

Print

Application For Appointment/Reappointment - Submission #24130

Date Submitted: 7/4/2025

Name of Board or Boards for which you are applying:*

Keep Fort Pierce Beautiful

Name:*

T-Erica Pugh

Home Address:*

315 Raspberry Road

City:*

Fort Pierce

State:*

FL

Zip:*

34981

How long at this address?*

7 months

Telephone Number*

3059655201

If less than two years, provide prior address:

8350 NW 8th street Miami Florida 33126

Are you a citizen of the United States? *

Yes

No

Occupation: *

Superintendent

Employer:*

Department of Transportation and Public Works

Do you own a business that operates within the City of Fort Pierce?*

Yes

No

If yes, list the address and nature of said business:

Do you now or in the future plan to do business with the City of Fort Pierce or the Fort Pierce Utilities Authority(FPUA)?*

Yes

No

If yes, in which organization and in what capacity?

Are you employed by a business that is located within the City of Fort Pierce?*

Yes

No

If yes, state the business and location:

Do you have special training or knowledge in the area of:

Engineering:*

Yes

No

Architecture:*

Yes

No

Real Estate Brokering:*

Yes

No

Finance/Accounting:*

Yes

No

Contracting:*

Yes

No

Land Development:*

Yes

No

Utilities:

Yes

No

Management:*

Yes

No

Describe your professional background and what expertise you will bring to this Board. (Attach your resume or other applicable information below if desired) *

I have been with the Department of Transportation and Public Works for twenty two years. I was a bus operator for 15 years, a transit operations supervisor, a superintendent, and now I'm the superintendent of bus operations.

Are you currently a member of a Commission-appointed board/committee?*

Yes

No

If yes, please specify:

Have you ever been convicted of a felony?*

Yes

No

If yes, what was the nature of the crime(s) you were convicted of:

If appointed, are you willing to attend a training session which could last several hours?*

Yes

No

Referred by:*

Applicant Email Address:*

Date:*

Applicant's Signature:*

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.

For additional information, please contact the City Clerk's Office at 772.467.3065 or email lcox@cityoffortpierce.com.

Upload Resume (Optional)

 No file chosen