## Mail To: **Sumter County Board of** Commissioners P.O. Box 295 Americus, Georgia 31709 Telephone (229) 928-4500 Internal Use Only

NQ

Fax (229) 928-4503

Email: thoward@sumtercountyga.us

# APPLICATION FOR EMPLOYMENT



#### **POSITION APPLIED FOR:**

Human Resources Department, **Commissioners Office** 500 West Lamar Street Americus, Georgia 31709

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 one 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.

# INCOMPLETE APPLICATIONS MAY BE REJECTED **Personal Data**

| Social Secu                   | ırity #                          |                          | _ Salary Req        | quirem                                | ent              |  |  |
|-------------------------------|----------------------------------|--------------------------|---------------------|---------------------------------------|------------------|--|--|
| Last Name                     |                                  | First (given)            | Middle              | 3                                     | Other name(s     | e) which referred  |  |
| Address:                      | Street                           | Apt#                     |                     | City                                  | State            | Zip Code   |  |
| Email Addres                  | s:                               |                          |                     |                                       |                  |  |  |
| Telephone:                    | Home Phone                       | <del></del>              | Work Phone #        | · · · · · · · · · · · · · · · · · · · | Cell             | Phone #  |  |
| How did you                   | hear of this open                | ing?                     | D                   | ate avai                              | lable to begin:  |  |  |
| WILL YOU A                    |                                  | emporary Work            | Part-Time Wor       | k S                                   | Shift Work       | Weekend/Holiday  |  |
| government p<br>NOTE: If offe | ermission to do sered employment | so?<br>you will be requi | red to provide doct | umentat                               | ion to verify er | pecause you are a U.S. citizen or have<br>apployment eligibility. Failure to prove<br>apployment in the United States. |  |
| Have you eve                  | r worked for us t                | pefore? If yes, who      | en and where?       |                                       |                  |  |  |
|                               |                                  |                          |                     |                                       |                  | Revised 02/2017  |  |

| Give name, relationship, & department of any relatives who are employed by the Sumter County Government.   |
|--|
|  |
| DRIVER'S HISTORY INFORMATION:  |
| Do you have a valid Drivers License?   |
| License # Class State  |
| Have you received any traffic violations in the past 3 years?  If yes, list type of offense 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 the 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?  [Date, Place, Charges, Disposition]. Use additional sheets if necessary.  [Date of 18] If yes, describe the circumstances:   |
| NOTE: An applicant convicted of a criminal offense involving the manufacture, distribution, trafficking, or sale of a controlled substance, dangerous drugs 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 Count 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 of                         | or state auth | ority issuir |               |                               |                  |                |                   |
| Select highest grade comp                           | leted:        |              | (             | Graduated:                    |                  |                |                   |
| If not a high school gradua                         | ate, do you l | nave a GEI   | D?            |                               |                  |                |                   |
| Colleges/Universities                               |               |              |               |                               |                  |                |                   |
| Please complete the foll                            | owing sect    | ion for po   | st-secondary  | education (Te                 | chnical Schools  | /Colleges/Un   | iversities):      |
| Name of School                                      | City          | State        | _             | If No Degree, Hours<br>Earned |                  | Type of Degree | Degree<br>Earned: |
|   |               |              | Quarter       | Semester                      |                  |                | Yes/No            |
|   |               |              |               |                               |                  |                |                   |
|   |               |              |               |                               |                  |                |                   |
|   |               |              |               |                               |                  |                |                   |
|   |               |              |               |                               |                  |                |                   |
| References – Give names,<br>NOT previous employers. |               | and teleph   | one numbers o | of three (3) refere           | ences that ARE ! | NOT related to | you and ARI       |
| 1.  |               |              |               |                               |                  |                |                   |
| Name  |               |              |               |                               | Phone #          |                |                   |
| Address: Street                                     |               | Apt          |               | City                          | State            |                | Zip Code          |
| 2   |               |              |               |                               |                  |                |                   |
| Name  |               |              |               |                               | Phone #          |                | <del></del>       |
| Address: Street                                     |               | Apt          | #             | City                          | State            |                | Zip Code          |
| 3.  |               |              |               |                               |                  |                |                   |
| Name  |               |              |               |                               | Phone #          |                | ·····             |
| Address: Street                                     |               | Apt          | #             | City                          | State            |                | Zip Code          |

# **Work History**

Describe you 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 addresses with 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 completing this section. Use additional sheets if necessary.

