

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										

Council of Superior Court Clerks of Georgia

This form created pursuant to OCGA §48-5-311(b)(2)(A)