**WILKINSON COUNTY BOARD OF EQUALIZATION**

**APPLICATION**

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| **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 / LegalDescription |  |  |  |
| Address / LegalDescription |  |  |  |
| 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 DatePrint |

Council of Superior Court Clerks of Georgia

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