



SUMTER COUNTY SCHOOL SYSTEM OFFICE OF THE SUPERINTENDENT

100 Learning Lane, Americus, GA 31719
PH (229) 931-8500 FX (229) 931-8607

APPLICATION FOR NON-CERTIFIED POSITION

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LAST NAME	FIRST NAME	MIDDLE NAME			
TODAY'S DATE _____	<table border="1" style="margin: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				
SOCIAL SECURITY NUMBER					
PRESENT ADDRESS					
STREET	CITY	STATE ZIP AREA CODE TELEPHONE			
PERMANENT ADDRESS					
STREET	CITY	STATE ZIP AREA CODE TELEPHONE			
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		BUSINESS PHONE (_____)			
POSITION DESIRED _____					
DATE AVAILABLE FOR EMPLOYMENT _____					

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Name of School and Location (Include High School, Colleges, Graduate School) Transcripts Required to Complete Application	Dates	Degree, Diploma, Or Number of Graduate Hours Toward Advanced Degree	Major	Minor
COLLEGE (UNDERGRADUATE)				
TECHNICAL SCHOOL				
HIGH SCHOOL				
OTHER				

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POSITION (FULL-TIME ONLY)	FIRM OR AGENCY	ADDRESS	DATES From To

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How many days were you absent from work last year? _____

Primary reason for absences: _____

List special honors won in school and/or other areas: _____

List special interests or hobbies: _____

Are you presently working or under contract? Yes No
 Have you ever been released from a job? Yes No If yes, explain below:

Have you ever been convicted of a felony or misdemeanor other than minor traffic offenses? Yes No If yes, explain below:

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Branch of Service	Inclusive Dates	No. Months/Years	Highest Rank	Type of Discharge

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NAME	POSITION	ADDRESS	TELEPHONE	
			HOME	BUSINESS

Do you have a placement file? Yes No You must request that your placement file be forwarded to this office.

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By filing application for employment with the Sumter County School District, if employed, I agree to abide by all the policies as set forth by the Sumter County Board of Education. I authorize full investigation of the information given in this application and consent to the representatives of the Sumter County School District contacting my references, previous employers, physicians, hospitals, schools attended, court officials, credit officials, and law enforcement authorities. I also understand that any misstatement or omission of any information requested shall be a reason for non-employment or dismissal from employment.

The application and any other data gathered are the property of the Sumter County Board of Education and will not be returned to the applicant.

APPLICANT'S SIGNATURE _____ Date _____

This application will be retained in our files for two years from date received. It is the policy of the Sumter County Board of Education not to discriminate on the basis of age, sex, race, religion, national origin or handicap in its educational programs, activities or employment practices.



CONSENT FORM

I hereby authorize **Sumter County Board of Education** to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Please print.

NAME	LAST	FIRST	MIDDLE
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ADDRESS:	CITY	STATE	ZIP CODE
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SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
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SIGNATURE _____

POSITION APPLIED FOR (Job Title) _____

Notary

Date



Applications, materials and inquiries should be directed to the address listed below. Applicants are requested not to contact individual members of the Board of Education unless specifically asked to do so.

Assistant Superintendent for Operations and Personnel
Sumter County Schools
100 Learning Lane
Americus, GA 31709

Please answer the following questions as part of completing the application by circling the appropriate response. Attach separate sheet(s) of paper if necessary.

- (1) Have you ever been convicted of any crime, entered a plea of guilty, nolo contendere, or suffered First Adjudication or any similar criminal or quasi criminal determination or adjudications, other than minor traffic violation? (Yes or No)

If the answer is "Yes", state the name and address of the Court, the date of the alleged offense, a description of the charges, and an explanation of the final action taken, including any fines, imprisonment, probation, first offender and adjudication or similar disposition. (Answer of separate sheet)

- (2) Have you ever been charged with any crime or been named in an indictment, accusation or special presentment for any offense other than a minor traffic violation? (Yes or No)

If the answer is "Yes", state the name and address of the Court, the date of the alleged offense, a description of the charges and an explanation of the final action taken, including any fines, imprisonment, probation, first offender and adjudication or similar disposition. (Answer of separate sheet)

- (3) Do you understand that because of the nature of the position for which you are applying, the school district-employer may require a background check, including a search of fingerprint and other criminal records? (Yes or No)

- (a) Do you agree and consent for such background search and investigation to be conducted, and agree to hold the school district and all officials, representatives, and employees of the foregoing harmless from all claims for libel, slander, invasion of privacy, intentional infliction of emotional distress and similar claims? (Yes or No)

- (4) Do you agree to present copies of evaluations for the previous three years if requested to do so? (Yes or No)

- (5) Have you ever been investigated by the Professional Practice Commission? (Yes or No)

If the answer is "Yes", please provide us with a copy of the findings.

Signature

Date

**Pete Smith
Sherriff**



**Phone: 229-924-0601
FAX: 229-924-3450**

SUMTER COUNTY SHERIFF'S OFFICE
SUMTER COUNTY LAW ENFORCEMENT CENTER
McMATH MILL ROAD • P.O. BOX 726 • AMERICUS, GA 31709

PROSPECTIVE EMPLOYEE'S AWARENESS STATEMENT

I, _____ AM AUTHORIZING THE SUMTER COUNTY SHERIFF'S DEPARTMENT TO RELEASE INFORMATION ON ANY CRIMINAL HISTORY RECORD THE STATE OF GEORGIA OR THE SUMTER COUNTY SHERIFF'S DEPARTMENT MIGHT HAVE TO:

SUMTER COUNTY BOARD OF EDUCATION

I HEREBY AGREE THAT THE SUMTER COUNTY SHERIFF'S DEPARTMENT, THE GEORGIA CRIME INFORMATION CENTER, THE EMPLOYEES OF EITHER AGENCY, OR THE EMPLOYEES OF ANY OTHER AGENCY OF THE STATE, SHALL NOT BE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION GIVEN OR HAVE ANY LIABILITY FOR DEFAMATION, INVASION OF PRIVACY, NEGLIGENCE OR ANY OTHER CLAIM IN CONNECTION WITH THIS DISSEMINATION OF INFORMATION PURSUANT TO THIS RECORD CHECK.

NAME: LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

ADDRESS: CITY STATE ZIP CODE

DATE OF BIRTH SIGNATURE OF PROSPECTIVE EMPLOYEE DATE

NOTARY PUBLIC MY COMMISSION EXPIRES

DO NOT WRITE BELOW LINE!

PRIVATE EMPLOYERS / AUTHORIZED PUBLIC AGENCY AWARENESS STATEMENT

NAME: LAST FIRST MIDDLE DATE OF BIRTH RACE SEX

I HEREBY CERTIFY THAT I AM THE AUTHORIZED PERSON IN THE HIRING OR JOB ASSIGNMENT OF THE ABOVE PERSON AND THAT I AM AWARE OF FEDERAL AND STATE LAWS GOVERNING THE USE OF CRIMINAL HISTORY RECORD INFORMATION, AND THE PENALTIES FOR VIOLATING SUCH LAWS OR RULES OR REGULATIONS.

I HEREBY REQUEST INFORMATION ON THE ABOVE SUBJECT FOR THE FOLLOWING REASONS:

