



PINELLAS COUNTY SHERIFF'S OFFICE SHERIFF BOB GUALTIERI

Employment Application

Human Resources Bureau

Employment@pcsonet.com
www.pcsoweb.com
727-582-6208

Pinellas County Sheriff's Office

10750 Ulmerton Road
Largo, FL 33778
727-582-6200

The Pinellas County Sheriff's Office is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, marital status, religion, national origin, gender, veteran status, age, disability, sexual orientation, or any other legally protected status. **PCSO is a nicotine/tobacco and drug-free workplace.**

INSTRUCTIONS

Please type or print clearly in **black ink only**.

YOU MAY BE REQUIRED TO SUBMIT TO A POLYGRAPH.

ANY DEVIATION FROM YOUR APPLICATION AND INFORMATION OBTAINED DURING BACKGROUND MAY RESULT IN A DISQUALIFICATION.

An applicant may be rejected who has intentionally made a false statement, intentionally omitted a material fact, engages in or attempts to engage in any deception or fraud in their application or any examination, or in securing their eligibility for appointment.

ANSWER ALL QUESTIONS – DO NOT LEAVE BLANK SPACES. If a question does not apply, indicate not applicable (N/A) and **do not** use "see resume."

In accordance with S.119.071(5)(a), your Social Security Number may be collected for the purpose of assisting with preemployment eligibility screening and to process your application. To receive the full notice regarding the collection of Social Security Numbers, please click this link to be redirected to this document.

Do not submit any identification documents with your initial application submission.

Submit your completed application via email to employment@pcsonet.com or in person to Human Resources located at 10750 Ulmerton Road, Largo, FL 33778.

If requesting a reasonable accommodation, please advise before scheduling testing.



HOW DID YOU HEAR ABOUT THE PINELLAS COUNTY SHERIFF'S OFFICE?		
<input type="checkbox"/> Social Media Specify: _____	<input type="checkbox"/> Member / Former Member Referral Name: _____	<input type="checkbox"/> Recruiter
<input type="checkbox"/> Website/ Online Job Boards Specify: _____	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Job Fair Title: _____
<input type="checkbox"/> Magazine / Publication Title: _____	<input type="checkbox"/> Pinellas County Sheriff's Office website	<input type="checkbox"/> Other Specify: _____

Please answer the following questions by checking "Yes" or "No".

Yes No

1. **AT ANY TIME within the last six (6) months**, have you used any tobacco products, including nicotine, cigarettes, cigars, chewing tobacco, snuff, e-cigarettes, a hookah, vaping devices or any other items containing tobacco or nicotine?

The above question does not apply to school crossing guard applicants.

Check this box if applying for a school crossing guard position:

2. **Within the last twelve (12) months**, have you possessed or used any illegal drug, including marijuana, cocaine, heroin, ecstasy, LSD, THC, or any other derivatives?

3. For sworn/certified applicants **ONLY** (i.e. law enforcement deputy, law enforcement deputy recruit, detention deputy, detention deputy recruit): Have you **EVER** been convicted of a felony, regardless of whether the sentence was suspended, adjudication withheld, you pled no contest, or the conviction was sealed or expunged?

4. For non-certified/civilian applicants **ONLY**: Have you been convicted of a felony, regardless of whether the sentence was suspended, adjudication withheld, you pled no contest, or the conviction was sealed or expunged within the last three (3) years from this date? **NOTE**: If the answer is NO, but you have a felony conviction(s) more than three years old, your application will be reviewed and considered. Please provide all the information pertinent to the conviction(s) when asked on the application.

If you answered YES to any of these four questions, we are unable to accept your application at this time. ALL ANSWERS ARE VERIFIED DURING AN ADMINISTRATIVE INTERVIEW, MEDICAL SCREENING, AND A POLYGRAPH PRIOR TO AN OFFER OF EMPLOYMENT.



PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

All First & Last Name(s) Ever Used : _____

Date of Birth: _____ Social Security #: _____ Gender: Male Female

Street Address: _____

Bldg. # _____ Apt. # _____ Apt. Complex Name: _____

City: _____ State: _____ Zip Code: _____

Mailing address if different than above: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Driver License # _____ DL State: _____ DL Exp. Date: _____

Email Address: _____

Place of Birth: _____

Are you related to a member of the Sheriff's Office: Yes No

If yes, what is the member(s) name and relationship to you? _____

Are you authorized to work for any employer in the United States? Yes No

If no, please explain why: _____

Title(s) of position(s) applied for (maximum of 3, if applying for deputy, you may **not apply for other positions at the same time):**

1. _____
2. _____
3. _____

Tattoos (if applicable, provide a description and location of each; if no tattoos, please enter "None"):



EDUCATION

List **ALL** high school(s) or equivalency programs and colleges you have attended.

High School Diploma GED

HIGH SCHOOL

Dates Attended	School/Institution	Location (Mailing Address)	Did you graduate? (Yes/No)	
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

COLLEGE OR BUSINESS/TRADE SCHOOL

Dates Attended	School/Institution	Location (Mailing Address)	Major	Degree Type	Did you graduate? (Yes/No)	
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

List all completed specialized training, professional licenses/certifications (include license/ certification numbers, state issued, and expiration date), and any Equivalency of Training (E.O.T), if sworn law enforcement/detention.

List all foreign languages in which you are fluent:



Do you have any objection to us contacting your current employer(s)? Yes No

If yes, please explain: _____

Note: All current or most recent employers will be contacted prior to hiring.

Are you able to work any and all assigned shifts, to include overnights, holidays, and/or weekends?

(e.g. 7pm-7am) Yes No

Are you presently functioning under a restrictive covenant or contract with any employer? Yes No

If yes, provide the name of the employer and terms of the contract: _____

EMPLOYMENT HISTORY (DO NOT USE "SEE RESUME")

List **all** positions you have held in the **past ten (10) years**, starting with your current employer. Also include **all** relevant work experience outside of the 10 years as it pertains to the position(s) for which you are applying. Include all volunteer work, internships, part-time, and temporary employment. Include all periods of unemployment in the proper sequence within the **last ten (10) years**. Use the continuation sheet if necessary. If not employed in the last 10 years, list your last 3 jobs.

WORK INFORMATION 1

Company: _____ From: _____ To: _____
 Street Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Job Title: _____ Salary or Hourly Wage: \$ _____
 Job Duties: _____
 Supervisor: _____ Supervisor or HR Email: _____
 Reason for Leaving: _____

WORK INFORMATION 2

Company: _____ From: _____ To: _____
 Street Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Job Title: _____ Salary or Hourly Wage: \$ _____
 Job Duties: _____
 Supervisor: _____ Supervisor or HR Email: _____
 Reason for Leaving: _____

WORK INFORMATION 3

Company: _____ From: _____ To: _____
 Street Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Job Title: _____ Salary or Hourly Wage: \$ _____
 Job Duties: _____
 Supervisor: _____ Supervisor or HR Email: _____
 Reason for Leaving: _____



EMPLOYMENT HISTORY CONT.

WORK INFORMATION 4

Company: _____ From: _____ To: _____
 Street Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Job Title: _____ Salary or Hourly Wage: \$ _____
 Job Duties: _____
 Supervisor: _____ Supervisor or HR Email: _____
 Reason for Leaving: _____

WORK INFORMATION 5

Company: _____ From: _____ To: _____
 Street Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Job Title: _____ Salary or Hourly Wage: \$ _____
 Job Duties: _____
 Supervisor: _____ Supervisor or HR Email: _____
 Reason for Leaving: _____

WORK INFORMATION 6

Company: _____ From: _____ To: _____
 Street Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Job Title: _____ Salary or Hourly Wage: \$ _____
 Job Duties: _____
 Supervisor: _____ Supervisor or HR Email: _____
 Reason for Leaving: _____

WORK INFORMATION 7

Company: _____ From: _____ To: _____
 Street Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Job Title: _____ Salary or Hourly Wage: \$ _____
 Job Duties: _____
 Supervisor: _____ Supervisor or HR Email: _____
 Reason for Leaving: _____

****Use the Continuation Sheet on page 12 or [click here](#) to jump to the Continuation Sheet to list additional places of employment within the past ten (10) years.**



MILITARY SERVICE

Have you ever served in a United States military organization? Yes No

Are you claiming a veteran's preference in appointment pursuant to Chapter 295 of the Florida Statutes?

Yes No

If claiming veterans preference, you must complete and submit [this form](#) with the application package.

