

For Office Use ONLY:	Date Filed: _____/_____/_____	Position Applied: _____
Department Applied For: ADM REC FIN CRM CVL		General Other: _____

CLERK OF CIRCUIT COURT, SUMTER COUNTY EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, martial status or disability.*

***If you require special accomodiation because of a disability to participate in the application/selection process, you must notify the hiring authority in advance**

Last Name: _____	First Name: _____	M.I _____
Social Security Number: _____	Driver License Number: _____	
Home Phone: _____	Business Phone: _____	
Mailing Address _____	City, State, ZIP _____	

EDUCATION

HIGH SCHOOL		
Name / Address of School	Received	Date Received
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate of Completion <input type="checkbox"/> GED <input type="checkbox"/> Other _____ <input type="checkbox"/> None, Highest Grade Completed </div> <div style="width: 35%;"></div> </div>		
Your Name while attending if differernt from Application: _____		

COLLEGE / UNIVERSITY OR PROFESSIONAL SCHOOL (Transcripts may be required):				
Name of School	Location:	Dates of Attendance: Month/Year From To	Major / Minor Course of Study	Type of Degree OR Total Credits Earned

Your Name while attending if differernt from Application: _____

BUSINESS; CORRESPONDENACE, TRADE, TECHNICAL, OR VOCATIONAL SCHOOL				
Name of School	Location:	Dates of Attendance: Month/Year From To	Major / Minor Coars of Study	Type of Degree OR Total Credits Earned

Your Name while attending if differernt from Application: _____

LICENSE, REGISTRATION, CERTIFICATION*Example Include: Teachers Certification, RN, LPN, PE, CPA, etc.*

License, Registration / Certificate Number	Date Received	Exp Date

SKILLS:

List other skills you possess and believe relevant to the position you seek, such as typing speed, computer skills, fluency in language(s) other than English, etc.

EXPERIENCE

Describe your work experience, beginning with your current or most recent job. Use a separate block to describe each position. Include military service (indicate rank) and volunteer work, if applicable. Indicate number of employees supervised. Provide and explain any gaps in employment. If needed, attached additional sheets, using the same format as on this application. Resumes are acceptable for the description of duties and responsibilities. All other information in this section must be completed.

Current / Last Employer _____				Address: _____	
Job Title: _____		Supervisors Name: _____		Title: _____	
Start Date _____	End Date: _____	Hours Per Week _____	Annual Salary _____	Starting _____	Ending _____
May we contact your previous employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			Phone Number _____		
Your Name while attending if different from Application: _____					
Duties & Responsibilities _____					
Reason for Leaving _____					

Previous Employer _____				Address: _____	
Job Title: _____		Supervisors Name: _____		Title: _____	
Start Date _____	End Date: _____	Hours Per Week _____	Annual Salary _____	Starting _____	Ending _____
May we contact your previous employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			Phone Number _____		
Your Name while attending if different from Application: _____					
Duties & Responsibilities _____					
Reason for Leaving _____					

Previous Employer _____				Address: _____		
Job Title: _____		Supervisors Name: _____			Title: _____	
Start Date _____	End Date: _____	Hours Per Week _____	Annual Salary _____	Starting _____	Ending _____	
May we contact your previous employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				Phone Number _____		
Your Name while attending if differernt from Application: _____						
Duties & Responsibilities _____						
Reason for Leaving _____						

Previous Employer _____				Address: _____		
Job Title: _____		Supervisors Name: _____			Title: _____	
Start Date _____	End Date: _____	Hours Per Week _____	Annual Salary _____	Starting _____	Ending _____	
May we contact your previous employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				Phone Number _____		
Your Name while attending if differernt from Application: _____						
Duties & Responsibilities _____						
Reason for Leaving _____						

Previous Employer _____				Address: _____		
Job Title: _____		Supervisors Name: _____			Title: _____	
Start Date _____	End Date: _____	Hours Per Week _____	Annual Salary _____	Starting _____	Ending _____	
May we contact your previous employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				Phone Number _____		
Your Name while attending if differernt from Application: _____						
Duties & Responsibilities _____						
Reason for Leaving _____						

