

Employment Application
Tax Collector, St. Lucie County
2300 Virginia Ave., Ft. Pierce, FL 34982
772-462-1650

www.tcslc.com

PLEASE COMPLETE PAGES 1-5 (Print, type or fill in electronically, except for signature).

DATE _____
MM/DD/YYYY

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long have you lived at the present address? _____

Telephone (____) _____

If under 18, please list age _____

Position applied for and salary desired (Be specific)
(1) _____
(2) _____

Days/hours available to work
No Pref ___ Thur ___
Mon ___ Fri ___
Tue ___ Sat ___
Wed ___ Sun ___

How many hours can you work weekly? _____ **Can you work limited overtime if necessary?** _____

Employment desired: FULL-TIME ONLY PART-TIME ONLY ANY AVAILABLE

When will you be available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBERS OF YEARS COMPLETED	MAJOR & DEGREE

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

If yes, please explain. _____

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the pas three years? Yes No How many? _____

OFFICE SKILLS

Typing	<input type="checkbox"/> Yes						<input type="checkbox"/> Yes	
	<input type="checkbox"/> No						<input type="checkbox"/> No	Other Skills
Personal Computer	<input type="checkbox"/> Yes	PC	<input type="checkbox"/>	Word	<input type="checkbox"/>		<input type="checkbox"/> Yes	_____
	<input type="checkbox"/> No	Mac	<input type="checkbox"/>	Excel	<input type="checkbox"/>	10-key calculator	<input type="checkbox"/> No	_____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone (____) _____

Telephone (____) _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?

 Yes

 No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?

 Yes

 No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip		To	Final
Phone number	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer	Name of last supervisor	Employment dates	Pay or salary
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City, State, Zip		To	Final
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May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with the St. Lucie County Tax Collector's office creates an actual or implied contract of employment. I understand that, if I accept employment with the St. Lucie County Tax Collector's office, it will be on an at-will basis. This means that that the Tax Collector has the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by the St. Lucie County Tax Collector's office. I release the St. Lucie County Tax Collector's office, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize the St. Lucie County Tax Collector's office to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release the St. Lucie County Tax Collector's office and its employees from all liability arising from such investigation.

Signature of applicant _____ Date: _____

The St. Lucie County Tax Collector's office is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability.