

HALL 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 _____