Mail To:
Sumter County Board of Commissioners
P.O. Box 295
Americus, Georgia 31709
Telephone (229) 928-4500
Fax (229)-928-4564
E-mail: twooden@sumtercountyga.us

Apply in Person:
Human Resources Department
Commissioners Office
500 West Lamar Street, Suite 110
Americus, Georgia 31709

APPLICATION FOR TEMPORARY/SEASONAL EMPLOYMENT

POSITION APPLIED FOR:

_____

All information provided in this application **MUST BE COMPLETE** so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, religion, sex, age, national origin, or disability. Sumter County will hire only authorized workers regardless of national origin. Please complete an application for each position for which you are applying**. YOU MUST SIGN AND DATE YOUR APPLICATION IN INK. RESUMES ARE NOT ACCEPTED IN LIEU OF A COMPLETED APPLICATION.**

Personal Data

Social Security #: _____ Salary Requirements: _____

_____ _____
Last Name First (given) MI Other name(s) which referred

_____ _____ _____ _____
Street Address Apt. # City State Zip

Email Address: _____

_____ _____ _____
Home Phone Cell Phone Work Phone

How did you hear about this opening? _____Date Available to begin: _____

Are you over 18 years old? _____
Are you eligible to work in the United States either because you are a U.S. Citizen or have the USA government's permission to so? _____.
NOTE: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide requested documentation may result in determination that the applicant is ineligible for employment in the United States.

Have you ever worked for us before? If yes, when and what department:

_____

Give name, relationship & department of any relatives who are employed by the Sumter County Government.

_____

"We are an Equal Opportunity Employer"

Alcohol and Substance Testing

As a condition of employment with the Sumter County Government, you will be required to submit to an alcohol and controlled substance test. Employees must, as a condition of employment, abide by our policies regarding the effects of drug use and unlawful possession of controlled substances. Employees are expected to report for work without the effects of illegal drugs and alcohol in their bodily systems. Employees must report any conviction under criminal drug statue for such violations. A report of conviction must be made within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988)/. In order to be employed by the Sumter County Government, you must successfully pass the aforementioned testing.

By signing this form, I acknowledge the above and consent to such examination and test.

Signature: _____ Date: _____

Applicant's Certification and Agreement

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I am aware that the falsification of this application or the omission of complete information will result in disqualification or upon discovery, termination of employment, The Sumter County Government is hereby authorized to make any investigation of my prior educational and work history. Finally, I agree that all records generated for purposes of employment are property of an all remain the sole and exclusive property of the Sumter County Government.

Signature: _____ Date: _____

Authorize: **Sumter County Board of Commissioners**
Human Resources Representative
P.O. Box 295
500 W Lamar Street
Americus, Georgia 31709
(229) 928-4500

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize **Sumter County Board of Commissioners** to conduct an inquiry for
Agency/Company

the purpose below and receive any Georgia and/or national (CHRI) as authorized by state and federal law.

Full Name (print)			
Address			
Sex	**Race**	**Date of Birth**	**Social Security Number**

_____ _____
Signature Date

_____ _____ _____
Attorney for Individual (Purpose Code E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used (check one): Note: *Only one inquiry may be performed per consent form.*

	E	Employment
	M	Employment direct care with Mentally Ill/Developmentally Disabled
	N	Employment direct care with Elderly
	W	Employment direct care with Children
	P	Public Record (no consent required)
	F	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
	U	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT		
	J	Civilian Criminal Justice Employment (state and III data received)
	Z	Sworn Criminal Justice Employment (state and III data received)

This inquiry resulted in the following (check all that apply):

	No criminal history available
	Criminal history available (attached/released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (list Wanting agency below)
	Wanting Agency Name:
	Wanting Agency Telephone:

_____
Agency Designee Signature and Title

Revised June 2023