

**Mail To:**  
**Sumter County Board of Commissioners**  
P.O. Box 295  
Americus, Georgia 31709  
**Telephone (229) 928-4500**  
**Fax (229-928-4503**  
**E-mail: [deharris@sumtercountyga.us](mailto:deharris@sumtercountyga.us)**



**Apply in Person:**  
**Human Resources Department**  
**Commissioners Office**  
500 West Lamar Street, Suite 100  
Americus, Georgia 31709

## APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:

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All information provided in this application **MUST BE COMPLETE** so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, religion, sex, age, national origin or disability. Sumter County will hire only authorized workers regardless of national origin. This application must be typed or printed. Please complete on application for each position for which you are applying. **YOU MUST SIGN AND DATE YOUR APPLICATION IN INK. RESUMES ARE NOT ACCEPTED IN LIEU OF A COMPLETED APPLICATION. THE FOLLOWING DOCUMENTS MUST BE TURNED IN WITH APPLICATION: COPY OF SOCIAL SECURITY, DRIVER'S LICENSE OR IDENTIFICATION CARD, COPY OF BIRTH CERTIFICATE (IF APPLICABLE) AND PROOF OF EDUCATION. INCOMPLETE APPLICATIONS MAY BE REJECTED.**

### Personal Data

Social Security #: \_\_\_\_\_ Salary Requirements: \_\_\_\_\_

\_\_\_\_\_  
Last Name First (given) MI Other name(s) which referred

\_\_\_\_\_  
Street Address Apt. # City State Zip

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

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

How did you hear about this opening? \_\_\_\_\_ Date Available to begin: \_\_\_\_\_

**WILL YOU ACCEPT:**  Full-time  Part-Time Work/Shift Work  Weekend/Holiday  Temporary Work

Are you over 18 years old? \_\_\_\_\_

Are you eligible to work in the United States either because you are a U.S. Citizen or have the USA government permission to so? \_\_\_\_\_.

**NOTE:** If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide requested documentation may result in determination that the applicant is ineligible for employment in the United States.

Have you ever worked for us before? If yes, when and what department:

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Give name, relationship & department of any relatives who are employed by the Sumter County Government.

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**DRIVER'S HISTORY INFORMATION**

Do you have a valid Driver's License? \_\_\_\_\_

License #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever received any traffic violations in the past 3 years? \_\_\_\_\_ If yes, list type of offence and dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL HISTORY INFORMATION**

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a misdemeanor? (For example: DUI, Bad Checks, etc.) \_\_\_\_\_ (Omit non-moving traffic violations/parking tickets and any offense which was finally adjudicated in a Juvenile Court or under Youth Offender Law). If yes describe circumstances: (Date, place, charges, and disposition).

Use additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a felony? \_\_\_\_\_

If yes describe circumstances: (Date, place, charges, and disposition).

Use additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** An applicant convicted of a criminal offense involving the manufacture, distribution, trafficking or sale of a controlled substance, dangerous drug or marijuana, or convicted of any felony involving violent crime such as assault with a deadly weapon, aggravated assault or murder are ineligible for employment with the Sumter County Government. Such applicants shall be automatically rejected. Applicants convicted of any other felony will be considered on a case-by-case basis. An applicant who has been convicted of any felony or misdemeanor and has received a pardon from the appropriate State Pardons Parole Board shall be eligible for employment with the Sumter County Government.

Have you ever been suspended, demoted dismissed or asked to resign from any job? If yes, explain in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***"We are an Equal Opportunity Employer"***

# EDUCATION

## High School

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 (Name of the High school or state authority issuing diploma or certificate) \_\_\_\_\_

Highest grade completed: \_\_\_\_\_ Graduated: \_\_\_\_\_ Year: \_\_\_\_\_  
 If not a high school graduate, do you have a GED? \_\_\_\_\_

## Colleges/Universities

Please complete the following section for the post-secondary education (Technical Schools/Colleges/Universities):

Name of School	City	State	If No Degree, Hours Earned		Major	Type of Degree	Degree Earned? Yes / No
			Quarter	Semester			

Describe any specialized training, qualifications, apprenticeship, skills, and extra-curricular activities which relate to the job for which you are applying. Include office equipment, computer skills, foreign language skills, typing skills, and business equipment or machine operating skills which may relate to the position for which you are applying. Use additional sheets if necessary.

