

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:																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Signature</td> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="width: 10%; text-align: center;">Date</td> <td style="border-bottom: 1px solid black; width: 15%;"></td> </tr> <tr> <td>Print</td> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td></td> <td></td> </tr> </table>										Signature		Date		Print			
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