

2018-848



**Board and Commission Application  
for Appointments by the**

**Jacksonville City Council**



**JACKSONVILLE CITY COUNCIL  
Board and Commission Appointment Application**

**INSTRUCTIONS**

This form may be typed, hand written, or filled out online and printed. Mail all completed, signed and notarized forms along with a current **RESUME** to:

Jacksonville City Council  
Board and Commission Appointments  
117 W. Duval Street, Suite 425  
Jacksonville, FL 32202

(904) 630-7234 Telephone  
(904) 630-2906 FAX

To access this form online, go to  
<http://www.coj.net/City-Council/City-Council-Appointments.aspx>

If you fill out the Application online and want to keep an electronic copy on your computer, use the "Save As" command under the "File" menu, and save the document to your hard drive. If you close the document without saving, your information will be lost.

The Application / Background Investigation Waiver must be notarized and accompany a current Resume.

**APPLICATION FOR CITY COUNCIL BOARD AND COMMISSION APPOINTMENTS**  
This form must be completed in full, signed, notarized and accompany a current resume.

1. Board(s) of Interest: Jacksonville-Duval County Council of Elder Affairs

2. How did you hear / learn about this appointment opportunity? From City Councilwoman JuCoby Pittman District 8

**Personal Information**

3. Name: Evelyn Donita Coney  
Dr./Mr./Mrs./Ms. First Middle/Maiden Last Suffix(Jr./Sr./III/etc.)

4. Residence: 10825 Key Haven Jacksonville Duval 32218  
Street City County Zip Code

Post Office Box City County Zip Code  
904 294 3883 same

Telephone: (area code) number Mobile: (area code) number

5. Business: Jacksonville Metro Treatment Center  
Business Name  
4427 Emerson Jacksonville Duval 32207  
Street City County Zip Code

Post Office Box City County Zip Code  
904 398 7015 904 346 0837  
Telephone: (area code) number FAX: (area code) number

6. Email Address: ecdelegate3@yahoo.com

7. To which address do you prefer correspondence regarding this application be sent?  Residence  Business

8. Is your address exempt from Chapter 119, Florida Statutes, regarding Public Records?  Yes  No

If yes, please explain: \_\_\_\_\_

9. Your Gender:  Male  Female

10. Describe yourself within one or more of the categories below. This information is requested pursuant to Section 760.80, Florida Statutes. Access the Statute online.

- Caucasian
- African American
- Hispanic American
- Asian American
- Native American
- American woman
- physically disabled

11. As of what date have you been a continuous resident of:  
A. Duval County? 8 10 2002 Month/Day/Year  
B. Florida? 8/10/2002 Month/Day/Year

12. Are you're a U.S. Citizen?  Yes  No

13. Are you registered to vote in Florida?  Yes  No If yes, County of Registration: Duval

14. High School: Finney High School **Education** Jacksonville **City** FL. **State**

15. Postsecondary Institutions: **Name and Location** Florida State College of Jacksonville **Dates Attended** 9/14 - 9/17 **Certificate/Degree Earned** Bachelors

**Employment**

16. Provide the requested information for all employers within the last five years, beginning with the most current. Please elaborate in your attached resume.

A. **Employer** New Season **Address** 4427 Emerson Str. Bldg 4, Jax, FL 32207  
**Type of Business** Treatment Center **Occupation/Job Title** Substance Abuse Counselor **Dates of Employment** 11/17

B. **Employer** Ashley Furniture **Address** 4621/13265 City Square Dr. Jax, FL 32218  
**Type of Business** Furniture **Occupation/Job Title** Customer Service **Dates of Employment** 2/17-9/17

C. **Employer** Child Development Center **Address** Naval Air Station **Dates of Employment** 10/2009 - 10/2011  
**Type of Business** Child Development **Occupation/Job Title** Education Technician **Dates of Employment** ✓

**Special Qualifications**

17. List any special qualifications you think are relevant to your being appointed to a board, commission, council or committee, including any type of licensure or certification you hold, as well as any civic, professional, or political organization to which you belong. Please elaborate in your attached resume.

Type or Name of License or Certificate	Number	Granting Agency	Date Granted
Medical Transcriptionist		Social Services	6/1994
Owner/Operator Home Childcare		NAEYC	9/2007
Child Development Associate			
Name of Civic, Professional or Political Organization	Official(s) Held	Membership Dates	
Soil and Water Conservation Group	2	2012 - 2014	
Community Action Neighborhood Chair		2012 - 2013	
Shades		2014 - present	

18. Give any additional information you believe is relevant to your appointment to a board, commission, council, or committee. Please elaborate in your attached resume. I've been active with political candidates and campaigns as a volunteer. I am active with attending community meetings since 2009.

