



## PLEASE NOTE

Prior to submitting your application on-line,  
please read all attached documents.

# School Crossing Guard CIVILIAN

Palm Beach County Sheriff's Office is an Equal Opportunity Employer.  
Veterans' Preference to be requested at the time the application is submitted.

Applicants with a disability who require accommodation within the  
application/interview process should direct a request in advance to Human Resources.



**INTER-OFFICE MEMORANDUM**  
Human Resources

**TO:** Personnel File of Applicant

**DATE:**

**FROM:** Division Manager, Human Resources

**SUBJECT:** Waiver for High School Graduation

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The High School Graduation requirement for \_\_\_\_\_ as a School Guard/Substitute Guard with this agency has been waived.

It should be noted that any transfer, promotion, or request thereof would be denied unless acceptable proof of High School Graduation or its equivalent recognized by the State of Florida Board of Education as an approved school has been provided to and is recorded in Human Resources.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



PALM BEACH COUNTY SHERIFF'S OFFICE EMPLOYMENT OF RELATIVES

I, \_\_\_\_\_ (Full Name - First, Middle, Last) \_\_\_\_\_ (SSN)

an applicant/employee of the Palm Beach County Sheriff's Office:

- I do not have any relative(s) working for the Palm Beach County Sheriff's Office.
I do have relative(s) currently working for the Palm Beach County Sheriff's Office.

PLEASE LIST YOUR FAMILY MEMBER(S) IN THE BLOCK BELOW. USE THE BACK IF NECESSARY.

Table with 3 columns: NAME, RELATIONSHIP, LOCATION WHERE ASSIGNED OR TYPE OF WORK PERFORMED. Rows 1, 2, 3.

ATTESTMENT OF NON-SERVICE IN THE MILITARY

- I have never served in any branch of the Armed Forces of the United States of America or of a foreign country.
I have served in a branch of the Armed Forces of the United States of America or of a foreign country. (Enclose copy of DD214)

DOMESTIC VIOLENCE TESTAMENT

I have never been, investigated, arrested or convicted of domestic violence.

I understand that by executing this document I am attesting to all of the aforementioned statements.

State of Florida, County of: PALM BEACH

The foregoing instrument was acknowledged before me this \_\_\_\_\_, 20\_\_\_\_\_

by \_\_\_\_\_ (Name of Person Making Statement)

(Printed - Notary Name)

(Signature - Notary)

Type of I.D. Produced \_\_\_\_\_



**PRELIMINARY BACKGROUND QUESTIONNAIRE**  
**(To be completed in presence of Human Resources Staff member during Intake)**

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Position Applied for: \_\_\_\_\_

**INSTRUCTIONS:** Please complete all portions of this application fully and accurately. All answers to the following questions may be verified by a polygraph examination/voice stress analysis and/or background investigation. **If you answered "Yes" to any of the following questions, please explain in the space provided below. An affirmative response may not be disqualifying.**

1. Have you received citations in the last (5) five years? If yes, explain each citation below.  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you regularly used any tobacco products within the last (12) months?  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you regularly used, purchased or sold illegal drugs, including marijuana?  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you regularly used, purchased or sold prescription drugs intended for someone else?  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you regularly been detained or arrested for any crime by any law enforcement agency? If yes, provide charge, date, agency and disposition.  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you regularly been dismissed, asked or forced to resign or had any disciplinary action (i.e. written warnings, written counselings, suspensions or demotions) taken against you from any employment or position you have held?  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

7. If employed by a law enforcement or corrections agency, are you currently or have you regularly been under any internal investigations?  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
HR Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT'S CERTIFICATION

I understand my appointment or employment will be contingent upon the results of a complete background investigation. I am aware any omissions, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph and/or CVSA (certified voice stress analysis) examination concerning the veracity of my responses to the information requested on the application or which is discovered as a result of the background investigation, or any medical or psychological, or drug test. I also understand I will be fingerprinted.

I understand the Palm Beach County Sheriff's Office has no funds available to reimburse any expenses I may incur in seeking this position. I recognize the time required to process and select applicants is lengthy and time consuming. No promises or commitments are expected as to a time when a hiring decision and/or actual hiring will take place.

I understand this application is the property of the Palm Beach County Sheriff's Office. Once submitted for pre-employment processing, it will not be returned to me.

I am also aware any and all documents or information (including this application) submitted to the Palm Beach County Sheriff's Office will be subject to Public Records Law with the exception of certain personal information which is exempted under Florida Statute (s), Chapter 119.

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

I understand the Palm Beach County Sheriff's Office offers employment/appointment to those persons most qualified for a position.

I understand the use of alcohol by employees or appointees is prohibited during work or duty time, whether paid or unpaid, in any work area within the Palm Beach County Sheriff's Office, including Sheriff's Office vehicles.

I understand the use or possession of illegal drugs by employees or appointees is prohibited at any time, whether on or off duty.

I understand that employees or appointees are required to notify their immediate supervisors prior to or at the start of their work shift when they are either taking prescription medicine, or other medication which may impair their normal faculties.

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

I understand and agree my acceptance for employment/appointment does not offer or guarantee any proprietary rights for continued employment/appointment.

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

I agree to conform to the rules, regulations 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.

Applicant Signature \_\_\_\_\_  
Date Signed \_\_\_\_\_

**STATE OF FLORIDA**  
**COUNTY OF PALM BEACH**

The forgoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_  
\_\_\_\_\_, who is personally known to me or who has produced  
\_\_\_\_\_ as identification and who did/did not take an oath.

**NOTARY SIGNATURE** \_\_\_\_\_ **TITLE OR RANK** \_\_\_\_\_

**NOTARY NAME** \_\_\_\_\_ **SERIAL NUMBER** \_\_\_\_\_



Florida Department of Law Enforcement

**AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)**



**CJSTC 58**

Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER (Optional): \_\_\_\_\_

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: \_\_\_\_\_

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files 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 hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to: \_\_\_\_\_ the Palm Beach County Sheriff's Office, Att: Human Resources, 3228 Gun Club Road, West Palm Beach, FL 33406

768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760. **Pursuant to Sections 943.13 (4), (5), and (7), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant's Address \_\_\_\_\_

**AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. My Commission expires on \_\_\_\_\_, 20\_\_\_\_\_. Personally Known \_\_\_\_\_ - or -

Produced Identification \_\_\_\_\_ Notary Public: \_\_\_\_\_

Type of identification produced: \_\_\_\_\_