

# FORSYTH 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									