

Mail To:
Sumter County Board of Commissioners
P.O. Box 295
Americus, Georgia 31709
Telephone (229) 928-4500
E-fax (229)-389-2191
E-mail: hr@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:

Sumter County is an Equal Opportunity Employer.

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. Please complete an application for each position for which you are applying. **YOU MUST SIGN AND DATE YOUR APPLICATION IN INK. RESUMES ARE ACCEPTED; HOWEVER, A COMPLETED APPLICATION IS REQUIRED.**

PERSONAL DATA

Salary/Hourly Rate Desired: _____

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

Street Address Apt. # City State Zip

Email Address: _____

Home Phone

Cell Phone

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

Can you perform the essential function of this position? ☐ Yes ☐ No

WILL YOU ACCEPT: ☐ Full-time ☐ Part-Time

Are you at least 18 years old? _____ Are you authorized to work in the United States unrestrictedly? _____.

NOTE: If offered employment, you must 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? ☐ Yes ☐ No If yes, when and what department: _____

Give the 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? ☐ Yes ☐ No

License #: _____ Class: _____ State: _____

CRIMINAL HISTORY INFORMATION

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

EDUCATION

High School Diploma or GED

High school graduate: ☐ Yes ☐ No If not a high school graduate, do you have a GED? _____

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

Colleges/Universities

Please complete the following section for the post-secondary education (technical school/college/university):

EDUCATION	Name and location of school	Degree Received	Subjects studied/Major
College or University			
College or University			
Trade, Business or Correspondence			

Specialized Skills, Training, Professional and/or Civic Engagement: Describe any specialized training, apprenticeship, skills, and 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.* Use additional sheets if needed.

EMPLOYMENT HISTORY

Include your last seven (7) years of employment history. **This section must be completed in its entirety.** A resume may be attached. If necessary, use additional sheets.

May we contact your current employer? ☐ Yes ☐ No ☐ N/A

From (Mo/Yr.)	To (Mo/Yr.)	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Describe work performed	
Reason for leaving			
From (Mo/Yr.)	To (Mo/Yr.)	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Describe work performed	
Reason for leaving			
From (Mo/Yr.)	To (Mo/Yr.)	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Describe work performed	
Reason for leaving			
From (Mo/Yr.)	To (Mo/Yr.)	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Describe work performed	
Reason for leaving			
From (Mo/Yr.)	To (Mo/Yr.)	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Describe work performed	
Reason for leaving			

REFERENCES

Please list three (3) professional references **NOT** related to you with full name, address, phone number, email, and the number of years acquainted. If you do not have three (3) professional references, then list personal, unrelated references, whom you have known for at least three (3) years.

Name	Address/Phone/Email	Company	Years Acquainted
1)			
2)			
3)			

CERTIFICATION OF APPLICATION

I have made an application for employment with the Sumter County Government. I authorize any person or organization to give you 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.

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. I agree that all records generated for purposes of employment are property of and shall remain the sole and exclusive property of the Sumter County Government.

Signature: _____ Date: _____

CONDITIONS OF EMPLOYMENT

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

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 to work without the effects of illegal drugs and alcohol in their bodily systems. Employees must report any conviction under the 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. To be employed by the Sumter County Government, you must successfully pass the alcohol and controlled substance test.

I 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

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

By signing this form, I acknowledge the above and consent to such examinations and tests.

Signature: _____ Date: _____

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize Sumter County Board of Commissioners to conduct an inquiry for
Agency/Company
the purpose below and receive any Georgia and/or national (CHRI) as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

Signature

Date

Attorney for Individual (Purpose Code E and U Only)

Bar Number

Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used (check one): Note: *Only one inquiry may be performed per consent form.*

<input type="checkbox"/>	E	Employment
<input type="checkbox"/>	M	Employment direct care with Mentally Ill/Developmentally Disabled
<input type="checkbox"/>	N	Employment direct care with Elderly
<input type="checkbox"/>	W	Employment direct care with Children
<input type="checkbox"/>	P	Public Record (no consent required)
<input type="checkbox"/>	F	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
<input type="checkbox"/>	U	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT		
<input type="checkbox"/>	J	Civilian Criminal Justice Employment (state and III data received)
<input type="checkbox"/>	Z	Sworn Criminal Justice Employment (state and III data received)

This inquiry resulted in the following (check all that apply):

<input type="checkbox"/>	No criminal history available
<input type="checkbox"/>	Criminal history available (attached/released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (list Wanting agency below)
<input type="checkbox"/>	Wanting Agency Name:
<input type="checkbox"/>	Wanting Agency Telephone:

Agency Designee Signature and Title

Revised June 2023

**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 a 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 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 _____
Request:		
<i>Three-year</i> <input type="checkbox"/>		
<i>Seven-year</i> <input type="checkbox"/>		
<u>DO NOT SIGN UNLESS IS IN FRONT OF NOTARY PUBLIC</u>		
Signature _____		Date _____
<p>Sworn To and Subscribed Before Me</p> <p>This _____ Day of _____, 20____</p> <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">_____ Notary Public</div><div style="width: 30%; text-align: center; color: gray;">Seal</div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">_____ Notary Expiration</div><div style="width: 30%;"></div></div>		