



# CITY OF FORT PIERCE

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

## APPLICATION FOR APPOINTMENT/REAPPOINTMENT

### Keep Ft. Pierce Beautiful

Name of Board or Boards for which you are applying: \_\_\_\_\_

Name: Shirley Walker		Phone: 772-465-5580	
Home Address: 705 Grandview Blvd 34982		How long at this address? 41 years	
City/Zip Code:			
Are you a citizen of the United States?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: Retired			
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: closed antique business last year			
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 checked="" type="checkbox"/> No	
If yes, state the business and location:			
Do you have special training or knowledge in the area of:			
Architecture: <input type="checkbox"/> Yes <input type="checkbox"/> No		Engineering: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contracting: <input type="checkbox"/> Yes <input type="checkbox"/> No		Land Development: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Real Estate Brokering: <input checked="" type="checkbox"/> Yes <input 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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify: Keep Ft. Pierce Beautiful Advisory Board			
Have you ever been convicted of a felony?		<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: ?		Applicant Email Address: swalker2011@att.net	
Date: 10-14-2020		Applicant's Signature Shirley Walker	

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@cityoffortpierce.com