

Any person offered a County position will be required to take a Drug Test. A physical will be required of all who are employed by the County.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or disability.



EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Please Print in ink or type

Submit by U.S. Mail, FAX or Email:
 Human Resources Department
 13 East Canal Street
 Sumter, SC 29150
 (803) 774-2827 FAX
 krogers@sumtercountysc.org

Date: _____

Position applying for: _____

Department: _____

PERSONAL INFORMATION

Name _____
 First Middle Last Social Security Number

Present Address _____
 cghnccg Street City State Zip Code

Previous Address _____
 Street City State Zip Code

Phone Number (Day) _____ (Evening) _____ (Other) _____

Are you a current Sumter County employee or have you worked for Sumter County in the past? Yes No
 If so, when? _____ What Department? _____

Your name when employed (if different from present) _____

Do you have a valid driver's license? Yes No
 License No. State Expiration Date Restrictions

Do you have a valid CDL? Yes No
 License No. State Expiration Date Restrictions

Have you been convicted of a: Felony Yes No Misdemeanor Yes No

If yes, please explain and give dates: _____

Have you ever been fired or asked to resign from a job? Yes No If yes, give date, name and address of employer, and reason

(A firing or forced resignation does not automatically mean that you cannot be employed. The circumstances, time elapsed, and recent employment record will be considered. However, failure to be completely honest and accurate about such circumstances may cause your application to be disqualified for employment.)

EDUCATION HISTORY

High School attended: _____ City and State: _____ Highest Grade Completed: _____

Do you have a high school diploma or GED? Yes No Date Received: _____

NAME AND ADDRESS	Dates Attended		Degree Pending	Mo/Yr Degree or Certificate	Degree Completed (B.A. etc.) or Certificate	Major and Minor Fields of Study
	From Mo/Yr	To Mo/Yr				
College						
Graduate Work						
Other (i.e., business, technical, military, etc.)						

Please list professional memberships, certificates, licenses, honors, fellowships, etc. _____

This information will NOT be used for making employment decisions, and will NOT be kept with your application for employment. It is needed to analyze and assure compliance with State and Federal Equal Employment Opportunity laws, and to meet reporting requirements.

CHECK APPROPRIATE BLOCKS FOR THE FOLLOWING: Date of Birth: _____ Marital Status: _____

Male Female Are you disabled? Yes No DEFINITION OF DISABLED: "Disabled person" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

Racial or ethnic group with which you identify. (Check ONLY one.)
 White (includes persons of Arabian descent)
 Black (includes Jamaicans, Bahamians, and other Caribbeans of Africa but not Hispanic or Arabian descent)
 Hispanic (includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture)
 Asian American (includes Pakistanis, Indians and Pacific Islanders)
 American Indian (includes Alaskan natives)

The following information will help us to learn of the most effective way of informing interested persons of the job opportunities with Sumter County. Please check ONE of the following as to how you learned of employment opportunities with Sumter County.
 From a relative/friend From a Sumter County employee
 Sumter County Website Other (please specify) _____

NO RESUME WILL BE ACCEPTED UNLESS ACCOMPANIED BY A FULLY COMPLETED APPLICATION

WORK HISTORY Please provide a complete record of your employment history including part-time work, military services and volunteer experience. List all experience in order, **starting with your present or most recent position and working back.** Describe your duties and responsibilities in each position thoroughly so that your experience may be fairly evaluated. Account for all periods of unemployment.

Dates of employment _____ to _____ Mo/Yr Mo/Yr <input type="checkbox"/> full-time <input type="checkbox"/> part-time If part-time hours per week _____ Description of duties _____ _____ _____ Machines and equipment used	Name of employing firm _____ Mailing address (including zip code) _____ Job Title _____	Name and title of immediate supervisor _____ Telephone Number _____ Reason for Leaving _____ Your name when employed if different from present _____
Dates of employment _____ to _____ Mo/Yr Mo/Yr <input type="checkbox"/> full-time <input type="checkbox"/> part-time If part-time hours per week _____ Description of duties _____ _____ _____ Machines and equipment used	Name of employing firm _____ Mailing address (including zip code) _____ Job Title _____	Name and title of immediate supervisor _____ Telephone Number _____ Reason for Leaving _____ Your name when employed if different from present _____
Dates of employment _____ to _____ Mo/Yr Mo/Yr <input type="checkbox"/> full-time <input type="checkbox"/> part-time If part-time hours per week _____ Description of duties _____ _____ _____ Machines and equipment used	Name of employing firm _____ Mailing address (including zip code) _____ Job Title _____	Name and title of immediate supervisor _____ Telephone Number _____ Reason for Leaving _____ Your name when employed if different from present _____

Use this space for any special qualifications and skills (i.e., skills with construction or office equipment, publications, etc.) or additional information that you feel will help us to evaluate your application _____

May we contact your former employers? Yes No Present employers? Yes No If no, why? _____

REFERENCES

Please list two persons, other than relatives or former employers, who know your qualifications or who know your character.

Name _____	Name : _____
Address: _____	Address: _____
City, State, Zip Code: _____	City, State, Zip Code: _____
Phone Number _____	Phone Number _____

Applicant's Signature

Date

I hereby affirm that all statements made herein are true and correct. I authorize the County to conduct whatever investigation(s) it deems necessary to confirm the statements submitted on this application. If investigation(s) determines any untrue statement(s) was made, I accept this as sufficient grounds for refusal to hire, or dismissal.

I also authorize and request each former employer and person, firm or corporation given as reference to answer any and all questions that may be asked and to give any and all information that may be sought in connection with this application concerning my work habits, character and skill.

I agree to submit myself, upon request, for physical examination by a physician selected by the County and understand that failure to meet the physical requirements may disqualify me for employment. I understand I must submit myself for drug testing prior to my being employed by the County. Failure of the test will disqualify me for the position offered.

The use of this application form does not indicate that there are any positions available, and in no way obligates the County.

Applicant's Signature

Date