



CITY OF FORT PIERCE

100 NORTH US HWY 1
FORT PIERCE, FLORIDA 34950
(772) 467-3066 FAX (772) 467-3841

APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: FT. PIERCE W/W TREATMENT PLANT
AD HOC WORKING COMMITTEE

Name: <u>ROBERT (BOB) ADOLPHE</u>	Phone: <u>772-462-1453</u>
Home Address: <u>4949 N HIGHWAY A1A #211</u>	How long at this address? <u>8 MO'S.</u>
City/Zip Code: <u>FT. PIERCE, FL. 34949</u>	
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: <u>ST. LUCIE CO. DEPUTY CO. ADMINISTRATOR</u>	
Do you own a business that operates within the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, in what capacity?	
Are you employed by a business that is located within the City of Fort Pierce? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the business and location: <u>ST. LUCIE CO. GOVERNMENT</u>	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input type="checkbox"/> No Engineering: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Real Estate Brokering: <input type="checkbox"/> Yes <input type="checkbox"/> No Contracting: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Land Development: <input type="checkbox"/> Yes <input type="checkbox"/> No Other: Describe your education, background, training and knowledge in the above area(s): <u>PROFESSIONAL ENGINEER</u> <u>WATER/WASTEWATER</u> <u>MASTER OF BUSINESS ADMINISTRATION</u> <u>UTILITY DIRECTOR</u> <u>PROJECT MGR. CERTIFICATION</u> <u>2 FLORIDA COUNTIES - 9 YRS</u> <u>ENGINEERING FIRM PROJ. MGR - 5 YRS</u>	
Are you currently a member of a Commission-appointed board/committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify:	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the nature of the crime(s) you were convicted of:	
Referred by: <u>ST. LUCIE BOCC</u>	Applicant Email Address: <u>adolphe@STLUCIE.CO.ORG</u>
Date: <u>3/1/16</u>	Applicant's Signature: <u>[Signature]</u>

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.
Please return form to: City Clerk's Office - 100 North US Hwy 1, Fort Pierce, Florida 34950
fax (772) 467-3841 or via email at lcox@city-ftpierce.com