

## APPLICATION FOR EMPLOYMENT

The COUNTY OF CASS is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected category.

YOU MUST ANSWER ALL QUESTIONS COMPLETELY. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION AND YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT. OR, IF NOT DISCOVERED UNTIL A LATER DATE, MAY RESULT IN DISCIPLINE OR DISCHARGE FROM EMPLOYMENT.

Position(s) Applied for: \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
Middle

Address \_\_\_\_\_  
Street
City
State
Zip Code

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Are you a relative by birth or marriage to any County of Cass elected official or full-time management employee?

Yes  No  If yes: \_\_\_\_\_  
Name
Relationship

Are you under 18 years of age? (If yes, attach work permit) Yes  No   
 Are you currently working? Yes  No   
 Are you on lay-off? Yes  No   
 If yes, are you subject to recall? Yes  No   
 Are you available to work: Full Time  Part Time  Shift Work  Temporary   
 Will you submit to a drug screening test? Yes  No   
 Have you ever been employed by the County of Cass? Yes  No

If Yes: \_\_\_\_\_  
Position
Department
Dates

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status may be requested upon employment) Yes  No   
 Have you ever been fired? Yes  No

If Yes, give date, where you worked and explanation: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes  No

If Yes, completely describe including location and date: \_\_\_\_\_

**NOTE:** A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

Are you capable of performing with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied? (See attached job description) Yes  No

Describe how you would perform the job functions involved in the job or occupation for which you have applied.  
 \_\_\_\_\_  
 \_\_\_\_\_

	High School	Vocational/ Technical	College	Graduate
School Name City/State				
Did you graduate? (if not, number of credit hours completed)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Degree/Certificate				
Major/Minor				

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying.

---



---



---

List professional, trade, business group memberships and officers held and volunteer work excluding groups the name and character of which indicate race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class:

---



---



---

### REFERENCES

(Do not include relatives or former employers)

Name Address Telephone

---



---



---

### MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard?

Yes  No

If Yes, what branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Date of discharge \_\_\_\_\_ Were you honorably discharged? Yes  No

NOTE: A dishonorable discharge from the military will not necessarily be a bar to employment.
---

### EMPLOYMENT HISTORY

List each job held. Start with your present or last job first.

Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			

Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			

Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			

Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			

## AGREEMENT AND UNDERSTANDING

1. I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

2. I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right-to Know Act.

Signature \_\_\_\_\_ Date \_\_\_\_\_

3. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have (even if more than four years old) and release all parties from any liability for any damages that may result from furnishing same to you.

Signature \_\_\_\_\_ Date \_\_\_\_\_

4. I authorize the County of Cass to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure.

Signature \_\_\_\_\_ Date \_\_\_\_\_

5. I understand that any employment offer is conditional upon the results of the drug screening test and the post offer pre-employment medical examination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

6. I have read the attached job description. If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the County Administrator in writing within 182 days after the need is known or reasonably should have been known to me. Failure to properly notify the County will preclude any claim that the employer failed to accommodate the handicapper.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANTS FOR UNION POSITIONS READ AND SIGN PARAGRAPH 7(B). DO NOT SIGN PARAGRAPH 7(A).**

**APPLICANTS FOR NON-UNION POSITIONS READ AND SIGN PARAGRAPH 7(A). DO NOT SIGN PARAGRAPH 7(B).**

7(A). In consideration of my employment, I agree to conform to the rules and regulations of the County of Cass, as they may be amended or changed from time to time, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the County or myself. I understand that no officer or representative of the County has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the Board of Commissioners of the County and any such agreement must be made in writing, directed to me personally. I further acknowledge that no one has made any representations or statements to the contrary to the County's employment at-will policy or about the County's economic outlook or stability to me, either oral or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future.

Signature \_\_\_\_\_ Date \_\_\_\_\_

7(B). In consideration of my employment, I agree to the rules and regulations of the County of Cass. I further acknowledge I will be on probationary status for a minimum of 90 days or 1 year (Sheriff's Department) from my date of hire. As a probationary employee, I understand my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the County or myself. I understand that no officer or representative of the County has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the Board of Commissioners of the County and any such agreement must be made in a signed writing directed to me personally.

I further understand that after my probationary period ends, I will be subject to the terms and conditions of the collective bargaining agreement. I acknowledge that no one has made any representations or statements contrary to the County's probationary at-will policy to me or about the County's economic outlook or stability either orally or in writing, and I acknowledge that no one has the authority to make such representations or statements to the contrary in the future.

