

# WILKINSON 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											
<b>High School</b>				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
<b>College</b>				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
<b>Other</b>				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											
<b>Company</b>					Phone						
Address					Years						
<b>Company</b>					Phone						
Address					Years						
<b>Other Relevant Experience</b>											
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											