

Any person offered a County position will be required to take a Drug Test.

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  
khooks@sumtercountysc.gov

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

Position applying for: \_\_\_\_\_

Department: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
First Middle Last XXX - XX -  
Last Four of SS #

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

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

Phone number (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_ (Email) \_\_\_\_\_

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 previously employed at Sumter County (If different from present name) \_\_\_\_\_

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, please 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 a 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.)						

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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.

**Employer**      ☐ Full-time      ☐ Part-time      If part-time, hours per week \_\_\_\_\_

**Employer**      ☐ Full-time      ☐ Part-time      If part-time, hours per week \_\_\_\_\_

**Employer**      ☐ Full-time      ☐ Part-time      If part-time, hours per week \_\_\_\_\_

Business Name	Name & Title of Immediate Supervisor		Telephone Number
Address: _____			
Street	City	State	Zip Code
Job Title: _____	Dates Employed:	From _____ to _____	
Duties: _____			
_____			
Machines and equipment used: _____			
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.

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May we contact your former employers?    ☐ Yes    ☐ No    May we contact your present employer?    ☐ Yes    ☐ No

If no, why? \_\_\_\_\_

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**REFERENCES**

Please list the names of additional **work-related** references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name	Position	Organization	Telephone Number
Name	Position	Organization	Telephone Number

Please list the names of two **personal** references (not previous employers or relatives) who know your qualifications or who know your character.

Name	Address	Telephone Number
Name	Address	Telephone Number

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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.

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
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