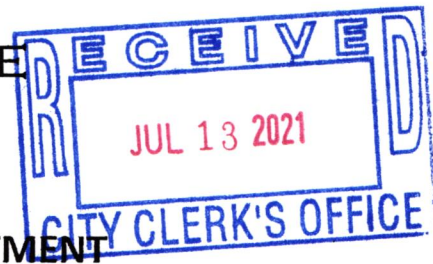




CITY OF FORT PIERCE

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: Civil Service

Name: <u>Josant Carwell</u>		Phone: <u>772-340-0516</u>	
Home Address: <u>2101 Hwy P</u>		How long at this address? <u>46</u>	
City/Zip Code: <u>Fort Pierce, FL 34954</u>			
Are you a citizen of the United States?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation:			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, in what capacity? <u>Neighborhood Kid's Club</u>			
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 checked="" type="checkbox"/> No		Engineering: <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	
		Real Estate Brokering: <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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, please specify:			
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:	
Date: <u>7/13/21</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@cityoffortpiece.com