

Print

Application For Appointment/Reappointment - Submission #22594

Date Submitted: 7/25/2024

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

KEEP FORT PIERCE BEAUTIFUL ADVISORY BOARD, CIVIL SERVICES APPEAL BOARD and CWC

Name:*

April Nixon

Home Address:*

1211 North 24th St

City:*

fort pierce

State:*

FL

Zip:*

34950

How long at this address?*

30 yess

Telephone Number*

7729404895

If less than two years, provide prior address:

North 24th st

Are you a citizen of the United States? *

Yes

No

Occupation: *

RETIRED EDUCATOR

Employer:*

ST LUCIE COUNTY SCHOOL SYSTEM

Do you own a business that operates within the City of Fort Pierce?*



Yes



No

If yes, list the address and nature of said business:

1211 North 24th St

Do you now or in the future plan to do business with the City of Fort Pierce or the Fort Pierce Utilities Authority(FPUA)?*



Yes



No

If yes, in which organization and in what capacity?

fort pierce

Are you employed by a business that is located within the City of Fort Pierce?*



Yes



No

If yes, state the business and location:

FL

Do you have special training or knowledge in the area of:

Engineering:*

Yes

No

Architecture:*

Yes

No

Real Estate Brokering:*

Yes

No

Finance/Accounting:*

Yes

No

Contracting:*

Yes

No

Land Development:*

Yes

No

Utilities:

Yes

No

Management:*

Yes

No

Describe your professional background and what expertise you will bring to this Board. (Attach your resume or other applicable information below if desired) *

As a retired educator, I hold a B.S. degree that allows me to continue to stay involved with children within my community

Are you currently a member of a Commission-appointed board/committee?*

Yes

No

If yes, please specify:

Have you ever been convicted of a felony?*

Yes

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 several hours?*

Yes

No

Referred by:*

Mrs Byrd

Applicant Email Address:*

alnixon67@gmail.com

Date:*

07/25/2024

Applicant's Signature:*

April Nixon

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.

For additional information, please contact the City Clerk's Office at 772.467.3065 or email lcox@cityoffortpierce.com.

Upload Resume (Optional)

Choose File

No file chosen