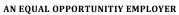
EMPLOYMENT APPLICATION





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	I							
Vame								
First	Middle	Last		Bi	irth Mo.	Birth Day	Last 4 digits SS#	
resent Address								
Street		City		State	Zip Code	How lor	ig have you lived her	
revious Address								
	Street					Zip Code		
hone number (Day)		_(Evening)	(Other/Cell)					
are you a current City of Sum lave you worked for the City		If so when?	What	Departme	nt?			
our name when employed of different from present nan	ne)	Please list any reemployed by the			atives City of Sumter			
Oo you have a valid Yes								
— Do you have a valid ∏Yes	License No.	State	Expiration	on Date	Res	strictions		
CDL driver's license? \[\] No								
_	License No.	State	Expiration	Expiration Date		strictions		
Have you ever been fired or a	: Conviction does not necessari	Yes □ No If	yes, 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 attended:	Location: _					Highest complet	Grade ed:	
Do you have a high school dip equivalency diploma (GED)?	oloma or an Yes Where	received:						
				(B.	e Completed A. etc) or	_	and Minor	
	ME AND ADDRESS	De	gree Pending	Ce	rtificate	Field	s of Study	
College								
Graduate Work								
Other (i.e. business, secret	tarial, vocational, technical, milit	ary, etc.)						
•	programs with which you are p ☐ Excel ☐ Access ☐ PowerF							

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	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:		
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		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
		Your name when employed if 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:		
toto	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		
Machines and equipment used		Number of People vou supervised:		
Dates of Employment to	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		7		
	······································	Your name when employed if different from present		
Machines and equipment used		Number of People vou supervised:		
Use this space for any special quali	fications and skills or additional information that you feel will he	p evaluate your application:		
Corrected number of words per minute: Typing				
include credit, driving, criminal backgro criminal background. If investigation de employers to release information regard	herein are true and correct. I authorize investigation into all statements a und, references and other background checks. By applying for this job, I altermines any untrue statements, I accept this as sufficient grounds for refuling 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:		