Branch of Service	Highest Rank Held
Rank at Discharge	Type of Discharge

Are you eligible for re-enlistment? Yes No

Period(s) of Military Service	
From Date	To Date

Do you/did you have a security clearance? Yes No

If yes, what type? _____

Has your security clearance ever been taken away? Yes No

If yes, why? _____

Were you ever investigated for any type of misconduct while in the military? Yes No

If yes, what type? _____

Were you ever court-martialed, tried on charges, the subject of a summary court, or a subject of an Article 15?

Yes No If yes, how many times? _____

Provide details of the charges and disposition:

Have you been employed by any state or any agency of a political subdivision of any state since separation from the Armed Forces? Yes No If yes, where? _____

Are you now or were you ever an active or inactive member of the Reserve Forces (any branch) or National Guard of the United States or any foreign government? Yes No Active Inactive

Branch	Rank
From Date	To Date



PERSONAL REFERENCES

List five (5) personal references (minimum of three (3) personal references). DO NOT use relatives or significant others. Colleagues, co-workers, friends, and current and former supervisors are suitable to list as references. It is advisable to notify these references that you have listed their name as a reference and to expect contact from our agency.

Name	Complete Address <small>(Street, City, State, and Zip code)</small>	Phone Number	Email Address

RESIDENCES

In chronological order, list each and every place you have lived since the age of 18. Respond to this request with as much historical detail as your records and memory can provide. This information is used for background investigation purposes.

From (Month/Year)	To (Month/Year)	Complete Address <small>(Street, City, State, and Zip code)</small>

If additional space is needed for residences or explanations regarding personal history, please use the continuation sheet on page 12.

**Please read the following sections carefully.**

Each question should be answered with complete truthfulness, taking into consideration anything that may apply over the course of your lifetime. **Any discrepancies between your responses and any subsequent questioning may result in an immediate disqualification for employment.** If an explanation requires more than two lines of text, please use the Continuation Sheet.

PERSONAL HISTORY

Section A: Previous Employment History	Yes	No	Explanation
Why did you leave, or plan to leave, your most recent or current employer?			
Have you ever been discharged, fired, terminated, or asked to resign by an employer?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been the subject of an investigation for misconduct by an employer?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been the subject of any disciplinary action from an employer including written or verbal disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever quit a job without notice?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you believe you are eligible for rehire at every place you have worked?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever fraudulently claimed unemployment compensation?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever used another person's social security number?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been refused a bond or security clearance?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever falsified an official report, record, or document?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever applied for employment with another law enforcement agency or correctional facility? If yes, provide the name of each agency, year applied, and position title.	<input type="checkbox"/>	<input type="checkbox"/>	

Section B: Theft of Merchandise, Property, and Money	Yes	No	Explanation
Have you ever shoplifted? If yes, at what age?	<input type="checkbox"/>	<input type="checkbox"/>	
What was taken when you shoplifted and what was the most expensive item taken?			
Have you ever helped anyone else shoplift?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever stolen any property, merchandise or anything of value from an employer? (i.e. falsified expense account(s), falsified payroll cards, postage, long distance phone calls, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
What is the single, most expensive item you have stolen from an employer?			
Have you ever stolen money from an employer?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever stolen any money from any other source?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever stolen anything from any other source?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been accused of theft?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever helped anyone else steal anything? (i.e. changed labels on items, given unauthorized discounts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	



Section C: Contact with Law Enforcement	Yes	No	Explanation
Have you ever been arrested, charged, detained, or questioned by a law enforcement agency (civilian or military) for anything other than a traffic citation? Include summons, notices to appear, citation(s) for ordinance violations, violations of Uniform Code of Military Justice, felonies and/or misdemeanors of any type.	<input type="checkbox"/>	<input type="checkbox"/>	
Are you listed in any police reports as a victim, witness, or suspect?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been questioned by a child protection investigator, either through DCF or a sheriff's office? If yes, what was the reason?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been convicted of a misdemeanor, regardless of whether the sentence was suspended, adjudication withheld, you pled no contest, or the conviction was sealed or expunged?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been convicted of a criminal traffic offense? If yes, what was it for and what was the date?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had your driver's license suspended or revoked for any reason other than loss of insurance or an administrative error in any state? If yes, what was the reason?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you received more than two moving citations within the past three years?	<input type="checkbox"/>	<input type="checkbox"/>	
What is the total number of citations, moving and non-moving, you have received in your lifetime? Date of last citation?			
Do you currently have any unpaid fines or outstanding failures to appear for a court hearing?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been convicted of a felony, regardless of whether the sentence was suspended, adjudication withheld, you pled no contest, or the conviction was sealed or expunged?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been convicted of a felony or misdemeanor involving perjury or a false statement, regardless of whether the sentence was suspended, adjudication withheld, you pled no contest, or the conviction was sealed or expunged?	<input type="checkbox"/>	<input type="checkbox"/>	

