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| DAWSON 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 / 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: |
| SignaturePrint |  | Date |  |

Council of Superior Court Clerks of Georgia

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