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HERNANDO COUNTY BOARD OF COUNTY COMMISSIONERS BOARD/COMMITTEE APPLICATION

HERNANDO COUNTY
BOARD F
COUNTY COMMISSIONERS

FINE ARTS COMMISSION
Nama at Roard// ammittag
Name Check one: Full Member Position Alternate Member Position R. COLES
Name (Your name must be listed as it appears on your voter 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 3459 HANGING MOSS LOOP
Address 3459 HANGING MOSS LOOP City SPRING HILL Zip 34609
Telephone 207-229-5321 (home) (business) E-mail address RRCLEGAL Q YA HOO.COM
E-mail address RRCLEGAL & YA HOO. COM
Are you a resident of Hernando County?
Voter Registration Number
Education U.S.M.M.A 1962 BS; 1966 - NYU School of LAW-JD
(Please include any certificates, awards, diplomas, degrees, professional license numbers, etc.)
Employment History HILL RIVKINS ET AT 1907-1971; SELF LEGAL OFFICE ALERED, MAINE - 1977-1989-
Licenses or Certificates Held 3RD MATE, U.S. COAST GURRD - 1962-1966 - 41CENES ATTORNEY - 1967-2018
1946- LICENEY ATTORNEY-1967-2018
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 1 st / 2 nd 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? <u>UCS</u> , DIVIRCE IN 2016 If yes, when and describe action. <u>DIVORCE</u> IN MAINE - 2016 PRESENTY SINGUE
NOESENTY SINGLE
MAC JOHN / JIMYOU

Please state your reas	ons for applying	to this Board/Com	mittee /S	AN		
EXPERIE	NCED	ARTIST	AND	HA	IE DONE	_
NUMEROUS	WORK	SHUPS	AND	HAVE	HAD OWN	STUDO

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. VECETTA L. MAKWELL; FROLIDA 2. JUDITH LITFIELD; FLORIDA 3. TARA M. COLES, M.D.; MARYLAND

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, 20 North Main Street, Room 263, Brooksville, Florida 34601, or faxed to 352-754-4477.



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 INFORMA	TION						
		LES					
Legal Name:	11-24-1939						
Date of Birth:	11/1						
Other Names Used:	14 4						
	(Legal Name) First M.I.	Last					
Dates Used (from/to):	<u> </u>						
Home Phone #:	207-209-5321						
Cell Phone #:	SAME						
E-mail Address:	RRCLEGALO Y	AH00.60M					
Are you 18 years of age	e or older?	X Yes □] No				
GEOGRAPHIC INFORMATION							
Current Address:	3459 Hanging 7	nos loop					
City, State, Zip:	Spring Itell, FL.	34609					
Time at this address:	Years	<i>M</i> onth					
Previous Address:		ANR					
City, State, Zip :	TAMARAC, FL						
Time at this address	Years	5 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. Solution Applicant's Signature Date							