

## COBB 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		NO					
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 _____									