



CITY OF FORT PIERCE

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

APPLICATION FOR APPOINTMENT/REAPPOINTMENT TO FPUA

(City Residency Required)

Name: <i>Barbara Marshall-Bennett</i>		Phone: <i>(772) 971-4163</i>
Home Address: <i>2016 Juanita Ave. Ft. Pierce, FL 34946</i>		How long at this address? <i>1992</i>
City/Zip Code:		
Are you a qualified elector of the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Occupation: <i>Teacher</i>	Employer Name: <i>St. Lucie Co. School Bd.</i>	
Do you own a business that operates within the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the address and nature of said business: <i>1806 S. 33rd St. Ft. Pierce, FL 34947 Church</i>		
Do you now or in the future plan to do business with or have a business relationship with FPUA? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe in detail outlining any businesses or matters deemed appropriate. <i>church facility</i>		
Describe your professional background and what expertise you will bring to the FPUA Board. Feel free to attach your curriculum vitae (CV) or other applicable information. <i>I am a pastor in our community. I have a background in financial teaching.</i>		
Do you have special training or knowledge in any of the following areas: Utilities: <input type="checkbox"/> Yes <input type="checkbox"/> No Engineering: <input type="checkbox"/> Yes <input type="checkbox"/> No Contracting/Development: <input type="checkbox"/> Yes <input type="checkbox"/> No Legal: <input type="checkbox"/> Yes <input type="checkbox"/> No Management: <input type="checkbox"/> Yes <input type="checkbox"/> No Finance/Accounting: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Describe your education and background in any of the above areas: <i>I was an employee with New Horizons of T.C. for 6 years at an Acct. # 192 along with payroll coordinator.</i>		
Are you currently a member of a Commission-appointed board or 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:		
If appointed, are you willing to attend a training session which could last at least 5 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Referred by: <i>Curhs Johnson</i>	Applicant Email Address:	
Date: <i>8/10/21</i>	Applicant's Signature: <i>[Signature]</i>	

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