



PINELLAS COUNTY SHERIFF'S OFFICE

Internship Application

INSTRUCTIONS:

Please type or print clearly.

Answer all questions – if a question does not apply, indicate it is not applicable (N/A). An application that is incomplete or contains false statements may result in the loss of an internship opportunity.

A background check will be conducted on intern applicants, to include criminal history, driving record, employment, etc.

Submit your application to CommunityPrograms@pcsonet.com or directly to the Public Relations Bureau located at the Sheriff's Administration Building, 10750 Ulmerton Road, Largo.

If you have any questions regarding the application or application process, call Public Relations at (727) 582-6221.

PERSONAL INFORMATION

Name: _____ Date: _____
(First) (Middle) (Last)

Aliases (i.e. maiden or married name): _____

Address: _____

City, State, Zip: _____

SS #: _____

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

Date of Birth: _____ Gender: _____ Race: _____

Telephone #:

Primary: _____ Secondary: _____

Email Address: _____

School Name: _____ Major: _____ GPA: _____ Graduation Date: _____

Work Experience: _____

Military Experience: _____

EMPLOYMENT AND PERSONAL REFERENCES

Please tell your references that they will receive a phone call from a member of Public Relations asking him or her a brief series of questions.

VOLUNTEER REFERENCE

Name: _____

Email Address: _____ Phone Number: _____

How this person is known to you: _____

INTERNSHIP REFERENCE

Name: _____

Email Address: _____ Phone Number: _____

How this person is known to you: _____

EMPLOYMENT REFERENCE

Please provide the contact information for your current employer or previous employer if you left within the last 12 months. If unemployed for more than 12 months, mark N/A.

Company Name: _____

Dates Employed: _____ Position Held: _____

Job Duties: _____

Reason for Leaving (if applicable): _____

I hereby certify the answers provided on this application are true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history.

Applicant Signature

Date

Referred by a member of the Sheriff's Office? Yes No

If yes, please print member's name: _____

If you were NOT referred by a member of the Sheriff's Office, by whom or what means did you learn of the internship opportunities available at the PCSO? _____

Candidate Instructions: As part of the interview process for an internship, you will be provided with a questionnaire by checking the appropriate option box and signing in the space provided. The Human Resources Bureau of the Pinellas County Sheriff's Office uses this procedure to ensure compliance with the Americans with Disabilities Act of 1990.

I have read the internship program rules and I am capable of performing the duties of the job as described with or without a reasonable accommodation.

Yes No

All applicants to receive consideration without regard to race, age, ancestry, color, marital status, religion, national origin, medical condition, or handicap. The Pinellas County Sheriff's Office is committed to a drug free workplace.

PLEASE READ AND ANSWER EVERY QUESTION. A candidate may be rejected who has intentionally made a false statement of a material fact, practiced or attempted to practice any deception or fraud in their application, examination, or is securing their eligibility for appointment. All information on this form may be subject to review for truthfulness and integrity during a polygraph examination.

CHECK YES OR NO TO THE FOLLOWING QUESTIONS

1. Have you **EVER** been convicted of a felony or a misdemeanor, regardless of whether the sentence was suspended, adjudication withheld, you pled no contest, or the conviction was sealed or expunged?

Yes No

2. Have you **EVER** been convicted of a misdemeanor, regardless of whether the sentence was suspended, adjudication was withheld, you pled no contest, or the conviction was sealed or expunged?

Yes No

3. Have you **EVER** been convicted of any felony or misdemeanor involving perjury or a false statement regardless of whether the sentence was suspended, adjudication was withheld, you pled no contest, or the conviction was sealed or expunged?

