

HERNANDO COUNTY BOARD OF COUNTY COMMISSIONERS BOARD/COMMITTEE APPLICATION

Please type or print clearly Name of Board/Committee Check one: Alternate Member Position Marktord 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 1195148 Fire College **Employment History** Licenses or Certificates Held Paramedic License Have you ever previously applied for a position on any County Board/Committee? No 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? No If yes, what charges? Have you ever been named as a defendant in a civil action suit? No If yes, when and describe action.

Please state your reasons for applying to this Board/Committee	See	attached	page

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. Ryan Furlong-352-398-2131-11509 Mandlin Rd Weeki Wachee, FL 2. Rony Lastra-813-215-8146-5150 Winterville Rd Spring Hill, FL 3. Tim LaRoche-727-226-4187-9319 Fred St Hudson, FL

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. 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, 15470 Flight Path Drive, Brooksville, Florida 34604, or faxed to 352-754-4025 Attention: Jessica Wright.



Hernando County Background Consent / Release Form

As a volunteer applicant, I understand and acknowledge that an investigative report may be compiled on me. This report may include information regarding any criminal records, and from various public and private sources including law enforcement agencies at the Federal, State or County level, courts record repositories, sexual offender registries and any other source required to verify information that I have voluntarily provided.

PERSONAL INFORMAT	TION					
Legal Name:	Steven M	1 Markf	ord			
Date of Birth:						
Other Names Used:						
	(Legal Name) First		M.I.	Lasi	Last	
Dates Used (from/to):	*			#115 10 TO		
Home Phone #:						
Cell Phone #:						
E-mail Address:						
Are you 18 years of age	or older?			X Yes	□ No	
GEOGRAPHIC INFORM	IATION					
Current Address:			1			
City, State, Zip:						
Time at this address:	9	Years		Month		
Previous Address:						
City, State, Zip:			à de la companya de l			
Time at this address	3	Years	9	Month		
By signing below, you hereby authorize, empower and release from all liability, without reservation, any agency contacted by Hernando County to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned information at any time during your relationship with Hernando County. You agree that a fax or photocopy of this authorization is to be considered and accepted with the same authority as the original. Applicant's Signature Date						

As a lifelong resident of Hernando County, I am deeply invested in the well-being and future of our community. While I have had the privilege of serving the county in my current role, I feel a strong desire to broaden my contributions and engage in new capacities that will positively impact the county's growth and development. My commitment to Hernando County extends beyond my professional duties, and I am eager to take an active role in shaping its future, ensuring that our community remains a vibrant, sustainable, and thriving place for generations to come.

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