BACKGROUND INFORMATION

Are you a citizen of the United States? YES NO

If 'NO', so you posses one fo the following: I-151 Card, I-551 Card, and I-94 stamped 'Employment Authorized', or any OTHER proof of employment authorization from the Immigration and Natralization Service? YES NO

NOTE: If answer is 'NO' to both, you are ineligible for employment within the County of Sumter. The County of Sumter hires only U.S. Citizens and lawfully authorized alien workers

Have you ever been convicted of a Felony or First-Degree Misdemeanor? YES NO

If YES, what charge? _____

Where Convicted? _____ Date of Conviction: _____

Have you ever pled Nolo Contrendere or Pled Guilty to a crime which is a Felony or First Degree Misdemeanor? YES NO

If YES, what charge? _____

Where Convicted? _____ Date of Conviction: _____

Have you ever had the Adjudication of Guild withheld to a crime which is a Felony or First Degree Misdemeanor? YES NO

If YES, what charge? _____

Where Convicted? _____ Date of Conviction: _____

NOTE: A 'YES' answer to these questions will not automatically bar you from employment. The nature, severity, and date of the offense in relation to the position for which ou are applying are considered.

VERTRAN'S PREFERENCE

Check the appropriate block of you are claiming Verteran's Preference and attach a copy of the Honorable Discharge Document(s)

- 1) A veteran with a service-connected disability who is elible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Department of Veteran's Affairs and the Department of Defense, **or**
- 2) The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a verteran Missing in Action, Captured, or forcibly detained by a foreign power, **or**
- 3) A veteran who has served on active duty for one day or more during a wartime perion, excluding active duty for training, and who was Discharged under Honorable conditions from teh Armed Forces of the United States of America, **or**
- 4) The unmarried widow or widower of a veteran who died of a service-related disability.

Have you claimed Veteran's Preference in a previous successful hiring process? YES NO

Indicate the position(s) or type of position you wish to apply for:

1. _____
2. _____
3. _____

Do you currently have a relative employed by the County or are you related to any Elected Official of the County? YES NO

If YES, provide name of the Employee/Official and Relationship: _____

Date available to begin work: _____ Part-Time (Temporary) Full-Time

CERTIFICATION:

I AM AWARE THAT ANY OMISSIONS, FALSIFICATIONS, MIS-STATEMENTS, OR MISREPRESENTATIONS ABOVE MAY DISQUALIFY ME FOR EMPLOYMENT CONSIDERATION, AND, IF I AM HIRED, MAY BE THE GROUNDS FOR TERMINATION AT A LATER DATE. I UNDERSTAND THAT ANY INFORMATION I GIVE MAY BE INVESTIGATED AS ALLOWED BY LAW. I CONSENT TO THE RELEASE OF INFORMATION ABOUT MY ABILITY AND FITNESS FOR COUNTY EMPLOYMENT BY EMPLOYERS, SCHOOLS, LAW ENFORCEMENT AGENCIES, AND OTHER INDIVIDUALS AND ORGANIZATIONS TO INVESTIGATORS, PERSONNEL STAFF, AND OTHER AUTHORIZED EMPLOYEES OF SUMTER COUNTY GOVERNMENT FOR EMPLOYMENT PURPOSES. I UNDERSTAND THAT APPLICATIONS SUBMITTED FOR COUNTY EMPLOYMENT ARE PUBLIC RECORDS. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE STATEMENTS CONTAINED HEREIN AND ON ANY ATTACHMENTS ARE TRUE, CORRECT, COMPLETE AND MADE IN GOOD FAITH.

Signature _____ Date: _____

EEO SURVEY

Although the following information is not mandatory, it is requested to aid the County of Sumter in its commitment to Equal Employment Opportunity and Affirmative Action. It is unlawful for an employer to fail or refuse to hire any individual or deprive an individual of employment opportunities because of race, color, religion, sex, national origin, age, martial status, or disability.

Male Female

Date of Birth: _____

Race: (Check only one:)

- White Black Hispanic Asian / Pacific Islander
 American Indian/Alaskan Native Other (Specify) _____