_____ 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 _____

Council of Superior Court Clerks of Georgia

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