



**CITY OF FORT PIERCE HUMAN RESOURCES DEPARTMENT**

100 N. US #1, Fort Pierce, Florida 34954

Phone: (772) 467-3000

**APPLICATION FOR EMPLOYMENT  
(An Affirmative Action/Equal Opportunity Employer)  
THIS IS A DRUG FREE WORKPLACE**

It is important that you answer all questions on this application fully and accurately. Failure to do so may delay consideration and could result in loss of employment opportunities. If an item does not apply to you, please write N.A. (Not Applicable).

**Note:** Falsification or omission of any information or furnishing misleading information may result in rejection of your application or your dismissal, if you are hired. Applicants are considered for all positions without regards to race, color, religion, sex, national origin, age, marital status, medical condition or disability.

**IF SELECTED FOR A JOB, YOU WILL UNDERGO A PRE-EMPLOYMENT PHYSICAL EXAMINATION WHICH WILL INCLUDE DRUG SCREENING. IF POSITIVE, YOU WILL NOT BE HIRED.**

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**Date of Application** \_\_\_\_\_ **Date available to start work** \_\_\_\_\_

Write in position(s) applied for \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number (optional): \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Other Number ( ) \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_

**Are you a citizen of the U.S. or are you otherwise lawfully authorized to work in this country? Yes/No**

Every offer of employment is contingent upon the employee completing an employee verification form and showing original documents designated by law to prove identity and right to work. (See attached list of acceptable documents.)

**Are you related to any City employee? \_\_\_\_\_ If yes, state name, department and relationship.**

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been employed by the City? \_\_\_\_\_ **If yes**, complete the following:

Position held \_\_\_\_\_

Department \_\_\_\_\_

Period of Services \_\_\_\_\_

**Education**

Name & Address of School	Dates of Attendance Months/Years	Graduated Yes/No	Degree(s) Received
<b>High School</b> _____ _____ _____	From: _____ To: _____	_____	_____
<b>College</b> _____ _____ _____	From: _____ To: _____	_____	_____ _____
<b>Other</b> (specify) _____ _____ _____	From: _____ To: _____	_____	_____ _____

**Note: A conviction does not automatically disqualify you. What you were convicted of and how long ago are important. Please give all the facts below:**

Have you ever been convicted of a crime, misdemeanor, or DUI, or had adjudication withheld by a court or a military tribunal? **Yes** ( ) **No** ( )

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

**The following questions concerning licenses and skills do not involve requirements for all jobs, but are designed to make sure the City is fully aware of your skills, licenses and special training.**

**Do you have a State of Florida Drivers Licenses?** **Yes** ( ) **No** ( )

If so, what type?

Restriction \_\_\_\_\_

Regular Operator \_\_\_\_\_(Class E)

Commercial \_\_\_\_\_What Class? (Circle One) A B C D

Have you ever had your Driver's License, revoked, suspended or been convicted of a DUI or Reckless Driving? **Yes** ( ) **No** ( )

If so, please explain \_\_\_\_\_  
 \_\_\_\_\_

**List any special work skills, licenses, training or apprenticeships (include skills with machines, tools, motor equipment or office machines)** \_\_\_\_\_  
 \_\_\_\_\_

Typing Speed \_\_\_\_\_(Words per Minute)



**\*Were you in the military? \_\_\_ If you are eligible for veteran's preference, please provide form DD- 214.**

State any additional information you feel may be helpful to us in considering your application.

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**Give references of professional associates or friends:**

<b>Name</b>	<b>Address</b>	<b>Phone #</b>	<b>Occupation</b>

**Applicant's Certification Section (PLEASE READ CAREFULLY BEFORE SIGNING)**

I certify that the answers given by me to the foregoing questions and statements are true and correct without any falsifications, omissions, or misleading statements of any kind whatsoever and acknowledge that any offer of employment is based on the information furnished in this application form. I agree that the employer shall not be held liable in any respect if employment is terminated because of the falsity of the statements, inaccuracies, or omissions made by me in this application, without regard to either my knowledge of the inaccuracy, omissions, or falsity or the length of employment.

I authorize previous employers, schools, or persons named above to give any information regarding my employment together with any information they may have regarding me, whether or not it is in their records unless I have otherwise indicated above. I hereby release all companies, employers, schools, or persons from all liability for any damage arising from the issuing of this information.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**Note: Applications will be kept in an active file for (90) ninety days from the date of application.** If you wish to have your application reactivated after 90 days you will need to re-visit our Human Resources Office to do so. It is the applicant's responsibility to notify the Human Resources Office of any address or telephone number changes.

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**HUMAN RESOURCES USE ONLY**

**EXAM**  
**GIVEN** \_\_\_\_\_ **POSITION** \_\_\_\_\_ **QUALIFIED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SCORE**  
Typing \_\_\_\_\_ wpm  
\_\_\_\_\_ error(s)  
\_\_\_\_\_ Correct WPM

**POLICE OFFICER**  
Percent \_\_\_\_\_

