

COUNTY BOARD OF EQUALIZATION

APPLICATION

APPLICANT INFORMATION										
Last Name				First				M.I.	Date	
Street Address								Apartment/Unit #		
City				State				ZIP		
Phone				E-mail Address						
EDUCATION										
High School				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
OTHER QUALIFICATIONS										
List property owned by applicant										
Address / Legal Description										
Address / Legal Description										
Elected posts held with terms of office										
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>								
PREVIOUS EMPLOYMENT / EXPERIENCE										
Company				Phone						
Address				Years						
Company				Phone						
Address				Years						
Other Relevant Experience										
DISCLAIMER AND SIGNATURE										
After reviewing the qualifications and training requirements, please sign below indicating that you meet the qualifications and that you agree to comply with the training requirements:										
Signature	_____			Date	_____					
Print	_____									