

Date Received \_\_\_\_\_

**HILLSBOROUGH COUNTY SHERIFF'S OFFICE  
SCHOOL CROSSING GUARD  
EMPLOYMENT APPLICATION**

The Sheriff's Office is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, martial status, religion or any other legally protected status.

**INSTRUCTIONS**

- Application must be typewritten or printed legibly in **BLACK** ink.
- All questions must be answered.
- **Attach a copy of your Driver's License and Social Security Card to the application.**
- Attach a copy of all documented name changes.
- Return the application to the Crime Prevention Office located inside the Sheriff's Office at 2008 East 8<sup>th</sup> Avenue.

**PERSONAL HISTORY**

FULL NAME

Last Name	First Name	Middle	
Address			
City	County	State	Zip Code
Home Phone	Cell Phone	Business Phone	

OTHER NAMES: List all other names you have used including the circumstances and time periods you used them. (For example: maiden name, former name(s), alias (es), and nickname.

Name	Circumstances	Dates From	Dates To

## PERSONAL HISTORY

Are you a United States citizen? \_\_\_\_ Yes \_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_\_ Yes \_\_\_\_ No

Have you ever filed an application with us before? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been employed as a Crossing Guard with the Hillsborough County Sheriff's Office? \_\_\_\_ Yes \_\_\_\_ No

If so, give dates of employed: \_\_\_\_\_

## DRIVERS LICENSE INFORMATION

Do you have a Florida Driver License? \_\_\_\_\_

License Number. \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Do you have a Drive License from another state? \_\_\_\_\_

Please provide the state and the License number: \_\_\_\_\_

## EDUCATION/ TRAINING

Indicate any foreign languages you can:

SPEAK: \_\_\_\_\_ READ: \_\_\_\_\_ WRITE: \_\_\_\_\_

Indicate any special training: \_\_\_\_\_

On what date are you available to work? \_\_\_\_\_



## EMPLOYEE HISTORY

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City County State Country

Spouses Name and Address (if different):

Last Name	First Name	Middle	
Address			
City	County	State	Zip Code
Home Phone	Cell Phone	Business Phone	

Children

Name	Age	Address (if different)
Name	Age	Address (if different)
Name	Age	Address (if different)

Please provide name and address of next of kin or other person to be contacted in case of an emergency:

Last Name	First Name	Middle	
Address			
City	County	State	Zip Code
Home Phone	Cell Phone	Business Phone	

Provide the name and address of your physician to be contacted in case of an emergency:

---

---

Are you able to physically perform the duties set forth in the job description for which you have applied?  Yes  No.

Do you now, or have you, within the last year, used, experimented with, tasted, supplied, or possessed, any of the following narcotics or controlled substances: LSD, Marijuana, hashish, cocaine, amphetamines, heroin, steroids or any drug of similar nature?

Yes  No.

If yes, complete the following:

Drug: \_\_\_\_\_ Circumstances: \_\_\_\_\_

Number of times supplied/ sold: \_\_\_\_\_

Last time supplied/ sold: \_\_\_\_\_

Do you currently use any narcotic or controlled substance, such as those listed above or have you used such a narcotic or controlled substance within the year?

Yes  No

Are you willing to submit to a drug test at any time during your employment with the agency?  Yes  No

Are you currently taking any medications?  Yes  No. If yes, what are the medications?

---

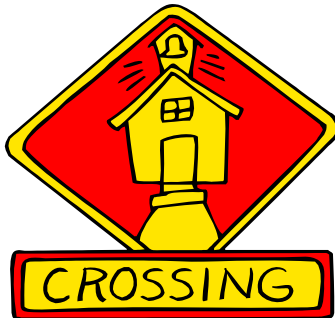
---

---

---

---

---



## EMPLOYMENT HISTORY

List chronologically all employment, beginning with present employment; include summer and part- time employment while attending school. All times must be accounted for; if unemployed for a period, set forth dates of unemployment.

Complete Name & Address of Employer	Dates worked Mo./ Yr. From/ To	Salary	Title or Position	Name of Supervisor	Reason for Leaving

Have you ever been dismissed or asked to resign from any employment or position you have held?  Yes  No

Have you had any disciplinary action taken against you from any employment or position you have held?  Yes  No

Have you resigned or left a job by mutual agreement following allegations or unsatisfactory job performance?  Yes  No

### ARREST HISTORY/ COURT DATA

Have you ever been **ARRESTED**, charged or received a notice or summons to appear for any criminal violation to include as a juvenile?  Yes  No

Have you ever been convicted of a felony or misdemeanor?  Yes  No

Have you ever had a criminal record expunged or sealed?  Yes  No

Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the suspect in a criminal investigation?  
 Yes  No

Have you ever been fingerprinted for any reason (arrest, job application, military, etc)?  
 Yes  No

If yes to any of the above questions please provide details or a copy of disposition:

---



---



---



---

**PERSONAL REFERENCES & ACQUAINTANCES**  
**(Friend, Co-worker, or Relative)**

1. FULL NAME:

Last Name	First Name	Middle	
Address			
City	County	State	Zip Code
Home Phone	Cell Phone	<b>Relationship</b>	

2. FULL NAME

Last Name	First Name	Middle	
Address			
City	County	State	Zip Code
Home Phone	Cell Phone	<b>Relationship</b>	

3. FULL NAME

Last Name	First Name	Middle	
Address			
City	County	State	Zip Code
Home Phone	Cell Phone	<b>Relationship</b>	

## Applicant's Certification

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the condition and certify that all statements made by me on this application or any physical examination or drug test.

I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Sheriff's Office and that it and the information received in response to the background investigation are public records.

I also understand that I may be required to furnish the Sheriff's Office with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment may be contingent upon the results of a complete drug test and that I may be required to take drug test during the term of my employment or appointment with the Sheriff's Office.

I understand that my continued employment or appointment offered to me may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Sheriff's Office.

I understand and agree that any employment or appointment offered to me will be contingent upon my acceptance of the compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the Sheriff has the absolute discretion to periodically substitute cash, in whole or in part, for my accrued compensatory time. I further understand and agree that my employment or appointment may require I work non-standard hours, which included working shifts.

I authorize and of the persons or organizations referenced to this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Sheriff's Office and I relieve any such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I agree to conform to the rules, regulation and orders of the Sheriff's Office and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

\_\_\_\_\_  
Signature of the applicant  
As usually written

\_\_\_\_\_  
Date