MONTGOMERY COUNTY BOARD OF EQUALIZATION APPLICATION

APPLICANT INFO	<u>ORMATION</u>			
NAME				
ADDRESS				
CITY		STATE	ZIP	
PHONEEMAIL				
EDUCATION				
HIGH SCHOOL_		ADDRESS		
FROM	TO	DID YOU GRADUATE?	DEGREE	
COLLEGE		ADDRESS		
FROM	TO	DID YOU GRADUATE?	DEGREE	
OTHER		ADDRESS		
FROM	TO	DID YOU GRADUATE?	DEGREE	
OTHER QUALIFIC	<u>CATIONS</u>			
LIST PROPERTY (ADDRESS/LEGAL DESCRIPTION	-	PLICANT		
ADDRESS/LEGAL				
DESCRIPTION ELECTED POSTS	HEI D			
WITH TERMS OF				
HAVE YOU EVER				
CONVICTED OF A FELONY?				

COMPANY	PHONE			
ADDRESS				
COMPANY				
ADDRESS				
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 Name				

PREVIOUS EMPLOYMENT/EXPERIENCE

Council of Superior Court Clerks of Georgia
This form created pursuant to O.C.G.A. § 48-5-311(b)(2)(A)