



EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

The City of Sumter is a DRUG FREE Workplace. All applicants tentatively selected for employment will be required to pass a PRE-EMPLOYMENT PHYSICAL EXAMINATION and DRUG SCREEN.

MAILING ADDRESS
Human Resources
P.O. Box 1449
Sumter, SC 29151
(803) 436-2661

Please print in ink or type

Date _____

Position applying for _____ Department _____

PERSONAL INFORMATION

Name _____
First Middle Last Birth Mo. Birth Day Last 4 digits SS#

Present Address _____
Street City State Zip Code How long have you lived here?

Previous Address _____
Street City State Zip Code

Phone number (Day) _____ (Evening) _____ (Other/Cell) _____

Are you a current City of Sumter employee or have you worked for the City of Sumter in the past? Yes No If so when? _____ What Department? _____

Your name when employed (if different from present name) _____ Please list any relatives employed by the City of Sumter _____

Do you have a valid driver's license? Yes No
License No. State Expiration Date Restrictions

Do you have a valid CDL driver's license? Yes No
License No. State Expiration Date Restrictions

Have you been convicted or entered a plea of no contest, or a plea of guilty to a crime(s) other than misdemeanors and summary offenses which have not been annulled, expunged or sealed by court? Yes No

If yes, please explain and give dates: _____

NOTE: Conviction does not necessarily bar you from consideration for employment.

Have you ever been fired or asked to resign from a job? Yes No If yes, give date, name, address of employer, and reason (attach additional sheets if necessary): _____

(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 (Complete based on requirements of this position)

High school attended: _____ Location: _____ Highest Grade completed: _____

Do you have a high school diploma or an equivalency diploma (GED)? Yes No Where received: _____

| NAME AND ADDRESS | Degree Pending | Degree Completed (B.A. etc) or Certificate | Major and Minor Fields of Study |
|---|----------------|--|---------------------------------|
| College | | | |
| Graduate Work | | | |
| Other (i.e. business, secretarial, vocational, technical, military, etc.) | | | |

Indicate below the computer programs with which you are proficient:

E-mail Word Excel Access PowerPoint Publisher

Work History

Give a complete record of your employment history including part-time work, military service and volunteer experience. List all experiences in order, start with your present or most recent position then working back. Describe your duties and responsibilities in each position thoroughly so that your experience may be fairly evaluated. Additional experience forms are available if needed.

| | | |
|--|--|---|
| Dates of Employment _____ to _____ Mo./Yr. Mo./Yr. <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, hours per week _____ Description of duties _____ _____ _____ Machines and equipment used _____ | Name of employing firm _____ | Name and title of your immediate supervisor: _____ Supervisor's Phone No. _____ Reason for leaving: _____ Your name when employed if different from present _____ _____ Number of People you supervised: _____ |
| | Mailing Address (including zip code) _____ | |
| | Job Title _____ | |
| | _____ | |
| Dates of Employment _____ to _____ Mo./Yr. Mo./Yr. <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, hours per week _____ Description of duties _____ _____ _____ Machines and equipment used _____ | Name of employing firm _____ | Name and title of your immediate supervisor: _____ Supervisor's Phone No. _____ Reason for leaving: _____ Your name when employed if different from present _____ _____ Number of People you supervised: _____ |
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| | Mailing Address (including zip code) _____ | |
| | Job Title _____ | |
| | _____ | |

Use this space for any special qualifications and skills or additional information that you feel will help evaluate your application:

Corrected number of words per minute: Typing _____ May we contact your present employer? Yes No If no, explain: _____

I hereby affirm that all statements made herein are true and correct. I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving, and criminal background. If investigation determines any untrue statements, I accept this as sufficient grounds for refusal to hire or dismissal. I also authorize current and former employers to release information regarding my employment. I agree to submit myself for a pre-employment physical examination and drug test by a physician selected by the City, and I understand that failure to meet the physical requirements or refusal to be examined may disqualify me from employment.

Applicant's Signature: _____ Date: _____