

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 B

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 904 294 3883 City County Zip Code 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 Asian American physically disabled
 African American Native American
 Hispanic American American woman

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

Education

14. High School: Finney High School Jacksonville FL.
Name City State

15. Postsecondary Institutions:
Name and Location Dates Attended Certificate/Degree Earned
Florida State College of Jacksonville 9/14 - 9/17 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. New Season 4427 Emerson Str. Bldg 4, Jax, FL 32207
Employer Address
Treatment Center Substance Abuse Counselor 11/17
Type of Business Occupation/Job Title Dates of Employment

B. Ashley 4621/13265 City Square Dr. Jax, FL 32218
Employer Address
Furniture Customer Service 2/17 to 1/17
Type of Business Occupation/Job Title Dates of Employment

C. Child Development Center Naval Air Station 10/2009 - 10/2011
Employer Address Dates of Employment
Child Development Education Technician ↓
Type of Business Occupation/Job Title 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
<u>Medical Transcriptionist</u>			<u>11/1991</u>
<u>Owner/Operator Home Childcare</u>		<u>Social Services</u>	<u>6/1994</u>
<u>Child Development Associate</u>		<u>NAEYC</u>	<u>9/2007</u>

Name of Civic, Professional or Political Organization	Office(s) Held	Membership Dates
<u>Soil and Water Conservation Group</u>	<u>2</u>	<u>2012 - 2016</u>
<u>Community Action Neighborhood</u>	<u>Chair</u>	<u>2012 - 2013</u>
<u>Shadco</u>		<u>2014 - present</u>

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 you were 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

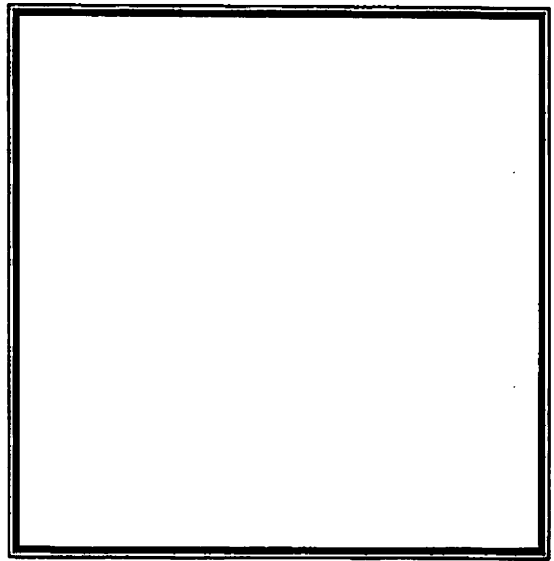
RACE: Black SEX: Female

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

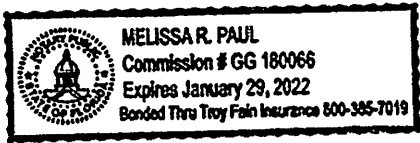
DRIVER LICENSE: C500204649190 Florida
Number State

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, 20 18

Melissa R. Paul
Signature of Notary Public

Print, type, or stamp commissioned name

Personally Known OR Produced Identification

FLDL
Type of identification produced

1917-1918
S.S.S. 25
COMMISSIONER OF THE GENERAL LAND OFFICE
WASHINGTON, D.C.