

WILKINSON COUNTY BOARD OF EQUALIZATION

MEMBER/ALTERNATE MEMBER 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 ☐	NO ☐	Degree				
College					Address						
From		To		Did you graduate?	YES ☐	NO ☐	Degree				
Other					Address						
From		To		Did you graduate?	YES ☐	NO ☐	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											
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 _____ Print _____ Date _____											