



CITY OF PORT ST. LUCIE EMPLOYMENT APPLICATION

POSITION APPLIED FOR	
Department:	Date available:
Minimum Acceptable Salary: \$	Are you available to work ? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift <input type="checkbox"/> Temp
Last Name:	
First Name:	M.I./Suffix:
Mailing Address:	
City	State Zip Code
Home Phone	Business Phone Other Phone
E-mail address	
<p>*In accordance with The Americans with Disabilities Act of 1990, the City invites disabled applicants to inform the Human Resources Office if they need any assistive device or special accommodation to compete for, or, if selected, to be employed in the position for which they have applied.</p>	

- Where to Find Vacancy Information:
- On the Internet: **www.cityofpsl.com** or **Jobline 772-807-4473**
 - Job and Benefits Centers – One Stop Career Center 1-866-482-4473
 - 121 SW Port St. Lucie Blvd, PSL, Fl. 34984 772- 344-4335
 - TDD # 772-873-6339
 - **EQUAL OPPORTUNITY EMPLOYER**

- GENERAL INSTRUCTIONS**
- Type or print in ink this application in its entirety.
 - An Application must be submitted, to be considered, for any position.
 - Specify the position for which you are applying. (Note: A separate application must be submitted for each vacancy)
 - **All fields must be completed unless not applicable.**
 - Submit your application to the Human Resources Department, no later than the close of business on the announced deadline date.
 - Sign your name in the Certification Section. All information you submit is subject to verification. Notify the office, if you require special disability accommodations to participate in the employment process.
 - **Falsification of any information will disqualify you from consideration for any position with the City of Port St. Lucie.**

EDUCATION

HIGH SCHOOL:						
NAME / LOCATION OF SCHOOL		RECEIVED: Diploma <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> None		
YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL OR WHILE EMPLOYED: _____						
COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)						
NAME OF SCHOOL	LOCATION	CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED	
		QTR	SEM			
_____	_____	_____	_____	_____	_____	
JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)						
NAME OF SCHOOL	LOCATION	CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED?	
		CLASS	CLOCK		YES	NO
_____	_____	_____	_____	_____	_____	_____
LICENSURE, REGISTRATION, CERTIFICATION						

(if required by position for which you are applying). EXAMPLES: professional or occupational licensure(s), certification(s), membership(s) relevant to this position. For example: Florida Certificate in Water/Wastewater Treatment, Florida Professional Engineering registration, Law Enforcement Certification. **APPLICANTS ARE REQUESTED TO SUBMIT A COPY OF DOCUMENT WITH APPLICATION.**

LICENSE, REGISTRATION OR CERTIFICATION:	Number	Date Received	Expiration Date	State Licensing Agency

DRIVERS LICENSE

Complete if position requires driving:

Do you have a valid Florida Driver's License? YES NO Commercial Non-Commercial

Has your license ever been suspended or revoked: YES NO A C D

If Yes, please provide all dates and explain: _____

Driver's License Number _____

B E- Operator

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. **All information in this section must be completed.** Resumes may be attached to provide additional information but may not be used in lieu of completing this application.

1 Name of Present or Last Employer: _____

Address: _____ Phone No. (____) _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ To _____ Hours per week: _____ (_____)

M D Y M D Y YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Last/Current salary: _____

Reason for Leaving: _____

2 Name of Former Employer: _____

Address: _____ Phone No. (____) _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ To: _____ Hours per week: _____ (_____
M D Y M D Y YOUR NAME IF DIFFERENT DURING EMPLOYMENT)

Duties and Responsibilities: _____

Salary: _____

Reason for Leaving: _____

3 Name of Former Employer: _____

Address: _____ Phone No. (____) _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ To: _____ Hours per week: _____ (_____
M D Y M D Y YOUR NAME IF DIFFERENT DURING EMPLOYMENT)

Duties and Responsibilities: _____

Salary: _____

Reason for Leaving: _____

4 Name of Former Employer: _____

Address: _____ Phone No. (____) _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ To: _____ Hours per week: _____ (_____
M D Y M D Y YOUR NAME IF DIFFERENT DURING EMPLOYMENT)

Duties and Responsibilities: _____

Salary: _____

Reason for Leaving: _____

SPECIAL SKILLS / TRAINING

List any special skills you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED, PLEADED NOLO CONTENDERE (NO CONTEST), ENTERED INTO AN AGREEMENT SETTING FORTH THE TERMS LEADING TO THE REDUCTION OR DISMISSAL, OR HAD ADJUDICATION WITHHELD IN A CRIMINAL OFFENSE, FELONY, MISDEMEANOR OR OTHERWISE, AND/OR ARE YOU A DEFENDANT IN A PENDING CRIMINAL PROSECUTION? YES NO

If "YES," please describe. You may be later asked to furnish a certified true copy of any relevant court records. PLEASE LIST ALL

Date and Place of Disposition

Note: A "YES" answer to this question will not automatically bar you from employment. The nature, job relatedness, severity and date of the offense in relation to the position for which you are applying are considered. The check will include criminal records, including arrests and convictions for all offenses of any type. Failure to disclose requested information will result in withdrawal of any offer of employment or termination of employment if discovered after employment commences.

