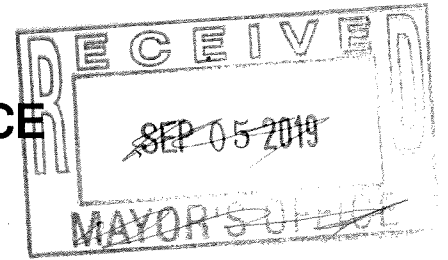


CITY OF FORT PIERCE

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



APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: Parks Advisory

| | |
|---|---|
| Name: <u>Lonis M. Jefferson-Knowles</u> | Phone: <u>(772) 672-1179</u> |
| Home Address: <u>2300 Valencia Ave</u> City/Zip Code: <u> Ft. Pierce 34946</u> | How long at this address? <u>3 1/2 yrs.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Frontline For Kids</u> | |
| 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): <u>Art Education K-12</u> | |
| Are you currently a member of a Commission-appointed board/committee? If yes, please specify: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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: <u>Carlene Adair</u> | Applicant Email Address: <u>Honeydrop3199@gmail.com</u> |
| Date: <u>9.6.2019</u> | Applicant's Signature: <u>M. Jefferson-Knowles</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