

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

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: Temporary Work Part-Time Work/Shift Work Weekend/Holiday Full-time
(Circle all that apply)

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:

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

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 no be accepted in lieu of competing this section.*** Use Additional sheets if necessary.

.....

Employer: _____ Phone Number: _____

Address: _____
Name of Supervisor _____
Job Title _____

Dates of Employment:
From: _____ To: _____
Mo/Yr: _____ Mo/Yr: _____
Pay Start: _____ End: _____

Reason for Leaving _____

Describe work performed:

.....

Employer: _____ Phone Number: _____

Address: _____
Name of Supervisor _____
Job Title _____

Dates of Employment:
From: _____ To: _____
Mo/Yr: _____ Mo/Yr: _____
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, withdrawn or added by the employer at any time at 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 UN 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: _____

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: _____

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.

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_____

Seal

Notary Public

**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.

*** COMPLETE ONLY IF VALID DRIVER'S LICENSE IS REQUIRES FOR THE POSITION YOU ARE APPLYING FOR***

_____ Print Full Name		
_____ Date of Birth	_____ Driver's License Number	_____ Issuing State
_____ Expiration Date	Request:	<i>Three-year</i> <input type="checkbox"/> <i>Seven-year</i> <input type="checkbox"/>
_____ Signature		_____ Date
Sworn To And Subscribed Before Me This _____ Day of _____, 20____ _____ Notary Public		
_____ Notary Expiration		Seal

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