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HOME TELEPHONE # WORK TELEPHONE # BIRTH DATE S.S. # (MANDATORY, ORC 3123.50)

CONTACT E-MAIL ADDRESS: _____

CHILD SUPPORT

ARE YOU UNDER OBLIGATION BY A COURT OR CHILD SUPPORT AGENCY TO PROVIDE SUPPORT? YES NO
(If yes, please provide verification that you are in compliance under the child support order.)

MILITARY INFORMATION

1. Have you or your spouse served in the USA Military? **SELF** YES NO **SPOUSE** YES NO N/A

NAME OF SPOUSE: _____

2. Are you or your spouse currently still active in the Military?

SELF YES NO **SPOUSE** YES NO

3. Military service from: _____ to _____

4. Honorable Discharge? **SELF** YES NO **SPOUSE** YES NO
(MUST SEND PROOF OF DISCHARGE)

5. Branch of Military: **SELF** _____ **SPOUSE** _____

EXPERIENCE: List in chronological order all employment that you wish the Board to consider as qualifying experience. Submit a Record of Experience form and an Experience Verification form (if applicable) for each employer.

DATES OF EMPLOYMENT/INTERSHIP EMPLOYER'S NAME AND ADDRESS

NATURE OF WORK OR POSITION

EDUCATION:

COLLEGE(S) ATTENDED LOCATION DATES OF ATTENDANCE DATE GRADUATED DEGREE

REFERENCE SIGNATURES

(Three **non-family** reference signatures required)

My signature below certifies that I personally have known the applicant since the year; that I believe him/her to be of good moral character and worthy of the certificate of Certified Public Accountant; and that any reservations I may have about the applicant I agree to send by certified mail in a confidential letter to the Accountancy Board of Ohio.

NAME (PRINT) _____ **PERSONAL SIGNATURE** _____

KNOWN SINCE _____ RELATIONSHIP _____

ADDRESS _____
NUMBER & STREET APT/UNIT # CITY STATE ZIP

NAME (PRINT) _____ **PERSONAL SIGNATURE** _____

KNOWN SINCE _____ RELATIONSHIP _____

ADDRESS _____
NUMBER & STREET APT/UNIT # CITY STATE ZIP

NAME (PRINT) _____ **PERSONAL SIGNATURE** _____

KNOWN SINCE _____ RELATIONSHIP _____

ADDRESS _____
NUMBER & STREET APT/UNIT # CITY STATE ZIP

AFFIDAVIT

I certify that I am of good moral character and have never been convicted of any felony, fraud, or misdemeanor (except as disclosed herein) by any court; that the statements made herein are true; that I have not suppressed any information that might affect this application; that in the event I am certified as a public accountant in Ohio, I will conform to, abide by, and comply with the statutes of the State of Ohio and the rules and regulations of the Accountancy Board of Ohio.

ORIGINAL SIGNATURE OF APPLICANT

DATE

MUST BE NOTARIZED BEFORE SUBMISSION

COUNTY OF _____

STATE OF _____

Before me, a Notary Public in and for the state and County aforesaid, personally appeared _____, to me known to be the person named, who, first being duly sworn, deposes and says that the signature hereto is his/her own signature, and that the statement made in his application to the Accountancy Board of Ohio are true to the best of his/her knowledge and belief.

IN WITNESS WHEREOF, I have here unto set my hand and affixed my seal, this

_____ day of _____, 20_____.

Printed Name

Signature