Yes No

4. Have you **EVER** received a Dishonorable or an Undesirable Discharge from the U.S. Military?

Yes No

5. **Within the last (12) twelve months**, have you possessed or used any drug, including Marijuana, Cocaine, Heroin, Ecstasy, LSD, THC, or any other derivatives

Yes No

6. Have you **EVER** influenced, persuaded, or attempted to influence or persuade another person to use illegal drugs?

Yes No

7. Have you **EVER** sold, purchased, or offered for sale any illegal drug?

Yes No

8. Have you **EVER** used or had in your possession, care, custody, or control ANY of the following drugs, **OTHER THAN:**
1. those prescribed for you while under the care of a licensed physician;
 2. while in the course of employment as a medical professional;
 3. during an official investigation while employed as a law enforcement officer

DRUG	SLANG	CHECK ONE		TIMES POSSESSED	LAST TIME
		YES	NO		
Marijuana	Pot, Grass, Weed, Green, Hashish, Hash, THC				
Cocaine, Crack, or any type of Cocaine derivative	Coke, Snow, Powder, Nose Candy, Tool, Blow, Rock, Girl, Soft (powder), Hard (crack)				
Ecstasy (MDMA)	XTC, X, E, Doctor, Adam, Doves, Love Drug, Roll, Molly				
LSD	Acid, Gel-tabs, Blotter, Dot				
Amphetamines	Phennies, Dexies, Speed, Ups/Uppers, White Crosses				
Steroids	Roids, Juice, Gym Candy				
GHB	G				
PCP	Tea, Crystal Tea, Angel Dust				
Inhalants: glue, paint, and others					
Ketamine	K, Special K, Super K, Kit-Kat, Cat Valium, Vitamin K				
Barbituates	Barbs, Yellow Jackets, Bennies				
Rohypnol	Roofies, Date Rape				
Methamphetamine	Crank, Meth, Crystal Meth, Ice, Tina				
Mushrooms (Psilocybin)	Shrooms, Magic Mushrooms				
Opium, Opiate based drugs	Morphine, Oxycontin (Hillbilly Heroin)				
Heroin	Smack, Horse, Black Tar, White, Brown, Boy				
Other:	Synthetics - K2, Spice, Bath Salts				

Arrests, Summons, Criminal History

Have you **EVER** been arrested, taken into custody, charged, or convicted of any offense(s), either as an **ADULT OR JUVENILE**, regardless of whether by civilian or military authorities, and regardless of whether the charges were dropped, sealed, expunged, or adjudication was withheld?

Date	Violation/Charge	Location	Disposition	Police Agency

Use the space below or additional pages to list any additional information that is necessary to provide a complete answer to any questions in this application.

I hereby certify the answers provided on this application are true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history.

Applicant Signature

Date

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this _____ day of _____, _____ by _____, who is personally know to me or who has produced _____ as identification and who did (did not) take an oath.

Signature

Name

Notary Public _____ Title _____

PINELLAS COUNTY SHERIFF'S OFFICE

Internship Program Schedule

The Pinellas County Sheriff's Office Internship Program is built around the needs of each individual applicant. Student interns have the opportunity to experience the following areas of the agency:

Patrol Operations Bureau

- Central District Ride-Along
- North District Ride-Along
- Airport Unit
- Special Operations

Investigative Operations Bureau

- Robbery/Homicide Unit
- Economic Crimes Unit
- Burglary/Pawn Unit
- Arson/Auto Theft Unit
- Child Protection Investigation Division

Support Services Bureau

- Forensic Science Division
- Automated Fingerprint Identification System (AFIS)/Biometrics
- Training Division

Department of Detention & Corrections

- Jail Tour
- Safe Harbor
- Video Visitation

Judicial Operations Bureau

- Bailiff Section
- Court Processing
- Misdemeanor Probation

INTERNSHIP PROGRAM RULES:

