		OCT 2 4 2022
	HERNANDO COUNTY BOARD OF COUNTY COMMISSIONERS BOARD/COMMITTEE APPLICATION	Hemondo County Board of Countu Commissioners
EXEMPTION TO THE THE BASIS OF YOUR QUESTIONS COULD REMOVAL FROM AN Address	ne: A Full Member Position Alternate Member Position HENRI Mill Cenderal (Your name must be listed as it appears on your voter registration card) IFORMATION IS REQUIRED FOR COUNTY RECORDS AN MITTING THIS APPLICATION. IF YOU BELIEVE THAT YOU RELEASE OF THIS INFORMATION, PURSUANT TO F.S. 1 EXEMPTION. YOUR FAILURE TO ANSWER FULLY AN RESULT IN YOUR APPLICATION BEING DENIED OR Y BOARD/COMMITTEE IF APPOINTED. PINE DOLE CY. AO BEACH Zip	19.07, PLEASE STATE D TRUTHFULLY ALL YOUR SUBSEQUENT
Voter Registration Nur Education 16 44	nber 120653522 S Master Marine Captain (Please include any certificates, awards, diplomas, degrees, professional license	Se numbers, etc.)
Employment History _	(Attach a resume if available) Self	
Licenses or Certificate	s Held	
	ly applied for a position on any County Board/Committee? oard(s)/Committee(s) you applied for, when you applied, and whe	ther you were appointed.
Have you ever been co misdemeanor?	nvicted, plead guilty or no contest, or entered into PTI for a ng yes does not automatically disqualify you for consideration.	
If yes, what charges?	ved as a defendant in a criminal case? <u>NO</u>	
	ned as a defendant in a civil action suit? NO	

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. XS 2 S) 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. 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 INFORMATION				
Legal Name:	YONN M	ilcendeau		
Date of Birth:	11/15/	1950		
Other Names Used:		•		
	(Legal Name) First	M.I.	Last	
Dates Used (from/to):				
Home Phone #:				
Cell Phone #:	207 69	a-7615		
E-mail Address:	jack	yan 2 Q. Val	noo. Com	
Are you 18 years of ag	e or older? 🛇	1 1	Yes 🗆 No	
Are you 18 years of ag GEOGRAPHIC INFOR			Yes 🗆 No	
		ne Dale	¥Yes □ No	
GEOGRAPHIC INFOR		he Dale Beach, FL	QYes □ No Ct. 34607	
GEOGRAPHIC INFOR	MATION 4138 Pin Hermando		CX.	
GEOGRAPHIC INFOR Current Address: City, State, Zip :	MATION 4138 Pin Hermando	Beach, FL ears 1	Ct. 34607	
GEOGRAPHIC INFOR Current Address: City, State, Zip : Time at this address:	MATION 4138 Pin Hermando 3 Y	Beach, FL ears 1	Ct. 34607	
GEOGRAPHIC INFOR Current Address: City, State, Zip : Time at this address: Previous Address:	MATION 4138 Pill Hermando 	Beach, FL ears 1	Ct. 34607	

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 5 PRINT FORM CLEAR FORM 4/28/2017