**References** - Give names, addresses, and telephone numbers of three (3) references that **ARE NOT** related to you and **ARE NOT** previous employers.

1. \_\_\_\_\_  
 Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  
2. \_\_\_\_\_  
 Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  
3. \_\_\_\_\_  
 Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## WORK HISTORY

Describe your work history beginning with your current or most recent job. Include military and volunteer experience and periods of unemployment, Failure to give complete information regarding each job held, may result in your disqualification. Complete address and zip codes and telephone numbers for all employers are necessary. ***A resume may be attached only as additional information and will not be accepted in lieu of competing this section.*** Use Additional sheets if necessary.

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

Address: \_\_\_\_\_ **Dates of Employment:**

Name of Supervisor \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Mo/Yr: \_\_\_\_\_ Mo/Yr: \_\_\_\_\_

Job Title \_\_\_\_\_ Pay \_\_\_\_\_  
Start: \_\_\_\_\_ End: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Describe work performed:

.....

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

Address: \_\_\_\_\_ **Dates of Employment:**

Name of Supervisor \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Mo/Yr: \_\_\_\_\_ Mo/Yr: \_\_\_\_\_

Job Title \_\_\_\_\_ Pay \_\_\_\_\_  
Start: \_\_\_\_\_ End: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Describe work performed:

.....

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

Address: \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_

**Dates of Employment:**

From: \_\_\_\_\_ To: \_\_\_\_\_  
Mo/Yr: \_\_\_\_\_ Mo/Yr: \_\_\_\_\_

Job Title \_\_\_\_\_ Pay \_\_\_\_\_  
Start: \_\_\_\_\_ End: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Describe work performed:

.....

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

Address: \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_

**Dates of Employment:**

From: \_\_\_\_\_ To: \_\_\_\_\_  
Mo/Yr: \_\_\_\_\_ Mo/Yr: \_\_\_\_\_

Job Title \_\_\_\_\_ Pay \_\_\_\_\_  
Start: \_\_\_\_\_ End: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Describe work performed:

**Specialized Skills and Training**

Describe any specialized trainings, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States Military.

**List professional, trade, business or civic activities and offices held.**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

## Authorization to Release Information Conditions of Employment

I have made application for employment with the Sumter County Government. I authorize any person or organization to give you any and all information concerning my previous employment, education or any other information they might have, personal or otherwise, whether or not it is in the records, with regard to any of the subjects covered by this application and I release all such parties from all liability for any damages whatsoever for issuing same.

Furthermore, if I am employed by the Sumter County Government, I agree to conform to the policies, rules, orders and regulation of the government set forth in the Sumter County Personnel System, employee handbook, policies, and ordinances; and acknowledge that these policies, rules and regulations may be changed, interpreted, withdraws or added by the employer at any time a the employer's sole opinion.

I further acknowledge that if I become employed with the Sumter County Government, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer until such time that I am no longer on my initial trial period, and become a regular status employee.

If require by Sumter County Government for the position which I am applying, I consent to undergo a physical examination and/or psychological examination after I have received a conditional offer of employment, as deemed necessary.

***THIS APPLICATION WILL REMAIN ACTIVE FOR FORTY FIVE (45) DAYS ONLY UNLESS RENEWED PERSONALLY BY ME IN WRITING.***

**Before an applicant can be employed with the Sumter County Government they must successfully pass a drug test. Should you become an employee with the Sumter County Government, your position may require a random drug screen.**

May we contact you present employer? \_\_\_\_\_

You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even though we may no contact your present employer.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Alcohol and Substance Testing

As a condition of employment with the Sumter County Government, you will be required to submit to an alcohol and controlled substance test. Employees must, as a condition of employment, abide by our policies regarding the effects of drug use and unlawful possession of controlled substances. Employees are expected to report for work without the effects of illegal drugs and alcohol in their bodily systems. Employees must report any conviction under criminal drug statute for such violations. A report of conviction must be made within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988). In order to be employed by the Sumter County Government, you must successfully pass the aforementioned testing.