Section D: Marijuana and other Narcotics - The past use of marijuana and other narcotics is NOT an automatic disqualification from consideration. However, providing false information or omitting information will be viewed as an eliminator.	Yes	No	Explanation
Have you ever, in your lifetime , experimented with, used, possessed, or purchased marijuana illegally? If yes, how many times and when was the last time?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever, in your lifetime , experimented with, used, or possessed any other drug? (e.g. cocaine, barbiturates, tranquilizers, amphetamines, LSD, Ecstasy, GHB, Mescaline, Psilocybin, glue/solvents, Ketamine, PCP, Opium, heroin, Methadone, steroids, Rohypnol, Spice, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
When was the last time you experimented with, used, or possessed a drug(s)?			
When was the last time you were in the presence of any drug?			
What was the total amount of money you have spent on drugs?			
Have you sold or offered for sale any drug?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever used a prescription drug that was not prescribed to you? (e.g. Oxycontin, Roxycontin, Diazepam, Hydrocodone)	<input type="checkbox"/>	<input type="checkbox"/>	
Have you obtained a prescription by fraud?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever given an individual a drug prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever influenced, persuaded, or attempted to influence or persuade another person to use illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever used steroids for a non-medically prescribed purpose?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever cultivated, grown, or manufactured your own drugs?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you been completely truthful about your use of drugs?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever provided urine to another person and/or used someone else's urine for a drug or alcohol test? If yes, when?	<input type="checkbox"/>	<input type="checkbox"/>	



Section E: Gambling History	Yes	No	Explanation
Do you currently have any debts that are a result of gambling? If yes, how much?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever borrowed money to pay a debt due to gambling?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been arrested or convicted on a gambling charge?	<input type="checkbox"/>	<input type="checkbox"/>	

Section F: Alcohol History	Yes	No	Explanation
In the past 12 months, have you consumed enough alcohol to the point of intoxication? If yes, on how many different occasions?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever consumed alcohol at work in violation of work rules?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been arrested for any alcohol related crime(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been engaged in, whether you were arrested or not, any illegal conduct while under the influence of alcohol? (e.g. vandalism, fights, trespass, theft, etc.) If yes, how many times?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever driven a vehicle when you believed you were under the influence ("over the legal limit") of alcohol? If yes, how many times and when was the most current time?	<input type="checkbox"/>	<input type="checkbox"/>	

Section G: Civil History	Yes	No	Explanation
Have you ever been the subject of a civil or small claims action?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently over 60 days behind on your debts?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever declared bankruptcy? If yes, how many times and what type?	<input type="checkbox"/>	<input type="checkbox"/>	

Section H: Prior Law Enforcement and Corrections Officers (Include Interns, Cadets, Explorers, Police Aids, etc.)	Yes	No	Explanation
Have you ever worked for another law enforcement agency (certified or as a civilian)? Which one? If no, continue to the next section.	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever taken any property or evidence for personal use? (e.g. from a crime scene, victim, or employing agency)	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever experimented with, used, or sold, any illegal drug while on duty that was not authorized as part of your job duties?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever used alcohol on duty that was not authorized as part of your job duties?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever falsified an official report, record, affidavit, warrant, or other official document?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever accepted any gratuity that was not authorized as part of your job duties? (e.g. half price food)	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever lied under oath or in any judicial proceeding including an IA or any departmental investigation?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever engaged in sexual activity while on duty? (e.g. misuse of your authority)	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever tampered with evidence?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever planted evidence?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever maliciously battered anyone?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been the subject of an agency investigation for either a rules violation, civil violation, or criminal violation?	<input type="checkbox"/>	<input type="checkbox"/>	