**Ethical Disclosure**

19. If required by law or administrative rule, will you file financial disclosure statements?  Yes  No

20. Have you been a registered lobbyist or have you lobbied at any level of government at any time during the past four years?  Yes  No

If yes, did you receive compensation other than reimbursement for expenses?  Yes  No

<u>Agency Lobbied</u>	<u>Principal(s) Represented</u>	<u>Dates</u>
<u>Never lobbied for an agency.</u>		

21. Has probable cause ever been found that you were in violation of:  
 A. Part III, Chapter 12, *Florida Statutes*, the Code of Ethics for Public Officers and Employees?  Yes  No  
 B. Chapter 602, *Jacksonville Municipal Code*, the Jacksonville Ethics Code?  Yes  No  
 If yes to either above, please provide:

<u>Date</u>	<u>Nature of Violation</u>	<u>Disposition</u>
<u>Never been found that <del>you were</del> in violation of statutes or ethics.</u>		

22. Have you ever been suspended from any public office or appointment?  Yes  No If yes, please provide:

<u>Title of Office</u>	<u>Date of Suspension</u>	<u>Reason for Suspension</u>	<u>Result (Reinstated/Removed)</u>
<u>Never been suspended from public office or appointment.</u>			

23. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law or ordinance? (Exclude traffic violations for which a fine of \$150 or less was paid.)  Yes  No  
 If yes, please provide:

<u>Date</u>	<u>Place</u>	<u>Nature of Violation</u>	<u>Disposition</u>
<u>Never been arrested, charged, or indicted for violation of any federal, state, county, or municipal ordinance.</u>			

24. Have you ever been refused a fidelity, surety, performance, or other bond?  Yes  No  
If yes, please provide:

Type of Bond	Insurer or Bond	Date	Reason(s) Given
Never been refused a fidelity, surety, performance, or other bond.			

25. Do you know any reason why you would not be able to attend fully to the duties of the office or position to which you may be appointed?  Yes  No If yes, please explain:

I would be available to fulfill my position and duties for the board I am interested.

### History of Service

26. Have you ever been elected to any public office in Florida?  Yes  No If yes, please provide:

Office Title	Date of Election	Term of Office	Level of Government
Commissioner	November 6, 2012	4 years	local

27. Have you previously been appointed to any office that required confirmation by the Jacksonville City Council?  Yes  No If yes, please provide:

Title of Office	Term of Appointment
I have not previously been appointed to any office by Jacksonville City Council.	

28. Have you ever been employed by any local governmental agency in Jacksonville/Duval County?  Yes  No  
If yes, please provide:

Position	Employing Agency	Dates of Employment
I have not been employed by a local governmental agency in Duval County / Jacksonville.		

29. If you served on an appointed board, commission, council, or committee, and missed any regularly scheduled meetings, please provide:

Number of Meetings Attended	Number of Meetings Missed	Reason for Absence(s)
36	6	Work



**JACKSONVILLE CITY COUNCIL  
AUTHORITY FOR RELEASE OF INFORMATION  
(Background Investigation Waiver)**

APPLICANT'S FULL NAME: Evelyn Donita Coney  
First Middle Last Suffix(Jr./Sr./III/etc.)

MAIDEN NAME, IF APPLICABLE: Holston

RESIDENTIAL ADDRESS: 10825 Key Haven Blvd. #708 Jax. FL. 32218

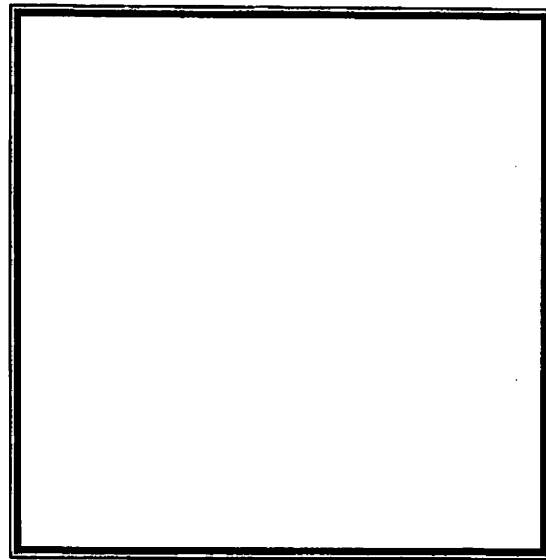
RACE: Black SEX: Female

I hereby authorize the release of personal information. A photocopy of this form will be as effective as the original. Pursuant to Sections 943.13 (4), (5), and (7), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Evelyn Coney  
 Applicant's Signature

10/29/2018  
 Date

JSO use only:



The following information will be deleted from public records:

BIRTH DATE: 11 19 1964 BIRTH PLACE: Detroit Michigan United States  
Month/Day/Year City State Country

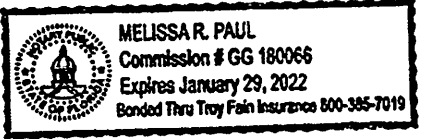
DRIVER LICENSE: 0500204649190 Florida  
Number State

CERTIFICATION / AFFIDAVIT

STATE OF Florida COUNTY OF Duval

Before me, the undersigned Notary Public, personally appeared Evelyn Coney who, after being duly sworn, says: (1) that he/she has carefully and personally reviewed the answers to the foregoing questions; (2) that the information is complete and true; (3) that he/she executed the foregoing instrument of his/her own free will and accord, with full knowledge of the purpose therefore, and (4) that he/she will, as appointee, uphold the constitutions of the United States and of the State of Florida.

Evelyn D. Coney  
Signature of the Applicant



Sworn and subscribed before me this 8th day of November, 2018

Melissa R. Paul  
Signature of Notary Public

\_\_\_\_\_  
Print, type, or stamp commissioned name

Personally Known OR  Produced Identification

FLDL  
Type of identification produced



101-1042-1043  
SOS 301411-101  
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