| 1 2   |       |       |   | Telephone:  |               |
|---|-------|-------|---|---|---------------|
| Address:  |       |       |   | Dates Employed:                                     |               |
| Street  | City  | State | Zip Code                                | From Mo/Yr  | To Mo/Yr      |
| Name of Your Supervisor:                          |       |       |   | Pay Start:  | End:          |
| ob Title:   |       |       |   |   |               |
| Reason for Leaving:                               |       |       |   |   |               |
| Describe Work Performed:                          |       |       |   |   |               |
|   |       |       | *************************************** |   |               |
|   |       |       |   |   |               |
|   |       |       |   |   |               |
|   |       |       |   |   |               |
|   |       |       |   | •   |               |
| *****   | ***** | ***** | *****                                   | *****   | ••••          |
|   |       |       |   |   |               |
| Employer:   |       |       |   | Telephone:  |               |
| Employer:   |       |       |   |   | d:            |
| Employer:Address:Street                           | City  | State | Zip Coo                                 | Telephone: Dates Employe le From Mo/Yr              | d:<br>To Mo/Y |
| Employer:Address:Street  Name of Your Supervisor: | City  | State | Zip Cod                                 | Telephone:  Dates Employe le From Mo/Yr  Pay Start: | d:<br>To Mo/Y |
| Employer:Address:Street  Name of Your Supervisor: | City  | State | Zip Cod                                 | Telephone:  Dates Employe le From Mo/Yr  Pay Start: | d:<br>To Mo/Y |
| Employer:Address:Street  Name of Your Supervisor: | City  | State | Zip Cod                                 | Telephone:  Dates Employe le From Mo/Yr  Pay Start: | d:<br>To Mo/Y |

| Employer:   |      |       |          | Telephone:  |               |
|---|------|-------|----------|---|---------------|
| Address:  |      |       |          | Dates Employed                                    | l:            |
| Street  | City | State | Zip Code | From Mo/Yr  | To Mo/Y       |
| Name of Your Supervisor:                          |      |       |          | Pay Start:  | End:          |
| Job Title:  |      |       |          |   |               |
| Reason for Leaving:                               |      |       |          |   |               |
| Dagariba Warls Parformed                          |      |       |          |   |               |
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| Employer.   |      |       |          |   |               |
| Employer:   |      |       |          |   | *****         |
|   |      |       |          | Telephone:<br>Dates Employed                      | :             |
| Employer:Address:Street                           |      |       |          | Telephone:<br>Dates Employed<br>From Mo/Yr        | :<br>To Mo/Yr |
| Employer:Address:Street  Name of Your Supervisor: | City | State | Zip Code | Telephone: Dates Employed From Mo/Yr_ Pay Start:  | :             |
| Employer:Address:Street  Name of Your Supervisor: | City | State | Zip Code | Telephone:  Dates Employed From Mo/Yr  Pay Start: | :<br>To Mo/Yr |
| Employer:Address:Street  Name of Your Supervisor: | City | State | Zip Code | Telephone:  Dates Employed From Mo/Yr  Pay Start: | :<br>To Mo/Yr |

# **Specialized Skills and Training**

| Describe any specialized training, a | pprenticeship, skill | s, and extra-curric | ular activities.       |                     |
|--------------------------------------|----------------------|---------------------|------------------------|---------------------|
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| escribe any job-related training red | asivad in the United | d States military   |                        |                     |
| escribe any job-related training rec | Jerved in the Onne   | a States miniary.   |                        |                     |
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| ist professional, trade, business or | civic activities and | offices held.       |                        |                     |
| ou many exclude membership which wo  |                      |                     | origin, age, ancestry, | disability or other |
| otected status.                      |                      |                     |                        |                     |
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# Authorization to Release Information Conditions of Employment

I have made application for employment with the Sumter County Government. I authorize any persons or organizations 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 damage whatsoever for issuing same.

Furthermore, if I am employed by the Sumter County Government, I agree to conform to the policies, rules, orders and regulations 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, withdrawn, or added by the employer at any time, at the employer's sole option.

I further acknowledge that if I become employed with the Sumter County Government, my employment will be atwill 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 required 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 <u>FOR FORTY-FIVE (45) DAYS ONLY</u> 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 random drug testing.

May we contact your present employer?

| The second secon | probable difficulties |  |  |
|--|-----------------------|--|--|
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|  |                       |  |  |
|  |                       |  |  |
| Date:  | Signature:            |  |  |
| Date,  | oignature.            |  |  |

You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even

though we may not contact your present employer.

