| Complete name | Occupation | No. years acquainted |
| Home address | Home telephone | |
| Business name and address | Business telephone | |

| | | |
|---------------------------|--------------------|----------------------|
| Complete name | Occupation | No. years acquainted |
| Home address | Home telephone | |
| Business name and address | Business telephone | |

List four social acquaintances

| | | |
|---------------------------|--------------------|----------------------|
| Complete name | Occupation | No. years acquainted |
| Home address | Home telephone | |
| Business name and address | Business telephone | |

| | | |
|---------------------------|--------------------|----------------------|
| Complete name | Occupation | No. years acquainted |
| Home address | Home telephone | |
| Business name and address | Business telephone | |

| | | |
|---------------------------|--------------------|----------------------|
| Complete name | Occupation | No. years acquainted |
| Home address | Home telephone | |
| Business name and address | Business telephone | |

| | | |
|---------------------------|--------------------|----------------------|
| Complete name | Occupation | No. years acquainted |
| Home address | Home telephone | |
| Business name and address | Business telephone | |

CASS COUNTY PUBLIC SAFETY COMMISSION

UNDERSTANDING OF APPLICATION PROCEDURE

I, _____, understand that my application will **NOT** be processed for a position with the Cass County Public Safety Commission unless **ALL** portions of the application form are fully completed.

I understand that I must meet and maintain all minimum qualification standards, from the time my application is submitted through the end of the selection process. **I understand that providing false, misleading and/or incomplete information is grounds for exclusion from the selection process or discharge if discovered subsequent to employment.**

I understand that my date of birth, place of birth, Social Security number and current and past drivers license information are required to be submitted and will be used for the purposes of verification of identification, an extensive background check including federal and state criminal histories, 50-state drivers license check and court records check. Failure to provide this information will result in the immediate rejection of this application.

I understand that all submitted materials become the property of the Cass County Public Safety Commission and will **NOT** be returned.

I understand, that if selected for a position with the Cass County Public Safety Commission, that I am required to abide by the rules, regulations and policies set forth by the Cass County Public Safety Commission.

Signature of Applicant

Date

CASS COUNTY PUBLIC SAFETY COMMISSION

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Cass County Public Safety Commission and/or Cass County Sheriff's Office, whether the said records are of a public, private or confidential nature, including criminal histories.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners, and the United States Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment with the Cass County Public Safety Commission. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Cass County Public Safety Commission and the Cass County Sheriff's Office from any and all liability which may be incurred as a result of collecting such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL AND PHYSICAL EVALUATION) ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IS DISCOVERED SUBSEQUENT TO MY EMPLOYMENT.

A photocopy and/or fax of this release will be valid as an original thereof, even though the said photocopy/fax does not contain an original writing of my signature. This release shall be valid for one year from the date below.

I have read and fully understand the contents of the "Authorization for Release of Personal Information".

Signature of Applicant

Date