



APPLICATION FOR EMPLOYMENT (NON-DRIVER)

170 S. Lafayette Boulevard
Sumter, SC 29150
(803) 775-1002

Applicant Name _____ Date of Application: ____/____/____
 (Last Name) (First Name) (MI)
 Current Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
 Position(s) Applied For _____ Social Security Number _____ - _____ - _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize Sumter Transport Company (and/or its other related companies) to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons or entities from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Sumter Transport Company (and/or its other related companies). I understand that, as an applicant for a position with Sumter Transport (and/or its related companies), I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with Sumter Transport Company (and/or its related companies) and for no other reason. It is agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) may be contacted, for the purpose of investigating my employment history. I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the Sumter Transport Company; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____
Date _____

List your addresses of residence for the past 3 years:

Previous Addresses	_____	_____	_____	How Long? _____
	Street	City	State & Zip Code	yr./mo.
	_____	_____	_____	How Long? _____
	Street	City	State & Zip Code	yr./mo.
	_____	_____	_____	How Long? _____
	Street	City	State & Zip Code	yr./mo.

GENERAL BACKGROUND INFORMATION

Do you have the legal right to work in the United States? Yes No

Have you worked for Sumter Transport before? Yes No

Dates: From ____ / ____ / ____ To ____ / ____ / ____ Rate of Pay \$ _____

Position _____ Reason for leaving _____

Are you now employed? Yes No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected \$ _____ Have you ever been bonded?
Yes No

Name of bond company _____ (Answer only if job requirement)

Have you ever been convicted of a criminal offense? Yes No

Note: Omit vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.

If previously convicted, please list charge(s)

Where Convicted	Date	Disposition

Have you ever been terminated or forced to resign from any job? Yes No

If yes, explain _____

Is there any reason you might be unable to perform the essential functions of the job for which you have applied? Yes No

If yes, explain if you wish.

EMPLOYMENT BACKGROUND

EMPLOYER NAME	DATE FROM	DATE TO
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
NUMBER OF PEOPLE YOU SUPERVISED	SUPERVISOR'S NAME	
JOB DUTIES		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER	REASON FOR LEAVING

EMPLOYMENT BACKGROUND (continued)

EMPLOYER NAME	DATE FROM	DATE TO
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
NUMBER OF PEOPLE YOU SUPERVISED	SUPERVISOR'S NAME	
JOB DUTIES		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER	REASON FOR LEAVING

EMPLOYER NAME	DATE FROM	DATE TO
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
NUMBER OF PEOPLE YOU SUPERVISED	SUPERVISOR'S NAME	
JOB DUTIES		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER	REASON FOR LEAVING

EMPLOYER NAME	DATE FROM	DATE TO
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
NUMBER OF PEOPLE YOU SUPERVISED	SUPERVISOR'S NAME	
JOB DUTIES		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER	REASON FOR LEAVING

EMPLOYER NAME	DATE FROM	DATE TO
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
NUMBER OF PEOPLE YOU SUPERVISED	SUPERVISOR'S NAME	
JOB DUTIES		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER	REASON FOR LEAVING

EDUCATION

DATES		SCHOOL	LOCATION	COURSE OF MAJOR STUDY	DEGREE RECEIVED
FROM	TO				
FROM	TO				
FROM	TO				

JOB-RELATED TRAINING AND COURSE WORK

List any skills, licenses, and certificates which are related to the job you seek (including words per minute typing speed and computer software proficiency).

Skill	Are You Proficient In This Skill?	Last Date Skill Used
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____

Licenses and/or Certificates	Date Received
_____	____/____/____
_____	____/____/____
_____	____/____/____

REFERENCES

List the names and contact information of two people, not relatives, who are familiar with your work.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this job application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature _____

Date _____