If you answered "NO" to the above question based upon an expungement or sealing of a record of a conviction, it is your responsibility to verify with the applicable Court that the expungement or sealing relief was granted. Answering "No" based upon a mistaken belief that a conviction was expunged or sealed, when in fact it was not, will be deemed failure to disclose requested information.

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE** OR THE SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER §119.071, F.S.?

YES NO

**Other covered jobs can be found listed under Florida Statute 119.07

CITIZENSHIP

The City Of Port St. Lucie hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide proof of citizenship or authorization to work in the U.S.

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?

YES NO

RELATIVES

To your knowledge, do you have any relatives currently working in this agency?

YES NO

If yes, name _____ dept _____ relationship _____

MILITARY SERVICE – ALL APPLICANTS WITH PRIOR MILITARY SERVICE MUST COMPLETE THIS SECTION

Have you ever served in the military?

YES NO

If you answered yes, which branch? _____

Dates of service: _____

Type of discharge: _____

Note: A copy of your DD214 is required upon submission of this application.

Have you claimed and been employed through Veterans' Preference in the State of Florida?

YES NO

If yes, give the name and address of employer: _____

If not, do you claim Veterans' Preference (in accordance with Chapter 55 A-7, Florida Administrative Code, and Chapter 295, Florida Statutes)*

- A) Based on active duty during wartime period? YES NO
- B) As a veteran with a compensable service-connected disability? YES NO
- C) The unremarried widow or widower of a veteran who died of a service-connected disability? YES NO
- D) As the spouse of a veteran who cannot qualify for employment because of a total or permanent service-connected disability and as the spouse of a person missing in action, captured or forcibly detained by a foreign power? YES NO

IF ELIGIBLE, WHICH VETERANS' PREFERENCE ARE YOU CLAIMING? _____

You must submit current documentation of your Veterans' Preference status with this application. A DD214 or comparable document which serves as a certificate of release or discharge claim **must be furnished at the time of application. DOCUMENTATION MUST INDICATE ENTRY DATE AND DISCHARGE DATE.** All documents must clearly indicate that they are copies of originals. Veterans' Preference statement of documentation/eligibility is posted in the job-postings bulletin board; a copy is available upon request. If an applicant claiming Veterans Preference for vacant position(s) are not selected for the position(s), they may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Fl. 33731, within 21 days after receiving notice of hiring decision.

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

PROBATION PERIOD: I understand that my position with the City is at-will during the probationary period established. My employment may be ended before the expiration of that period for any non-discriminatory reason without recourse.

PHYSICAL FITNESS: I understand that I must take and pass a physical examination before the decision to hire me is complete. The City of Port St. Lucie is committed to a Drug-Free Workplace Program, and all applicants selected will be required to submit to screening for illegal drug use prior to appointment. No person found to have a confirmed positive test for illegal drugs will be extended a final offer of employment.

STATEMENT OF APPLICANT: I certify that all answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I hereby release all companies, schools or persons from all liability for any damage for issuing this information. I understand that the City may request driver's license, credit and/or criminal reports about me. I have the right to request that the City completely and accurately disclose to me the contents of those reports, upon written request to the Human Resources Division.

CERTIFICATION: I understand that falsification; omission, misleading statements, or misrepresentation is cause for rejection of this application or dismissal from employment. I understand that this application is a Public Record and is subject to the provisions of Florida Statutes chapter 119. **(I further understand that only an authorized representative of the Human Resources Division may make an offer of employment.)** I realize that this application is not a contract of employment and does not imply that I will be interviewed for a position or hired.

UPON TERMINATION OF EMPLOYMENT I UNDERSTAND THAT THE CITY MAY HOLD MY FINAL PAYCHECK UNTIL A FINAL ACCOUNTING IS MADE FOR ANY CITY PROPERTY IN MY CUSTODY.

I hereby acknowledge that I have read and understand each of the above statements.

SIGNATURE

DATE:

CITY OF PORT ST. LUCIE

VOLUNTARY APPLICATION DATA RECORD

Although the following information is not mandatory, it is requested to aid the City Of Port St. Lucie in its commitment to Equal Employment Opportunity. Applicants for employment with the City of Port St. Lucie are considered without regard to race, color, religion, sex, sexual preference, national origin, age, disability or marital status. However, the Federal Government may require that the City provide statistics on the number of women, minorities, veterans and disabled persons who apply for jobs. Information provided below will be used for statistical purposes only and will be maintained apart from the Application for Employment during the entire hiring process and will not affect hiring.

APPLICATION DATE: _____

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____

DEPARTMENT: _____

SEX: MALE FEMALE

DATE OF BIRTH _____

RACE (Check One Only):

- WHITE (Non-Hispanic) BLACK or AFRICAN AMERICAN HISPANIC or LATINO
 TWO OR MORE RACES ASIAN or INDIAN NATIVE HAWIAN or PACIFIC ISLANDER
 NATIVE AMERICAN or NATIVE ALASKAN OTHER (Specify) _____

In accordance with The Americans with Disabilities act of 1990, the City invites disabled applicants to inform the Human Resources Office if they need any assistive device or special accommodation to compete for, or, if selected, to be employed in the position for which they have applied.

Where did you hear about this employment opportunity with The City of Port St. Lucie?

Newspaper _____ (Which paper?)

Internet (City Web Page) _____ Other web link _____

Professional Publication _____ (Which One?)

Other _____