HERNANDO COUNTY BOARD OF COUNTY COMMISSIONERS BOARD/COMMITTEE APPLICATION

Please type or print clearly

Name of Board/Committee Check one: DOGE COMMITTE Full Member Position
Alternate Member Position
Name KEVIN M PASSAFIUME
(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 2444 Bishop Rd
City Spring Hill Zip 34608
Telephon(852) 424-9143 (home) (business)
E-mail address papa2117@gmail.com
Are you a resident of Hernando County? YES
Voter Registration Number 104399437
Educatio High school diploma m, some specialty schooling, the school of hard knocks and living at or just above poverty line (Please include any certificates, awards, diplomas, degrees, professional license numbers, etc.)
Employment History Tour bus driver, medical transport drive, chef, flooring installer and cleaner,retail sales associate, (Attach a resume if available)
Small business owner and jack of all trades (Mr fixit)
Licenses or Certificates Held Cdl class A former cna certified former food manager certified
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 1 st / 2 nd degree misdemeanor? Never n never will be I follow the law Answering yes does not automatically disqualify you for consideration.
If yes, what charges?
Are you currently involved as a defendant in a criminal case? Nope
If yes, what charges?
Have you ever been named as a defendant in a civil action suit? Yes
If yes, when and describe action. Been late on bills I have straightened out most issues



Hernando County Background Consent / Release Form

Please state your reasons for applyi	ng to this Board/Committee First and foremost to cut our ridiculous budget down or
Make sure money is spent and appropria	ated to the correct and right causes and programs
	THE THE PERSONNEL PROPERTY.
Please list three character reference your company, and whom you have	es of persons NOT related to, NOT an employer, NOT an employee of you or known at least one (1) year. Please include addresses and phone numbers.
Bill Shallcross 4389 lightfoot st 727-	
2. Chris Milano Spring Hill 352-232-66	687
3. Charles Caso. Spring Hill 352-58	5-1175
ability, exercising good judgement, f authorize Hernando County to chec	committee/board appointee. It is my intention to familiarize myself to the duties owhich I may be appointed, and to fulfill the appointment to the best of my fairness, impartiality, and faithful attendance. By my signature below, I hereby ck my references and my background, including, without limitation, obtaining se to file a Financial Disclosure form as required by State law, if applicable, and anshine Law.
I hereby swear and affirm, under P	Penalty of Perjury, that the above information is true and correct.
	Applicant s signature
(Please direct all inquiries to the County At	ttorney's Office at 754-4122.)
Completed applications may be sub Brooksville, Florida 34601, or emai	omitted to the County Attorney's Office 20 N. Main Street, Room 462 il cao@co.hernando.fl.us.
	PRINT FORM CLEAR FORM



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					
Legal Name:	Kevin passafiume					
Date of Birth:	04/24/1969					
Other Names Used:						
	(Legal Name) First		M.I.	Las	Last	
Dates Used (from/to):						
Home Phone #:			The second			
Cell Phone #:	(352) 424-9143	}-10-				
E-mail Address:	papa2117@gmail.com				- W.	
Are you 18 years of ag	e or older?			☐ Yes	□No	
GEOGRAPHIC INFOR	MATION					
Current Address:	2444 Bishop Rd					
City, State, Zip :	Spring hill florida 34608					
Time at this address:	22	Years	6	Month		
Previous Address:	13082 hazelcrest st					
City, State, Zip :	Spring hill florida 34609)				
Time at this address	15	Years	3	Month		
By signing below, your reservation, any ager information. You furth any time during your reauthorization is to be continuous.	ncy contacted by F ier authorize ongoing <u>l</u> ationship with Hernai	lernando procure ndo Cour	County to fur ment of the abouty. You agree the	mish the above- ve-mentioned info nat a fax or photog	mentioned ormation at	