

**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 NO

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 _____