



Escambia County Sheriff's Office
David Morgan, Sheriff

POLL DEPUTY APPLICATION

Full Name: _____
Last First Middle Maiden/Alias

Address: _____
Street Address Apartment/Unit#

City State ZIP Code

Phone: _____
Home Cell

Email

Social Security No: _____

Driver's License No: _____

DOB: _____ Ethnicity: _____ Gender: _____

Are you a registered voter in Escambia County? YES NO

I understand that my appointment will be contingent upon the results of a background check. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis of my disqualification as an applicant for this position. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I understand that the use of drugs or alcohol is not permitted during duty time, whether it be paid or unpaid, in the areas where work is performed. I also understand that this Poll Deputy Application shall become the property of the Escambia County Sheriff's Office and that it and the information received in response to the background examination are public records.

Application can be mailed to: Escambia County Sheriff's Office, 1700 W. Leonard Street, Pensacola, FL 32501.

Attention: Community Services Unit or drop off at the front desk of ECSO at 1700 W. Leonard Street.

For information call (850) 436-9735.

Signature: _____

Date: _____