1. All candidates for an internship must successfully complete a background investigation prior to being accepted. This background investigation will include:
 - a. A review of prior drug use and criminal arrests.
 - b. A drivers' license check.
 - c. A criminal history check.
 - d. A civil records check.
 - e. A fingerprint check.
 - f. A check of personal references.
 - g. An administrative interview.
 - h. A polygraph examination to verify all information. In very limited circumstances, a psychological evaluation may be required due to the nature of the internship assignment.
2. If for college credit, please provide a letter of approval from the college or university on letterhead. The letter should include the name, phone number, and email of the internship coordinator contact, dates during which the internship must be completed, and number of internship hours required.
3. Interns must abide by the dress code established for interns, which includes the following:
 - a. No t-shirts are permitted. Button-down shirts, polo-type shirts, and blouses (women) are permitted. No words, messages, endorsements, or advertisement of any product or organization is permitted on any clothing. No low-cut necklines are permitted.
 - b. No jeans, Capri pants, or shorts are permitted. Dress pants or khakis, such as Dockers or Dickies, are acceptable in any standard, solid color.
 - c. Female interns may choose to wear skirts and dresses, but such must be of a style deemed appropriate in the professional business community. No mini-skirts are permitted.
 - d. Shoes must be closed-in shoes, such as oxfords, boots, or athletic shoes (no flashy designs or colors). No sandals, flip-flops, or high heels are permitted.
 - e. No visible piercings, including but not limited to, eyebrow rings, lip rings, nose studs, or tongue studs. Any jewelry must be considered appropriate for the professional business community.
 - f. Visible capped teeth shall not contain lettering or designs.
 - g. Visible tattoos which are determined to be offensive or distracting to others shall be covered with clothing at all times while present for the internship. No interns will be permitted who have facial tattoos, unless done for a legitimate medical reason.
 - h. No unusual hair styles, including spiking, layered tiers, etc., are permitted. No unusual hair coloring is permitted.
4. Interns shall not use agency telephones or a personal cell phone for conducting personal calls, other than emergency situations, while present for the internship.
5. No use of any cameras (including cell phone cameras) or recording devices is permitted without the prior approval of the agency member supervising the intern.
6. No intern shall perform any task, use any equipment, or engage in any activity without authorization from the Sheriff's Office member to whom he/she is assigned.
7. While participating in an internship, interns shall not date or pursue a sexual or romantic relationship with any member of the Sheriff's Office, unless such a relationship existed prior to the beginning of the internship. If such a relationship exists, the intern candidate shall make this information known to the PCSO Internship Coordinator at the time he/she applies for the internship.
8. Any intern who is a relative or family member of any member of the Sheriff's Office shall not be assigned to, or work directly with, that relative or family member while participating in the internship.

9. Interns shall not use agency computer systems to access information on any individual unless he/she has all required certifications and has been authorized to do so by the Sheriff's Office member to whom he/she is assigned.
10. If an intern will be absent due to some unforeseen circumstance (i.e., illness, family emergency, car trouble, etc.), the intern must call the area where he/she is assigned and notify the supervisor that he/she will be absent.
11. The identification card provided to the intern is the property of the Pinellas County Sheriff's Office and will be returned to the Sheriff's Office internship coordinator immediately upon completion of the internship. The identification card will not be used at any time or for any purpose when not actually present at the Sheriff's Office for the internship.
12. Any intern who engages in disruptive behavior, or who conducts himself/herself in any manner deemed to be embarrassing to the Sheriff's Office, whether during scheduled internship hours or after hours, may be terminated from further participation in the internship.

Reminders:

An internship with the Pinellas County Sheriff's Office should not be considered as a precursor to a job opportunity with the agency. The internship opportunity exists solely to provide an extended educational opportunity to students within the community.

Completion of the internship remains the responsibility of the student and does not transfer to this agency. The agency provides the student with the framework to receive exposure to various aspects of the agency but will not serve as a monitor. It is the student's responsibility to work with the designated point of contact to schedule the needed and desired hours within the timeframe given.

The student will follow the instructions given by the agency representative at all times and not interfere with the employees' completion of their assigned duties. Professional conduct will be displayed at all times during this internship.

Students must protect the identity of any employee and/or victim whose information may become known during the internship. Any reports written during or after the completion of the internship should not contain names but may refer to titles. (Deputy, victim, pedestrian, etc.)

All interns should maintain the outlined schedule without deviation. Specifics of the schedule will be worked out with the representative for the assigned area.

The issued intern identification card will be returned to the Human Resources Bureau upon completion of the last day of your internship.

I understand that participating in an internship with the Pinellas County Sheriff's Office is a privilege afforded to me as a part of my college or university education, and agree that I will abide by the rules of the program and the agency policies as they apply to me. I understand that my failure to abide by these rules and policies may result in the immediate termination of my internship with the Pinellas County Sheriff's Office.

Signature of Intern / Date PCSO Internship

Coordinator's Signature /Date

Printed Name of Intern

Printed Name of PCSO Internship Coordinator