

DOUGLAS 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							
High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				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							
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:							
Signature					Date		
Print							