



## Application for Employment

### Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Home telephone: \_\_\_\_\_ Email \_\_\_\_\_

Cell Telephone: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

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

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Are you under the age of 18? YES  NO  If yes, a work permit may be required. YES  NO

Have you previously filled out an application with CCSS within the last 6 months? YES  NO

Have you ever been employed by CCSS? YES  NO  If yes, when? \_\_\_\_\_

Do you have a valid driver's license? YES  NO  If yes, is it a Chauffeur's license or a CDL? (Circle)

Can you travel if your job requires? YES  NO

Are you related to any CCSS staff or Board member? YES  NO

If yes, identify name, position, and location : \_\_\_\_\_

I am interested in (circle): Full Time Part Time Relief (On call) Seasonal

Indicate the hours you are available to work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M							
P.M							

**An Equal Opportunity Employer**

All qualified applicants will receive consideration without regard to race, color, veteran or marital status, gender, sexual orientation, age, religion, creed, national origin, personal appearance, disability or any other legally protected status.

**Education**

Name of Institution :

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed: \_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed: \_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

To: \_\_\_\_\_ From: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**Additional Training:**

Do you have a professional or vocational license(s)? YES  NO

If yes, explain : \_\_\_\_\_

**Employment History**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**References**

*Please list three professional references.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Email \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**How did you learn about CCSS?**

- Advertisement     Walk-In     Internet Site     A Relative/ Friend
- A CCSS Staff Member     Employment Agency     Expressions Newsletter
- A CCSS Board Member     A CCSS Volunteer     Clergy/Religious Organization
- Other \_\_\_\_\_

**Disclaimer and Signature**

I hereby understand and acknowledge that any employment relationship with Cass Community Social Services, Inc. is of an "at will" nature, which means that I as an Employee I could resign at any time and the Employer (CCSS) may discharge me/an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed verbally or by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in a discharge from employment with the agency.

I understand, also, that Cass employees are required to abide by all rules/regulations of the employer and that, if employed by CCSS, the organization will require a criminal background check, testing for illegal drug use, and a Michigan Department of Human Services (DHS) clearance.

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

Date of Application \_\_\_\_\_