Signature \_\_\_\_\_ Date \_\_\_\_\_

8. I agree that any lawsuit against the County arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within one year of the event giving rise to the claims or be forever barred. I waive any limitations period to the contrary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE ABOVE NINE (8) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WARNING!**

This page must be attached, even if you decline to furnish the requested information, in order for your application to be considered.

**CASS COUNTY VOLUNTARY APPLICANT STATISTICAL INFORMATION SURVEY**

The disclosure of the following information is voluntary to meet requirements for federal government reporting and research purposes. In responding, applicants will note that the data will be used for these purposes only. The County of Cass is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected category.

Should you choose to provide the information below it would be removed from the application, kept confidential as required by law and the Americans with Disabilities Act. Failure to disclose the data will have no effect on hiring decisions.

<b>Position for Which You Are Applying</b> ▶					
<b>First Name</b>		<b>Middle Name</b>		<b>Last Name</b>	
				<b>Social Security Number</b>	
				<b>Date of Birth</b>	
<b>Address (Number, Street)</b>			<b>Apt.</b>	<b>City</b>	<b>State</b>
					<b>Zip Code</b>
<b>What is the Highest Level of Education You Have Attended?</b>				<b>Are you currently employed?</b>	
<input type="checkbox"/> 0-12 years (not a graduate) - 01 <input type="checkbox"/> Bachelor's Degree – 05 <input type="checkbox"/> High School graduate or GED - 02 <input type="checkbox"/> Master's Degree - 06 <input type="checkbox"/> Vocational/Business School - 03 <input type="checkbox"/> PhD, M.D., J.D., or other professional degree - 07 <input type="checkbox"/> College, But not a graduate - 04				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<b>Are you applying for:</b>	
				<input type="checkbox"/> Part-time <input type="checkbox"/> Regular employment <input type="checkbox"/> Full-time <input type="checkbox"/> Limited term employment	
<b>How did you first learn about this job? Please check one.</b>					
<input type="checkbox"/> Michigan Works! <input type="checkbox"/> Other Community Based Organization Name: _____ <input type="checkbox"/> Magazine/Journal Name: _____ <input type="checkbox"/> Friend/Relative Name: _____ <input type="checkbox"/> College/University Bulletin Board Name: _____ <input type="checkbox"/> School/Job Counselor Name: _____			<input type="checkbox"/> Radio Name: _____ <input type="checkbox"/> Television Name: _____ <input type="checkbox"/> Newspaper Name: _____ <input type="checkbox"/> Military Job Placement Service Name: _____ <input type="checkbox"/> Referred by Current Employee Name: _____ <input type="checkbox"/> Internet Name: _____		
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male					
<b>Ethnic Group:</b>					
<input type="checkbox"/> <b>African American</b> - (Not of Hispanic origin) All persons having origins in any of the black racial groups of Africa.					
<input type="checkbox"/> <b>Asian or Pacific Islander</b> – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.					
<input type="checkbox"/> <b>Native American or Alaskan Native</b> – All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal association or community recognition.					
<input type="checkbox"/> <b>Hispanic</b> – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.					
<input type="checkbox"/> <b>White</b> – (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.					
<input type="checkbox"/> <b>Disabled</b> – (Physical or mental impairment that substantially limits a major life activity such as hearing, seeing, speaking, breathing, performing manual tasks, walking, caring for oneself, learning, thinking or working; has a record of such an impairment; or is regarded as having such an impairment.)					

## ACKNOWLEDGMENT

**Please read carefully before signing**

I acknowledge and agree that all statements made herein are subject to investigation and confirmation by the County and that the information I have supplied is correct to the best of my knowledge. I understand that any deliberate falsifications, misrepresentations, or omissions of fact may preclude any offer of employment or may result in a withdrawal of an employment offer, or may result in discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.

I hereby authorize and release from liability any former employer, educational institution, or other person or institution to questions pertaining to information in this application, and to release the details of my work, skills, or actions in any transaction and to provide documentary evidence thereof to the County. Further, I release the County from liability that might result from an investigation.

I understand that the use of this application does not indicate there are positions available, nor does it imply or create an employment contract. I understand that the only employment contracts are those specifically authorized by County management which have been reduced to writing and have been executed by both the employee and an authorized representative of the County. Accordingly, I understand that no employment contract, either expressed or implied, for any period, is created hereby should the County hire me.

If hired, I understand that my employment is at-will (just cause for union employees), and can be terminated at any time, with or without notice, for any reason at the option of either the County or me. Should the County hire me, I agree to observe all the County's policies, practices and procedures currently in existence and new and revised ones, which may be issued in the future.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date