

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 ☐	NO ☐	Degree	
College			Address					
From		To		Did you graduate?	YES ☐	NO ☐	Degree	
Other			Address					
From		To		Did you graduate?	YES ☐	NO ☐	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 _____