**WILKINSON 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? | |  | | | | | | | | | | | | | | |
| **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)