# **Alcohol and Controlled 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 statue 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.

| •   | Government, you must successfully pass the aforementioned testing.   |
|---|--|
| By signing this form  | , I acknowledge the above and consent to such examination and test.  |
| Date:   | Signature:   |
|   |  |
|   | Applicant's Certification and Agreement  |
| knowledge. I am<br>result in disquali<br>hereby authorize<br>records generate | facts set forth in this application for employment are true and complete to the best of my aware that the falsification of this application or the omission of complete information will fication, or upon discovery, termination of employment. The Sumter County Government is d to make any investigation of my prior educational and work history. Finally, I agree that all d for purposes of employment are property of and shall remain the sole and exclusive property ounty Government. |
| Date:   | Applicant's Signature:   |
| Government and  | of reference, etc. submitted with this application become property of the Sumter County will not be returned. The information you have provided on the application is subject to public the Georgia Open Records Act.  |
|   | Applicant's Certification of Employment Agreement  |
|   | below, I certify that I am in compliance with O.C.G.A. 13-10-91 and that I am a citizen, legal ent, or a qualified alien or nonimmigrant and I am eligible to work in the United States.   |
| Date:   | Applicant's Signature:   |

# 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.

| [;   |                                    |                                    |  |                                    |  |  |
|--|------------------------------------|------------------------------------|--|------------------------------------|--|--|
| Last Name  |                                    | Fir                                | st Name                                |                                    | Middle   |  |
| Social Security Number   |                                    | Height                             | Weight                                 | Eye Color                          | Hair Color   |  |
| Date of Birth  |                                    | Race                               | Sex                                    |                                    |  |  |
|  | Street Address                     |                                    | City                                   | State                              | Zip  | _  |
| Authorize: Sumter County Board of Con<br>Authorized Human Resource<br>P.O. Box 295<br>Americus, Georgia 31709<br>229) 928-4500 |                                    |                                    |  |                                    |  |  |
| To receive my search. I unders   | criminal histor<br>stand this requ | y record from Suest will only be u | umter County Poli<br>used for employme | ce/Sheriff's/Correct ent purposes. | ections Departmen  | t NCIC/GCIC database   |
| Signature  |                                    |                                    | ·····                                  |                                    |  |  |
|  |                                    | ,                                  | *                                      |                                    |  |  |
|  |                                    | * D                                | _                                      | arent/ Guardian                    |  | 10   |
|  |                                    | "Fureniai/                         | Guaraian conșei                        | ni is requirea jor                 | applicants under o   | ige 18.  |
| Employment p   | rovisions (chec                    | ck all that apply)                 | :                                      |                                    |  |  |
|  | it working with                    |                                    |  |                                    |  |  |
|  |                                    |                                    |  |                                    | , Correctional Institutional Officer, Detail                         | ute, Public Works) Officer, Communications                                     |
| responsibility as  | an applicant to                    | provide the Sum                    | ter County Human                       | Resources Depart                   | outside the state of<br>tment with a copy of<br>the disqualification | Georgia, it is your<br>f all criminal history record<br>n of your application. |
| Notice: unless a   | ll blanks are c                    | ompleted on this                   | form and the form                      | is notarized no in                 | nformation will be r   | eleased.   |
| Sworn To And   | Subscribed B                       | efore Me                           |  |                                    |  |  |
| This   | Day of                             |                                    | , 20                                   |                                    |  |  |
| Notary Public  |                                    |                                    | <del></del>                            |                                    |  |  |

## 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) months 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 Resource 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 third parties in the course of fulfilling its official responsibilities.

#### \* COMPLETE ONLY IF VALID DRIVER'S LICENSE IS REQUIRED FOR THE POSITION YOU ARE APLLYING FOR\*

| Evil Nome:                                    |                     |
|---|---------------------|
| Full Name: (Print)                            | <del></del> -       |
|   |                     |
| Date of Birth: Driver's License Number:       | State Where Issued: |
|   |                     |
| Driver's License Expiration Date: Request: Th | ree-year Seven-Year |
|   |                     |
| Signature:                                    | Date:               |
|   |                     |
| Sworn to and Subscribed before Me             |                     |
|   |                     |
| This, 20                                      |                     |
|   |                     |
| Notary Public:                                |                     |
|   |                     |
| Notary Expiration:                            |                     |

P.O. Box 295 Americus, Georgia 31709