RECEIVED

JUL 1 9 2024

HERNANDO COUNTY

BOARD OF

UNTY COMMISSIONERS

30L 1 0 20L1

RECEIVED

JUL 1 9

HERNAND COUNTY

COUNTY COMMISS ONERS

HERNANDO COUNTY BOARD OF COUNTY COMMISSIONERS BOARD/COMMITTEE APPLICATION

Please type or print clearly

Name of Board/Committee Check one: **Alternate Member Position** (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 HE 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 3343 Black Oak City Brooksville Zip 34604 Telephone 352-247-9314 ____(home) _____ (business) E-mail address aja, marie 24 @gmail.com Are you a resident of Hernando County? Ves Voter Registration Number Education National Central Medical Associated (Please include any certificates, awards, diplomas, degrees, professional license numbers, etc.) Employment History Last 7+ years self employed vacation inclustry Licenses or Certificates Held Drivers I cese, CPA, First Acc 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 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 My dedication to educative
Please state your reasons for applying to this Board/Committee
Please list three character references of persons NOT related to, Please include addresses and phone numbers. your company, and whom you have known at least one (1) year. Please include addresses and phone numbers.
1. Beth Nanerva 352-247-9426 2. Steve Champion 352-247-9046
2 Massisse Rishriquet 727-455-4985
I hereby request consideration as a committee/board appointee. It is my intention to familiarize my set to the appoint and responsibilities of the office to which I may be appointed, and to fulfill the appointment to the best of my 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

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.

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



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	ATION				
Legal Name:	Aja Marie Mo	ore			
Date of Birth:	July 12, 1987				
Other Names Used:	Azia			Moore	
	(Legal Name) First	M.I.	Î	Last	
Dates Used (from/to):	Never actually used	was mistal	he on birth	certificate	
Home Phone #:	. (
Cell Phone #:	352-247-9314				
E-mail Address:	aja, marie 24@ g	mal, con			
Are you 18 years of ag	ATT ME PROMPTS				
GEOGRAPHIC INFOR	MATION				
Current Address:	3343 Black Oa	c Trail			
City, State, Zip:	Brooksville FL				
Time at this address:	Ye	ars	Month		
Previous Address:	6506 Mayhill	Court			
City, State, Zip:	Spring Hill FL				
Time at this address		ars			
reservation, any age information. You furth any time during your reauthorization is to be or	ou hereby authorize, ency contacted by Hern ner authorize ongoing pro- elationship with Hernando onsidered and accepted v	ando County to function of the about the County. You agree with the same authorical county.	urnish the above ove-mentioned in that a fax or phot	re-mentioned at ocopy of this	