

CASS COUNTY, TEXAS  
APPLICATION FOR EMPLOYMENT  
(CCSO Only)

\*\*\*\*\*

Date of application \_\_\_\_\_ Announcement Number \_\_\_\_\_

Position Desired \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ Telephone (Evening) \_\_\_\_\_

PID# \_\_\_\_\_

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

\*\*\*\*\*

Are you legally able to work in the United States? Yes  No

Have you ever been employed by Cass County? Yes  No

If yes, where? \_\_\_\_\_

Do you have relatives currently employed by Cass County? Yes  No

If yes, whom \_\_\_\_\_

Are you employed now? Yes  No

If yes, may we contact your present employer? Yes  No

Are you on lay-off and subject to recall? Yes  No

Are you available to work? Full-time  Part-time  Temporary

Can you travel if a job requires it? Yes  No

Do you have a valid Texas Driver's license? Yes  No  Other

Have you been convicted of a felony within the last seven years? Yes  No

(Conviction will not necessarily disqualify applicant from employment)

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

“EQUAL OPPORTUNITY EMPLOYER PROGRAM”  
“Auxiliary aids and services are available upon request to individuals with disabilities”

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, sex or national origin. Identify specific dates (month/year) of employment. Specific qualifying job experience and/or skills (as advertised) MUST BE IDENTIFIED.

Employer	Telephone	Work Performed	
Address			
Job Title			
Supervisor			
Reason for Leaving			
Dates Employed		Salary	
From	To	Starting	Final
Employer	Telephone	Work Performed	
Address			
Job Title			
Supervisor			
Reason for Leaving			
Dates Employed		Salary	
From	To	Starting	Final
Employer	Telephone	Work Performed	
Address			
Job Title			
Supervisor			
Reason for Leaving			
Dates Employed		Salary	
From	To	Starting	Final

Employer	Telephone	Work Performed	
Address			
Job Title			
Supervisor			
Reason for Leaving			
Dates Employed		Salary	
From	To	Starting	Final
Employer	Telephone	Work Performed	
Address			
Job Title			
Supervisor			
Reason for Leaving			
Dates Employed		Salary	
From	To	Starting	Final

If you need additional space, please continue on a separate sheet of paper

### SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience. Include technical/professional licenses indicating state, and expiration date, awards, memberships, typing skills, personal computer skills, and software experience.

---



---



---



---



---



---

## EDUCATION AND TRAINING

Do you have a High School Diploma or High School Equivalency?

Yes  No

High School Equivalency Test:

Date Passed \_\_\_\_/\_\_\_\_/\_\_\_\_ State Awarded \_\_\_\_\_

TYPE OF SCHOOL	School Name	City and State	Major Field of Study	Type of Degree	Degree Date	From		Dates Attended		To	Yr
						Mo	Yr	Mo	Yr		

LAST HIGH SCHOOL

COLLEGES ATTENDED

OTHER

## ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application.

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize (consent to) the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including contacting the references and previous employers, I have named in this application. I also understand that this application is not a contract of employment.

I hereby give my consent to a criminal background and/or a motor vehicle records check if the position I have applied for requires this as a condition of my employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge if I am hired. I also understand that I may be required to have a physical exam related to the essential functions of the position I am applying for and/or pass a drug and alcohol pre-employment test. A failed physical and/or drug screen may result in the conditional offer of employment being withdrawn.

I understand that if employed, I am required to abide by all rules and regulations of Cass County.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date