Section H: Prior Law Enforcement and Corrections Officers (Include Interns, Cadets, Explorers, Police Aids, etc.)(Continued)	Yes	No	Explanation
Have you ever been the subject of a citizen complaint?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever introduced contraband into a correctional facility?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had an improper relationship with an inmate?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you been involved in witness tampering?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you under any contract or other obligation to a current or former employer for any repayment of employment, training, or other costs?	<input type="checkbox"/>	<input type="checkbox"/>	

CONTINUATION SHEET

When using this continuation sheet, please indicate the section to which you are referring (e.g. Residences, Section A, etc.)



EEOC INFORMATION

The Pinellas County Sheriff's Office Guidelines on employee Selection Procedures requires records to be kept by gender and race/ethnic categories defined by the Equal Employment Opportunity Commission (EEOC). The Sheriff's Office Guidelines on employee Selection Procedures have been adopted as final rules by the EEOC, the Office of Personnel Management, the Justice Department, and the Department of Labor.

Pinellas County Sheriff's Office is subject to certain record keeping and reporting requirements for the administration of civil rights laws and regulation. In order to comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

The information obtained is considered confidential and will only be used in accordance with the provision of applicable laws, the executive orders, and regulation, including those that require the information be summarized and reported to the federal government for civil rights enforcement. The Human Resources Bureau has adopted safeguards to insure that the records required are used for the appropriate purposes within the Bureau such as determining adverse impact or for monitoring our affirmative action program.

The concept of race used by the EEOC does not denote clear-cut, scientific definitions of anthropological origins. Applicants may be included in groups to which he/she appears to belong, identifies with, or is regarded in the community as belonging.

Please choose the appropriate options: **Gender:** Male Female

Non-Hispanic	
<input type="checkbox"/> WHITE (not Hispanic or Latino)	Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
<input type="checkbox"/> BLACK OR AFRICAN-AMERICAN (not Hispanic or Latino)	Persons having origins in any of the black racial groups of Africa
<input type="checkbox"/> ASIAN (not Hispanic or Latino)	Chinese/Chinese-American: Persons having origins in any of the original peoples of China Japanese/Japanese-American: Persons having origins in any of the original peoples of Japan Filipino/Pilipino: Persons having origins in any of the original peoples of the Philippine Islands Pakistani/East Indian: Persons having origins in any of the original peoples of the Indian subcontinent (e.g. India and Pakistan) Other Asian: Persons having origins in any of the original peoples of the Far East (including Korea, Malaysia, Cambodia, Thailand, and Vietnam), and Southeast Asia
<input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE (not Hispanic or Latino)	Persons having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment
<input type="checkbox"/> NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER (not Hispanic or Latino)	Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
<input type="checkbox"/> TWO OR MORE RACES/ETHNICITIES (not Hispanic or Latino)	Persons who identify with more than one of the above races/ethnicities
Hispanic or Latino	
<input type="checkbox"/> HISPANIC or LATINO (including Black individuals whose origins are Hispanic)	Mexican/Mexican American/Chicano: Persons of Mexican culture or origin, regardless of race Latin-American/Latino: Persons of Latin America (e.g. Central American, South American, Cuban, Puerto Rican) culture or origin, regardless of race Other Spanish/Spanish American listed above: Persons of Spanish culture or origin, not included in any of the Hispanic categories listed above

I choose not to self-identify



PINELLAS COUNTY SHERIFF'S OFFICE

Selection Process for Applicants

Minimum Employment Requirements

<p>Certified Position:</p> <ul style="list-style-type: none"> Citizen of the United States 19 year old for detention deputy 21 years old for law enforcement deputy Appropriate certification High school diploma or G.E.D. 	<p>Non-Certified/Civilian Position:</p> <ul style="list-style-type: none"> Citizen of the United States or Foreign National with valid resident status and employment authorization 18 years old and meet the education requirements as specified for the position for which you are applying
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All applicants must complete the application and submit via email or in person to the Human Resources Bureau located in the Sheriff's Administration Building, 10750 Ulmerton Road, Largo, FL 33778. If the application is selected for further processing, the applicant will be required to produce the following original documents:

