

# ROCKDALE 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										
<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										