Print

Application For Appointment/Reappointment - Submission #22598

Date Submitted: 7/28/2024

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

Communitywide Council

Name:*

Sandy Nedd

Home Address:*

1908 Easter Ave

City:*

Ft. Pierce

State:*

Florida

Zip:*

34950

How long at this address?*

3 years

Telephone Number*

8137841044

If less than two years, provide prior address:

Are you a citizen of the United States? *

- [x] Yes
- [ ] No

Occupation: *

Psychiatric Specialist

Employer:*

Cleveland Clinic Hospital

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

- [x] Yes
- [ ] No

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

1500 Orange Ave Ft. Pierce Fl Trucking Business

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
- [x] No

If yes, in which organization and in what capacity?

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

- [ ] Yes
- [x] No

If yes, state the business and location:

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

Engineering:*

- [ ] Yes
- [x] No

Architecture:*

- [ ] Yes
- [x] No

Real Estate Brokering:*

- [ ] Yes
- [x] No

Finanace/Accounting:

- [ ] Yes
- [x] No

Contracting:*

- [ ] Yes
- [x] No

Land Development:*

- [ ] Yes
- [x] No

Utilities:

- [ ] Yes
- [x] No

Management:*

- [x] 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) *

Professional background include a combined 30 years of experience in the Mental Health and Correction field. Began my career as a Probation Officer in Ft. Pierce Fl. Transitioned to Tampa Fl and became the Clinical Director of a ReEntry Program and a Substance Abuse program. In addition, had a private practice in Mental Health Counseling. Returned to Ft. Pierce and now own a Trucking business, as well as, working as a Psychiatric Specialist with Cleveland Clinic in Vero Beach Fl.

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

- [ ] Yes
- [x] No

If yes, please specify:

Have you ever been convicted of a felony?*

- [ ] Yes
- [x] 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?*

- [x] Yes
- [ ] No

Referred by:*

N/A

Applicant Email Address:*

Sandynedd@aol.com

Date:*

July 28, 2024

Applicant's Signature:*

Sandy Nedd

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