

Date Received _____

**HILLSBOROUGH COUNTY SHERIFF'S OFFICE
SCHOOL CROSSING GUARD EMPLOYMENT APPLICATION
REVISED 01/18/18**

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 ink.
- **All sections need to be completed in full.**
- **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 Community Outreach Division located inside the Sheriff's Office at 2008 East 8th Avenue Tampa, Fl 33605. Fax (813)242-1813.**

Personal History (Write above the line)

<hr/> Last Name	<hr/> First Name	<hr/> Middle	
<hr/> Address			
<hr/> City	<hr/> County	<hr/> State	<hr/> Zip Code
<hr/> Home Phone	<hr/> Cell Phone	<hr/> Business Phone	
<hr/> Date of Birth	<hr/> Social Security #	<hr/> Height	
<hr/> Place of Birth: City	<hr/> County	<hr/> State	<hr/> Country
<hr/> Other Names Used: Alias (ex), Maiden, and Nickname (s)			

DRIVERS LICENSE INFORMATION

Do you have a Florida Driver License? ___ Yes ___ No

License Number: _____ Date of Expiration: ___/___/___

Do you have a Driver License from another state? ___ Yes ___ No

Please provide the state and the License number: _____

EDUCATION/ TRAINING

Indicate any foreign languages you can:

SPEAK: _____ WRITE: _____

Indicate highest level of education completed. ____ High School/G.E.D.

On what date are you available to begin to work? _____

EMPLOYEE PERSONAL HISTORY

Spouses Name and Address (if different):

_____	_____	_____	
Last Name	First Name	Middle	

Address			

City	County	State	Zip Code

Home Phone	Cell Phone	Business Phone	

EMERGENCY CONTACT INFORMATION

_____	_____	_____	
Last Name	First Name	Middle	

Address			

City	County	State	Zip Code

Home Phone	Cell Phone	Business Phone	

REFERENCES

1.

_____	_____	_____
Last Name	First Name	Middle

Home Phone	Cell Phone	Relationship

2.

_____	_____	_____
Last Name	First Name	Middle

Home Phone	Cell Phone	Relationship

MEDICAL HISTORY

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**

Are you willing to submit to a drug test at any time during your employment with the Hillsborough County Sheriff's Office agency? _____ **Yes** _____ **No**

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

Are you a United States citizen? Yes No

If not a citizen, do you possess a Visa or Valid Working Permit?
 Yes No

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

If yes, give dates of employment:

ARREST HISTORY/ COURT DATA

Have you ever been ARRESTED, charged or received a notice or summons to appear for any criminal violation? 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 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:

****Please review the above questions to make sure you have answered all the questions correctly****

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 that the Hillsborough County Sheriff's Office is a drug free work place and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take a drug test during the term of my employment or appointment with the Sheriff's Office. _____ Initials

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

Date