

**CASS COUNTY ASSESSOR
EMPLOYMENT APPLICATION**



**RETURN TO: CASS COUNTY ASSESSOR
5 W 7TH ST., ATLANTIC, IA 50022**

Let us know if you do not understand an item or need help in completing this form.

The position I am applying for is: _____

Last Name		First Name		Middle Name
Address		Street	City	State ZIP Code
Telephone			Social Security Number (optional)	

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"/> County 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? No Yes Month/Year _____

Have you ever been employed with us before? No Yes

If yes, in what capacity? _____ From _____ To _____
Month/Year Month/Year

Reason for leaving? _____

What is the minimum salary that you would accept? _____

Do you have any relatives, including in-laws, currently employed by the County? No Yes

If yes, state the name, relationship and department in which they are employed.

Are you legally eligible to be employed in the U.S.? No Yes *(Proof of identity and eligibility will be required upon employment)*

Are you a veteran of the U.S. Armed Forces? No Yes

Dates of military service: _____ Branch _____

Have you ever been convicted of a crime (other than a minor traffic violation)? No Yes

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)

Employment Experience (Start with your present or last job)

List your last 10 years of employment. You may add another sheet if necessary.

1. Employer	Dates Employed From / To	Work performed
Address		
Telephone Number	Hourly Rate/Salary Starting / Final	
Job Title		
Supervisor		Reason for leaving
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Employer	Dates Employed From / To	Work performed
Address		
Telephone Number	Hourly Rate/Salary Starting / Final	
Job Title		
Supervisor		Reason for leaving
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Employer	Dates Employed From / To	Work performed
Address		
Telephone Number	Hourly Rate/Salary Starting / Final	
Job Title		
Supervisor		Reason for leaving
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Employer	Dates Employed From / To	Work performed
Address		
Telephone Number	Hourly Rate/Salary Starting / Final	
Job Title		
Supervisor		Reason for leaving
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you indicated that any employer listed should not be contacted please list the reason here.

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.

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

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.

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 County cost. I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date