



# CITY OF FORT PIERCE

100 NORTH US HWY 1  
FORT PIERCE, FLORIDA 34950  
(772) 467-3065 fax (772) 467-3841

# RECEIVED

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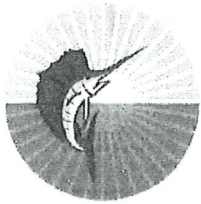
HUMAN RESOURCES  
CITY OF FORT PIERCE

## APPLICATION FOR APPOINTMENT/REAPPOINTMENT

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

Name: <u>Bertha L. Sullivan</u>	Phone: <u>(772) 464-8351</u>
Home Address: City/Zip Code: <u>1750 Timberlake Dr. Fort Pierce, FL 34947</u>	How long at this address? <u>30+ years</u>
Are you a citizen of the United States?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Occupation: <u>Retired Educator</u>	
Do you own a business that operates within the City of Fort Pierce? If yes, list the address and nature of said business:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you now or in the future plan to do business with the City of Fort Pierce? If yes, in what capacity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are you employed by a business that is located within the City of Fort Pierce? If yes, state the business and location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Engineering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Real Estate Brokering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Contracting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Land Development: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Other: Describe your education, background, training and knowledge – (feel free to attach a resume):	
Are you currently a member of a Commission-appointed board/committee? If yes, please specify:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Civil Service Appeals Board</u>	
Have you ever been convicted of a felony? If yes, what was the nature of the crime(s) you were convicted of:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Referred by:	Applicant Email Address: <u>sullivan1337@bellsouth.net</u>
Date: <u>3-20-19</u>	Applicant's Signature: <u>Bertha L. Sullivan</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



THE SUNRISE CITY  
**FORT PIERCE**  
HUMAN RESOURCES  
DEPARTMENT  
*Florida*

February 22, 2019

Mrs. Bertha Sullivan  
1750 Timberlake Drive  
Fort Pierce, FL 34950

Dear Mrs. Sullivan,

**RE: Board Member Term Expiration**

Your term as a member of the Civil Service Appeals Board has expired. If you would like to be re-appointed to the Board, please respond by March 6, 2019.

Enclosed is an "Application of Re-Appointment" that ***needs to be filled out and returned with your response***. You may email it to [bmoores@city-ftpierce.com](mailto:bmoores@city-ftpierce.com) or mail it by using the stamped, self-addressed envelope that is enclosed for your convenience.

Thank you for your past and continued support of the Civil Service Appeals Board. If you have any questions, please feel free to contact me.

Sincerely,

*KES for Barbara Moore*

Barbara G. Moore

Assist. Secretary to the Civil Service Appeals Board

Enclosure

I elect **to serve** another term       I elect **not to serve** another term