- ◆ Birth certificate from the Bureau of Vital Statistics (or a certified copy) or naturalization paperwork
- ◆ Social Security card, name must appear the same as on application
- ◆ Valid Florida driver's license with the current residential address
- ◆ High school diploma or G.E.D.; if applicable, university or college transcripts in institution-sealed envelope or received directly from transcription service
- ◆ Military DD214 form (if applicable) Service 2 page, listing separation code
- ◆ Documentation relating to name changes (adoption paperwork, marriage licenses, divorce decrees, etc.)
- ◆ If applicable, applicants who are already state-certified must provide copies of their academy certificate, state certification exam score, and basic recruit certificate. Out-of-state certified law enforcement or corrections/detention candidates must complete a Florida Equivalency of Training (EOT) class, prior to submitting employment application
- ◆ Certification or license documentation, as required for specific positions (medical, IT, etc.)

Once an applicant's file has been reviewed and selected for further consideration, a member of Human Resources (HR) will contact the candidate. It is not necessary to contact HR to follow up on application status. All status updates will be provided through email or by a direct phone call by a member of HR to schedule any required testing or necessary appointments. All applicants are required to sign waivers authorizing the sheriff's office to obtain all required information related to backgrounds.

The following required steps will be scheduled by Human Resources:

- ◆ Oral Board interview
- ◆ Ride-along (for sworn law enforcement candidates)
- ◆ Jail tour (for sworn corrections candidates and civilian candidate positions assigned to the jail)
- ◆ Conditional Notice of Appointment (not a guarantee of employment, as issues may arise during the background investigation which may eliminate an applicant from consideration)
- ◆ Polygraph examination
- ◆ Physician's Clearance to Test form & Physical Abilities Test
- ◆ Background and character investigation, to include:
 - » Administrative interview
 - » Criminal history check
 - » Fingerprinting
 - » Credit check (if applicable)
 - » Employment and personal references and education verification
 - » Military record (if applicable)
 - » Neighborhood check (if applicable)
- ◆ Psychological evaluation (if applicable)
- ◆ Nicotine, tobacco and drug screen, and medical examination
- ◆ File review and appointment by the sheriff

Applicants not selected or eliminated as unqualified will be informed by email as to when they may reapply.

The Pinellas County Sheriff's Office does not discriminate against qualified individuals with a disability. Upon request, reasonable accommodations will be made during the application process.

THE PINELLAS COUNTY SHERIFF'S OFFICE IS AN EEO/ADA/VP EMPLOYER AND IS COMMITTED TO BEING A DRUG FREE WORK PLACE.



Please Read Carefully

APPLICANT'S CERTIFICATION AND AGREEMENT

IN COUNTY RESIDENCE – The sheriff requires all law enforcement certified members of the sheriff's office to reside in Pinellas, Hillsborough, Manatee, or Pasco Counties. New members have three (3) months to move into one of the approved counties. The sheriff may extend that period for good cause.

STATEMENT OF APPLICATION – I hereby authorize my former employers to furnish their records of any service, my reason for leaving their employ, together with all information they may have concerning me, whether on record or not. I authorize the release pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I also release any employee, authorized representative, and their company from any liability for any damage whatsoever for issuing same. Consent is granted for the agency or company to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. A photocopy of this form will be as effective as the original.

It is agreed that any misrepresentation or omission by me in this application will be sufficient cause for its cancellation or rejection or dismissal from service of the sheriff's office if I am appointed. It is also agreed that I have answered all of the questions on this form completely. If not, this application may be rejected. I also understand that I must update the application immediately upon my change of address, change of employment, or any arrests or convictions.

I hereby certify the facts set forth in the above employment application are true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

PROBATIONARY PERIOD – If I am selected and become appointed, I shall be considered on a temporary basis during a probationary period of one (1) year from the date of appointment and may be discharged or laid off before the expiration of that period without recourse. In the event that I become appointed and subsequently my appointment is terminated, I authorize the Pinellas County Sheriff's Office to hold a portion of my final paycheck until all sheriff's office property is returned.

Under penalties of perjury, I declare that I have read the foregoing employment application carefully and that the facts and information I have provided herein are true and complete. I understand that any knowingly false information may subject me to immediate disqualification from employment and /or prosecution for the charge of perjury, a third degree felony.

Name _____ Last 4 Digits SS# _____ Date of Birth: _____

Signature: _____ Date: _____