

BARROW COUNTY BOARD OF EQUALIZATION
APPLICATION

APPLICANT INFORMATION						
Last Name			First			M.I.
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?						
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	<hr style="border: 0.5px solid black; width: 400px; margin: 0 auto;"/>				Date <hr style="border: 0.5px solid black; width: 100px; margin: 0 auto;"/>	
Print	<hr style="border: 0.5px solid black; width: 400px; margin: 0 auto;"/>					