

PALM BEACH COUNTY

SHERIFF'S OFFICE

RIC L. BRADSHAW, SHERIFF



PLEASE NOTE

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

CIVILIAN

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

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



**SWORN and Civilian
Documents Required**

PLEASE NOTE

For Your current status or for more detailed information check your PBSO online account or contact us at the address listed on our website.

BRING THE FOLLOWING REQUIRED ORIGINAL DOCUMENTS WITH YOU TO YOUR INTAKE APPOINTMENT:

- 1. Certified Birth Certificate** – Issued by the State, County or Municipal Authority bearing a raised seal. **NOTE:** Hospital records do not meet this requirement. If your certificate is in a foreign language, it needs to be translated and notarized.
- 2. Naturalized Citizens** – Bring your naturalization certificate in lieu of your foreign birth certificate.
- 3. Legal Aliens** – Submit your original alien registration card with photograph.
- 4. Adoption or Legal Name Changes Paperwork**
- 5. Original Social Security Card** – In your full legal name.
- 6. Florida Drivers License** – In your full legal name and current residential address. Out of State applicants – a Florida driver's license is required at the time of hire
- 7. High School Diploma** – From a public school or a GED Certificate. If not a public school, or original diploma is not available, have a certified copy of transcript and proof of accreditation sent directly to the Palm Beach County Sheriff's Office. If the GED was obtain from another state than Florida, please provide your transcripts and scores ATTN: Human Resources
- 8. College Degree(s) and/or Transcripts** – Must be mailed directly to Department of Human Resources from the Institution. **NOTE:** If you attended college but did not receive a degree, you must still have transcripts sent to Human Resources if you have 30 or more semester/credit hours.
- 9. Military - Letter of Good Standing** – If you are an active Reservist, please have your Commanding Officer mail a letter directly to Palm Beach County Sheriff's Office. ATTN: Human Resources.
- 10. Passport Size Photo**

BRING A COPY OF THE FOLLOWING DOCUMENTS:

- 11. Marital Status** – Please provide **ALL** marriage license issued by State, County or Municipal authority. The church documentation is not sufficient.
- 12. Divorce Documentation** – Please provide **ALL** divorce decrees with a Judge's signature and date.
- 13. Automobile Insurance** – Proof of state required insurance for all automobiles owned or operated by the applicant (if required).
- 14. College Schedule** – If you are applying for a Cadet position, please provide a current college schedule. You must maintain 2.5 GPA while employed with the Palm Beach County Sheriff's Office.
- 15. Military Discharge Certificate** – Please provide a copy of your military DD-214 showing your discharge status.
- 16. Driving History** – Please obtain a printout of your driving history from the Clerk of the Court or the Department of Motor Vehicles. The printout must be less than 30 days old. The driving history should be a lifetime history or at least seven (7) years.
- 17. Basic Training Certificate (Sworn positions only)** – Please provide a copy of your certificate from The Commission on Criminal Justice Standards and Training (CJSTC) for Law Enforcement and or Corrections from the State of Florida. Your state exam scores and your college academy certificate are required if you have not received your CJSTC Certificate. If certified from a state other than Florida, please provide a copy of your academy curriculum.

ALL DOCUMENTS ARE REQUIRED AT THE TIME OF YOUR INTERVIEW.

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 foregoing 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)**

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



**CJSTC
58**

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME: _____
DATE OF BIRTH: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: _____

ADDRESS: _____

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. 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 copy 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 copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), 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 _____

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____

day of _____, year _____, By _____

Signature of Notary Public - State of Florida _____

Print, Type, or Stamp Commissioned name of Notary Public _____

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced _____