

Print

Application For Appointment/Reappointment - Submission #23573

Date Submitted: 2/4/2025

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

Affordable Housing Advisory Committee

Name:*

Denetria Timms-Burey

Home Address:*

1012 Avenue G

City:*

Fort Pierce

State:*

FL

Zip:*

34950

How long at this address?*

2.5 years

Telephone Number*

2393553723

If less than two years, provide prior address:

1012 Avenue G

Are you a citizen of the United States? *

Yes

No

Occupation: *

Pharmacy Tech and UPS Manager

Employer:*

Jackson Drugs Pharmacy

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:

Healthcare Consultant

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) *

Certified Lean Six Sigma Greenbelt since 2018; proven strategist for development and implantations of process management and performance improvement; high level performer in brokering, sales and marketing.

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

Yes

No

If yes, please specify:

Community Wide Council

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:*

Applicant Email Address:*

Date:*

Applicant's Signature:*

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)

 No file chosen