

The information from this application will be used exclusively by the Hamilton County Probate Court. The Hamilton County Probate Court is an equal opportunity employer and will not use any of the information submitted to discriminate on the basis of race, color, religion, sex, national origin, disability, LGBQT, age, or ancestry. *** Please see our website at www.probatect.org/about/boardappointments for more information as well as the pertinent Ohio Revised Code sections that provide requirements that must be met for each position. *** Please note that this form, including your answers, is subject to public disclosure under the Ohio Open Records Law, subject to certain redactions permitted by law. If you need more space to answer any question or explain any of your answers, please use additional sheets. Please type or print clearly. This information **must be completed in full**. Answer "none" or "not applicable" where appropriate. Attach a résumé, if available. Hamilton County Boards and Commissions members are required to be electors (registered voters) of Hamilton County, Ohio.

| Are you a registered voter in Hamil | ton County, Ohio?Yes | No. | | |
|-------------------------------------|-----------------------|---------------------------------|-------------------------|--|
| Are you a resident of Hamilton Cou | nty, Ohio?YesNo. | | | |
| Are you a U.S. citizen?Yes | No. | | | |
| Mr./Mrs./Miss/Ms | | | | |
| Last | First | Middle/Maiden | | |
| Residence Address | City | State | Zip Code | |
| Residence Phone | Residence Fax | Residence | Residence Email Address | |
| Occupation | | | | |
| Business/Employer Name | | | | |
| Business/Employer Address | City | State | Zip Code | |
| Business/Employer Phone | Business/Employer Fax | Business/Employer Email Address | | |
| Specify preferred mailing address: | Residence Business | | | |

| 1. Specify Board(s) and/or Commission(s) in which you | are interested: | | |
|---|-----------------|-----|-------|
| 2. Some Boards and Commissions are required to have n Please indicate the required position, if any, for which yo | | | |
| 3. Do you currently hold any other public office? If yes, duties of that office entail: | | | e |
| 4. Do you currently serve on a Hamilton County appoint | | | |
| 5. Are you applying for reappointment to a Board or Cor. YesNo. If yes, how many terms have you terms. | • | | |
| 6. Education/training (include name of institution and are | ea of study) | | |
| High School or equivalent: | | Yes | No |
| College/University: | Graduated: | Yes | No |
| Post-Graduate: | Graduated: | Yes | Nc |
| 7. Please explain your reason for seeking this board/common to the board through your service: | | - | bring |
| | | | |

| 8. List any relevant non-paid work experience, internship, civic or volunteer activities: | | | |
|--|--|--|--|
| 9. Previous addresses in the past ten years (include number of years, residence, city and state): | | | |
| 10. Employment history over the past ten years (include number of years, employer, city and state): | | | |
| 11. List any disciplinary action taken against you, for a breach of ethics or unprofessional conduct, by any employer, professional regulatory board or institution: | | | |
| 12. Are you currently in arrears on any court-ordered child support payments? If yes, please explain: | | | |
| 13. Have you ever submitted oral or written statements to any government authority or the news media on topics related to any issue that may be presented before the Board(s) or Commission(s) to which you are applying? If yes, please explain: | | | |
| 14. Please disclose all joint holdings of real or personal property, business partnerships, or joint business or partnership interests, you or members of your family maintain with any current County public officials or a member of their family, or other official associated with the board for which you are seeking appointment. Please disclose both the official(s) and nature of the relationship. | | | |

| which might present a potential conflict of interest appointment? CMHA board members cannot have | nancial holdings or receive income from any source or appearance of conflict of interest with your requested a direct or indirect interest "in any contract for property, If yes, please explain: |
|--|---|
| | ssed a penalty for failure to file a timely federal, state or y taxes owed? If yes, please explain: |
| 17. Within the past three years, has any business veremitting withholding taxes or sales taxes, failed to explain: | p pay such taxes in a timely manner? If yes, please |
| | |
| PLEASE READ THE FOLLOWING CAREFUL | LY BEFORE SIGNING THIS STATEMENT: |
| and correct to the best of my knowledge and are made omissions, or misrepresentations are discovered, my appointment may be terminated at any time. I also unterms and conditions on my appointment, with or wunderstand that no representative, other than the Proba- | ts submitted by me on this application are true, completed in good faith. I understand that if any false information application may be rejected and, if I am appointed, mynderstand and agree that the Probate Judge may change the without cause and with or without notice, at any time, ate Judge, and then only in writing and signed by the Probate for appointment for any specific period of time, or to make |
| Signature | Date |