

Cass County COA, Inc.
60525 Decatur Rd. P.O. Box 5
Cassopolis, MI 49031
Phone: (269) 445-8110 Fax: (269) 445-5595

APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

It is the policy of the Cass County COA not to discriminate on the basis of race, color, national origin, age, sex, religion or disability. All employment decisions will be based on job-related criterion.

Personal Information:

Today's Date

First Name Middle Last Name

Home Address City State Zip

Home Phone Cell Phone

Are you 18 or Older? Y N

If hired, can you furnish proof you are eligible to work in the U.S.? Y N

Have you ever applied here before? Y N If yes, when?

Were you ever employed here? Y N If yes, when?

Have you been convicted of any law violation (except a minor traffic violation)? Y N

If yes, please explain:

A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will be considered.

Are you now, or do you expect to be engaged in any other business or employment? Y N

If yes, please explain:

Position You Are Applying For:

When can you Start?

Position Title: Salary Requirement:

If you were referred to us by an employee please provide their name:

How did you hear of this position?

Are you seeking: Full time, Part time or Temporary employment? Full Time Part Time Temporary

Education:

High School _____ City _____ State _____
High School Grade Completed _____

Undergraduate College _____ City _____ State _____
Degree Earned: _____

Major: _____

Graduate College _____ City _____ State _____
Degree Earned: _____

Major: _____

Business or Technical School _____ City _____ State _____
Degree Earned: _____

Major: _____

Special Skills:

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number: _____ Class of License: _____

Have you had your driver's license suspended or revoked in the last three years? Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

Are you presently employed? Yes No May we contact your present employer? Yes No

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain:

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Please list any volunteer or community service that you may have been involved in:

List 3 references we can contact who are not family members:

Name	Relationship	Years Known	Address	Phone

Employment History: List name of employers with present or most current employer listed first. Account for all periods of time, including military service, and any periods of unemployment. Provide telephone numbers and appropriate person to contact.

Employer	Address	Phone	Dates of Employment	Salary	Title	Supervisor	Reason for Leaving

I attest, to the best of my knowledge, that the information I provided is accurate and truthful, and that falsification of this document may lead to my not being hired, or termination.

Signature

Date: