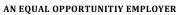
EMPLOYMENT APPLICATION





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						
ERSONAL INFORMATION	ſ							
Vame								
First	Middle	Last		Bi	rth Mo.	Birth Day	Last 4 digits SS#	
Present Address								
Street		City		State	Zip Code	How lor	ng have you lived her	
revious Address								
	Street			City		State Zip Code		
hone number (Day)		(Evening)	(Other/Cell)					
are you a current City of Sum ave you worked for the City		If so when?	What	Departme	nt?			
our name when employed if different from present nan	ne)	Please list any employed by tl			elatives e City of Sumter			
Oo you have a valid Yes Iriver's license? No								
— Do you have a valid ∏Yes	License No.	State	Expiration	on Date	Res	strictions		
CDL driver's license? \[\] No								
	License No.	State	Expiration Date Restriction		strictions			
Have you ever been fired or a	: Conviction does not necessari	Yes □ No If yes	s, give date, na			and reason (atta	ch additional	
	es not automatically mean that you o						will be considered.	
EDUCATION HISTORY (Cor	nplete based on requirements of t	this position)						
High school Highest Grade					Grade ed:			
Do you have a high school dip equivalency diploma (GED)?	oloma or an Yes Where	received:						
				(B.	Completed A. etc) or	-	and Minor	
	ME AND ADDRESS	Degre	ee Pending	Ce	rtificate	Field	s of Study	
College								
Graduate Work								
Other (i.e. business, secret	arial, vocational, technical, milit	ary, etc.)						
ndicate below the computer	programs with which you are p	roficient:						

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 Employmentto	Name of employing firm	Name and title of your immediate supervisor:		
Mo./Yr. Mo./Yr. ☐ Full-time ☐ Part-time	Mailing Address (including zip code)	Supervisor's Phone No.		
If part-time, hours per week	Job Title	Reason for leaving:		
Description of duties		Your name when employed if different from present		
		Tour name when employed it different from present		
Machines and equipment used		Number of People vou supervised:		
Dates of Employment to	Name of employing firm	Name and title of your immediate supervisor:		
to Mo./Yr. Mo./Yr. Mo./Yr. Part-time	Mailing Address (including zip code)	Supervisor's Phone No.		
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If part-time, hours per week	Job Title	Reason for leaving:		
Description of duties		Your name when employed if different from present		
		Tour name when employed it different from present		
Machines and equipment used		Number of People you supervised:		
Dates of Employment	Name of employing firm	Name and title of your immediate supervisor:		
Mo./Yr. Mo./Yr. ☐ Full-time ☐ Part-time	Mailing Address (including zip code)	Supervisor's Phone No.		
If part-time, hours per week	Job Title	Reason for leaving:		
Description of duties		Your name when employed if different from present		
		Tour name when employed it different from present		
Machines and equipment used		Number of People vou supervised:		
Use this space for any special qualific	ations and skills or additional information that you feel will hel	p evaluate your application:		
Corrected number of words per minute: Typing	May we contact your Yes If no, explain: present employer? No			
include credit, driving, criminal backgroun criminal background. If investigation deter employers to release information regardin	erein are true and correct. I authorize investigation into all statements and, references and other background checks. By applying for this job, I als mines any untrue statements, I accept this as sufficient grounds for refug my employment. I agree to submit myself for a pre-employment physical requirements or refusal to be examined may disqualify me from	so authorize post-hire investigation into my credit, driving, and isal to hire or dismissal. I also authorize current and former cal examination and drug test by a physician selected by the City,		
Applicant's Signature: Date:				