By signing this form, I acknowledge the above and consent to such examination and test.

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

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## Applicant's Certification and Agreement

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I am aware that the falsification of this application or the omission of complete information will result in disqualification or upon discovery, termination of employment, The Sumter County Government is hereby authorized to make any investigation of my prior educational and work history. Finally, I agree that all records generated for purposes of employment are property of an all remain the sole and exclusive property of the Sumter County Government.

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

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## Applicant's Certification of Employment Agreement

By my signature below, I certify that I am in compliance with O.C.G.A. 13-10-91 and that I am a citizen, legal permanent resident, or qualified alien or nonimmigrant and I am eligible to work in the United States.

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



**ALL OFFICIAL APPLICATIONS MUST CONTAIN ORIGINAL SIGNATURES**  
**THE GOVERNMENT OF SUMTER COUNTY PUBLIC SAFETY RELEASE OF CRIMINAL HISTORY CONSENT FORM**

The intent of this authorization is to give my ongoing consent for full and complete disclosure of my criminal history.

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

\_\_\_\_\_  
Social Security Number Height Weight Eye Color Hair Color

\_\_\_\_\_  
Date of Birth Race Sex

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

Authorize: **Sumter County Board of Commissioners**  
**Human Resources Representative**  
P.O. Box 295  
500 W Lamar Street  
Americus, Georgia 31709  
(229) 928-4500

To receive my criminal history record from Sumter County Police/Sheriff's/Correction Department NCIC/GCIS database search. I understand this request will only be used for employment purposes.

**DO NOT SIGN UNLESS IS IN FRONT OF NOTARY PUBLIC**

Signature: \_\_\_\_\_

\* \_\_\_\_\_  
Signature of Parent/Guardian

\* Parental/Guardian consent is required for applicants under the age of 18

**Employment Provisions (check all that apply):**

- General Employment
- Employment working with children
- Employment with criminal justice agency – non-sworn (i.e. Sheriff Department, Correctional Institute, Public works)
- Employment with criminal justice agency – sworn (i.e. Deputy Sheriff, Correctional Office, Detail Officer, Communications Officer)

Where information provided through your criminal history indicates criminal charges outside the State of Georgia, it is your responsibility as an applicant to provide the Sumter County Human Resources Department with a copy of all criminal history records in all other applicable States. Failure to provide the required information may result in the disqualification of your application.

**NOTICE: unless all blanks are completed on this form and the form is notarized no information will be released.**

Sworn To And Subscribed Before Me

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

Seal

**THE GOVERNMENT OF SUMTER COUNTY HUMAN RESOURCES DEPARTMENT  
AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD**

I understand that driving a Sumter County vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining satisfactory driving record is a condition of my employment. I hereby authorize the Sumter County Human Resources Department, within twelve (12) month of this date, to obtain any information in my files pertaining to my driving record for the time period indicated below.

This release is executed with full knowledge and understanding that the information is for official use of the Sumter County Human Resources Department for purposes of employment or underwriting of insurance and will not be used for any other purpose.

Consent is granted for the Human Resources Department to furnish such information as described above to the parties in the sources of fulfilling its official responsibilities.

_____ Print Full Name		
_____ Date of Birth	_____ Driver's License Number	_____ Issuing State
_____ Expiration Date	<b>Request:</b>	<i>Three-year</i> <input type="checkbox"/> <i>Seven-year</i> <input type="checkbox"/>
<b><u>DO NOT SIGN UNLESS IS IN FRONT OF NOTARY PUBLIC</u></b>		
_____ Signature		_____ Date
Sworn To And Subscribed Before Me  This _____ Day of _____, 20____  _____ Notary Public		
_____ Notary Expiration		
Seal		

**Sumter County Board of Commissioners • 500 West Lamar Street, Americus, Georgia 31709**