

BARROW COUNTY BOARD OF EQUALIZATION MEMBER/ALTERNATE MEMBER 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 _____	