

RECEIVED

MAY 16 2025

**HERNANDO COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARD/COMMITTEE APPLICATION**

HERNANDO COUNTY
BOARD OF
COUNTY COMMISSIONERS

Please type or print clearly

Name of Board/Committee CITIZEN Board Advisory task Force
Check one: ☒ Full Member Position
☐ Alternate Member Position

Name William M. Telesco
(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 8098 Wysocki Ct

City Springhill FL Zip 34606

Telephone (908) 403-5237 (home) — (business)

E-mail address Bill.T.9864@AOL.COM

Are you a resident of Hernando County? Yes

Voter Registration Number 129798912

Education High School
(Please include any certificates, awards, diplomas, degrees, professional license numbers, etc.)

Employment History worked Family Bus for 20 yrs Auto & tax tires - Rep - towing
(Attach a resume if available)
Towco For Police Dept For 3 different towns then worked for Union County motor veh
for 25 yrs - Repaired Police - Narcotics - Ambulances & small buses - Retired.

Licenses or Certificates Held CCET - SERV - CITIZENS ACA - HCSO SAFE SHOOT
Forklift - A/E Auto - About 20-25 cert. in the Auto motive Field

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 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? —

If yes, when and describe action. —

Please state your reasons for applying to this Board/Committee Retired - involved with OEM

DID ALL VOL WORK AFTER HURRICANE IN RIDGE MANOR 10 HRS A DAY FOR 1 MONTH
WORKED AT THE WARMING STATION 5 NIGHTS FROM 8 PM - 6 AM - trying to keep busy

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. JUSTINE PEPPE - 2275 BLAY AVE SPRINGHILL FL 34606 352 232 8329
2. MIKE DARMANIN 8105 WYSOCKI CT SPRINGHILL FL 34606 352-397-2087
3. JOHN TAMBO 67 ROBBINWOOD TEE LINCOLN VT 07086 732 998 2621

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

William M. Silva

(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 email Administration@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 INFORMATION

Legal Name: William M. TELESO
Date of Birth: 2-15-61
Other Names Used: _____
(Legal Name) First M.I. Last
Dates Used (from/to): _____
Home Phone #: _____
Cell Phone #: 908 403 5237
E-mail Address: BingT9864@aol.com
Are you 18 years of age or older? ☒ Yes ☐ No

GEOGRAPHIC INFORMATION

Current Address: 8098 Wysocki CT
City, State, Zip: Spring Hill FL 34606
Time at this address: 2 Years — Month
Previous Address: 105 Tennent RD
City, State, Zip: MORGANVILLE NJ 07751
Time at this address: 11 Years _____ 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.

William M. Teleso 5-17-25
Applicant's Signature Date

Section I

Local Government: Hernando County		Map Key #: N/A	Service Area #: N/A	Description of Unit: N/A	
Name: William Telesco	☐ Rent ☒ Own	Street Address:		City:	Date of Survey: 07/02/2025

Section II

(Circle the total household size and then answer whether total household income is or is not within each of the three ranges.)

Number of Persons in Household	2 Income Range (Moderate)	Is Total Household Income within this Range?	4 Income Range (Low)	Is Total Household Income within this Range?	6 Income Range (Very Low)	Is Total Household Income within this Range?
1	0 - \$87,600	☐ Yes ☐ No	0 - \$58,450	☐ Yes ☐ No	0 - \$36,500	☐ Yes ☐ No
2	0 - \$100,080	☐ Yes ☐ No	0 - \$66,800	☒ Yes ☐ No	0 - \$41,700	☐ Yes ☐ No
3	0 - \$112,680	☐ Yes ☐ No	0 - \$75,150	☐ Yes ☐ No	0 - \$46,950	☐ Yes ☐ No
4	0 - \$125,160	☐ Yes ☐ No	0 - \$83,450	☐ Yes ☐ No	0 - \$52,150	☐ Yes ☐ No
5	0 - \$135,240	☐ Yes ☐ No	0 - \$90,150	☐ Yes ☐ No	0 - \$56,350	☐ Yes ☐ No
6	0 - \$145,200	☐ Yes ☐ No	0 - \$96,850	☐ Yes ☐ No	0 - \$60,500	☐ Yes ☐ No
7	0 - \$155,280	☐ Yes ☐ No	0 - \$103,500	☐ Yes ☐ No	0 - \$64,700	☐ Yes ☐ No
8	0 - \$165,240	☐ Yes ☐ No	0 - \$110,200	☐ Yes ☐ No	0 - \$68,850	☐ Yes ☐ No
	0 - \$	☐ Yes ☐ No	0 - \$	☐ Yes ☐ No	0 - \$	☐ Yes ☐ No

Note: For households of more than 8 persons, insert the household size and the correct income range for each of the three income levels in the appropriate boxes in the bottom row. Income data is available from the following website: <http://www.huduser.org/portal/datasets/il.html>

Section III				
Indicate how many people in each of the following categories reside in the household. Some household members may need to be counted in more than one category.	Female Head of Household	Handicapped	Elderly (60+)	
			x	
Indicate race and ethnicity below:				
Race	Total	# of Hispanic Ethnicity	For Housing Grants Only	
			# Units Owner Occupied	# Units Renter Occupied
White	x			
Black/African American				
Asian				
American Indian or Alaskan Native				
Native Hawaiian Pacific Islander				
American Indian/Alaskan Native and White				
Asian and White				
Black/African American and White				
American Indian/Alaskan Native and Black/African American				
Other Multi-Racial				
Totals				

Certification: I, the undersigned, certify that the information stated in this form is true and accurately reflects the household composition and income data as presented to me by the occupant. Additionally, if the proposed project includes water or sewer system improvements, each household has been advised that they may be required to hook up to any sewer or water facilities constructed as a part of this project and of any estimated costs or monthly fees associated with such hook up.

Interviewer: Velvet Burris

Date: 07/02/2025