

**HERNANDO COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARD/COMMITTEE APPLICATION**

Please type or print clearly

Name of Board/Committee _____
Check one: **Full Member Position**
 Alternate Member Position

Name _____
(Your name must be listed as it appears on your voter s registration card)

THE FOLLOWING INFORMATION IS REQUIRED FOR COUNTY RECORDS AND BECOMES PUBLIC RECORD UPON SUBMITTING THIS APPLICATION. IF YOU BELIEVE THAT YOU QUALIFY FOR AN EXEMPTION TO THE RELEASE OF THIS INFORMATION, PURSUANT TO F.S. 119.07, PLEASE STATE THE BASIS OF YOUR EXEMPTION. YOUR FAILURE TO ANSWER FULLY AND TRUTHFULLY ALL QUESTIONS COULD RESULT IN YOUR APPLICATION BEING DENIED OR YOUR SUBSEQUENT REMOVAL FROM ANY BOARD/COMMITTEE IF APPOINTED.

Address _____

City _____ Zip _____

Telephone _____ (home) _____ (business)

E-mail address _____

Are you a resident of Hernando County? _____

Voter Registration Number _____

Education _____
(Please include any certificates, awards, diplomas, degrees, professional license numbers, etc.)

Employment History _____
(Attach a resume if available)

Licenses or Certificates Held _____

Have you ever previously applied for a position on any County Board/Committee? _____

If yes, please state the Board(s)/Committee(s) you applied for, when you applied, and whether you were appointed

Have you ever been convicted, plead guilty or no contest, or entered into PTI for a felony or 1st/ 2nd degree misdemeanor? _____

Answering yes does not automatically disqualify you for consideration

If yes, what charges? _____

Are you currently involved as a defendant in a criminal case? _____

If yes, what charges? _____

Have you ever been named as a defendant in a civil action suit? _____

If yes, when and describe action _____

Please state your reasons for applying to this Board/Committee _____

Please list three character references of persons NOT related to, NOT an employer, NOT an employee of you or your company, and whom you have known at least one (1) year. Please include addresses and phone numbers.

1. _____
2. _____
3. _____

I hereby request consideration as a committee/board appointee. It is my intention to familiarize myself to the duties and responsibilities of the office to which I may be appointed, and to fulfill the appointment to the best of my ability, exercising good judgement, fairness, impartiality, and faithful attendance. By my signature below, I hereby authorize Hernando County to check my references and my background including, without limitation, obtaining a criminal history check and/or consumer credit report. I also agree to file a Financial Disclosure form as required by State law, if applicable, and abide by provisions of the State Sunshine Law.

I hereby swear and affirm, under Penalty of Perjury, that the above information is true and correct.

Applicant s signature _____

(Please direct all inquiries to the County Administrator s Office at 754-4002.)

Completed applications may be submitted to the County Administrator s office, 20 North Main Street, Room 263, Brooksville, Florida 34601, or faxed to 352-754-4477.