

## SUMTER COUNTY FAIR ASSOCIATION EMPLOYMENT APPLICATION

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

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

**APPLICANT INFORMATION (Please type or print in ink):**

<b>(LAST NAME)</b>	<b>(FIRST NAME)</b>	<b>(M.I.)</b>
(Social Security Number)	(Driver License Number)	
(Home Telephone)	(Business Telephone)	
(Mailing Address):	(City)	
(State)	(Zip Code)	

**EDUCATION**

HIGH SCHOOL		
Name/Address of School	Received	Date Rec'd
	<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	

Your name while attending school if different from the application:

COLLEGE/UNIVERSITY OR PROFESSIONAL SCHOOL (Transcripts may be required):							
Name of School	Location	Dates of Attendance (Month/Yr)		Credit Hours Earned		Major/Minor Course of Study	Type of Degree Earned
		From	To	Qtr	Sem		

Your name while attending school if different from the application:

BUSINESS; CORRESPONDENCE, TRADE, TECHNICAL, OR VOCATIONAL SCHOOL							
Name of School	Location	Dates of Attendance (Month/Yr)		Credit Hours Earned		Major/Minor Course of Study	Type of Degree Earned
		From	To	Qtr	Sem		

Your name while attending school if different from the application:

LICENSE, REGISTRATION, CERTIFICATION			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.
Example Include: Teacher's Certification, RN, LPN, PE, CPA, etc.			
License, Registration or Certification Number	Date Rec'd	Exp. Date	

### EXPERIENCE

Describe your work experience in detail, 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 an explanation of any gaps in employment. If needed, attach additional sheets, using the same format as on the application. Resumes are acceptable for the description of duties and responsibilities. All other information in this section must be completed.

Name of Present or Last Employer:	Address:		Your Job Title:	
From:	Hours Per Week:		Supervisor's Name:	
To:	Annual Salary:	Starting	Ending	Title:
May we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				Phone No.:
Your name while employed in this job if different from application:				
Duties and Responsibilities:				
Reason (s) for Leaving:				

Name of Present or Last Employer:	Address:		Your Job Title:	
From:	Hours Per Week:		Supervisor's Name:	
To:	Annual Salary:	Starting	Ending	Title:
May we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				Phone No.:
Your name while employed in this job if different from application:				
Duties and Responsibilities:				
Reason (s) for Leaving:				

Name of Present or Last Employer:	Address:	Your Job Title:	
From:	Hours Per Week:	Supervisor's Name:	
To:	Annual Salary:	Starting	Ending
May we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			Title:
Your name while employed in this job if different from application:			Phone No.:
Duties and Responsibilities:			
Reason (s) for Leaving:			

Name of Present of Last Employer:	Address:	Your Job Title:	
From:	Hours Per Week:	Supervisor's Name:	
To:	Annual Salary:	Starting	Ending
May we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			Title:
Your name while employed in this job if different from application:			Phone No.:
Duties and Responsibilities:			
Reason (s) for Leaving:			

Name of Present of Last Employer:	Address:	Your Job Title:	
From:	Hours Per Week:	Supervisor's Name:	
To:	Annual Salary:	Starting	Ending
May we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			Title:
Your name while employed in this job if different from application:			Phone No.:
Duties and Responsibilities:			
Reason (s) for Leaving:			

<b>BACKGROUND INFORMATION</b>	
Are you a citizen of the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
If 'No' do you possess one of the following: an I-151 Card, an I-551 Card, an I-94 stamped 'Employment Authorized' or any Other proof of employment authorization from the immigration and Naturalization Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NOTE:</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" what charges?	
Where convicted?	Date of Conviction:
Have you ever pled Nolo Contendere or Pled Guilty to a crime, which is a felony or first-degree Misdemeanor?	<input type="checkbox"/> Yes
If "Yes" what charges?	
Where?	Date:
Have you ever had the Adjudication of Guilt withheld to a crime, which is a felony or a first degree misdemeanor?	<input type="checkbox"/> Yes
If "Yes" what charges?	
Where?	Date:
<b>NOTE:</b> A yes answer to these questions will not automatically bar you from employment. The nature, severity, and date of the offense in Relations to the position for which you are applying are considered.	

<b>VETERAN'S PREFERENCE</b>	
Check the Appropriate block if you are claiming veteran's preference and attach a copy of the honorable discharge documents.	
<input type="checkbox"/>	1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pay under public laws administered by the U.S. Department of veteran's Affairs and the Department of Defense, <b>or</b>
<input type="checkbox"/>	2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a
<input type="checkbox"/>	veteran missing in action, captured, or forcibly detained by a foreign power, <b>or</b>
<input type="checkbox"/>	3. A has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was
	Discharged under honorable conditions from the Armed Forces of the United States of America, <b>or</b>
	4. The unmarried widow or widower of a veteran who died of a service-related disability.
Have you claimed Veterans' Preference in a previous successful hiring process? <input type="checkbox"/> Yes <input type="checkbox"/> 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 an Elected Official of the County? <input type="checkbox"/> Yes	
If "yes" please give the name of the employee/official and state relationship:	
Date available to begin work:	<input type="checkbox"/> Part-time Temporary <input type="checkbox"/> Full-time

<b>CERTIFICATION:</b>
I AM AWARE THAT ANY OMISSIONS, FALSIFICATIONS, MISSTATEMENTS, OR MISREPRESENTATIONS ABOVE MAY DISQUALIFY ME FOR EMPLOYMENT CONSIDERATION AND, IF I AM HIRED, MAY BE 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.
<b>Signature:</b> _____ <b>Date:</b> _____

**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 individuals or deprive any individual of Employment opportunities because of race, color religion, sex, national origin, age, marital status, or disability.

A. Sex:      Male        Female

B. Date of Birth:

C. Race (Check only one):  White            Black            Hispanic        Asian/Pacific Islander

American Indian/Alaskan Native      Other (specify):