

# DEKALB COUNTY BOARD OF EQUALIZATION APPLICATION

Please complete the application. An incomplete application may be rejected.



**Debra DeBerry**  
Clerk of Superior Court

## PERSONAL DETAILS:

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Home Address: \_\_\_\_\_

County: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

## EDUCATION:

### Highest Level of Education Completed:

- High School Diploma/GED (REQUIRED)
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Some College

Degree(s) Earned: \_\_\_\_\_

\_\_\_\_\_

## RESIDENTIAL REQUIREMENTS

Do you own property in DeKalb County?  YES  NO

Address of Properties owned in DeKalb:

\_\_\_\_\_

\_\_\_\_\_

Are you a registered voter in DeKalb County?

YES  NO

## EMPLOYMENT HISTORY:

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Responsibilities & Achievements: \_\_\_\_\_

\_\_\_\_\_

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Responsibilities & Achievements: \_\_\_\_\_

\_\_\_\_\_

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## ADDITIONAL INFORMATION:

How did you hear about this job? \_\_\_\_\_

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Have you worked for DeKalb County, GA before?  NO  YES (Please indicate office and dates below)

Have you been convicted of a FELONY?  NO  YES, I HAVE BEEN CONVICTED OF A FELONY.

Board of Equalization hearings are scheduled Monday through Friday. Board Members will need to be available during normal business hours (8:30AM - 5:00PM).

Are you available to work a flexible (Monday-Friday) weekly schedule?  YES  NO, I CANNOT

Are you able to complete a 40 hour Training Class?  YES  NO, I CANNOT

Have you ever held a position in public office? NO  YES  (Please list County and office held ).

**REFERENCES:** Please provide two professional references who are familiar with your work.

### Reference 1

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Reference 2

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## APPLICANT'S DECLARATION

By submitting this application for employment, I confirm that the information provided is accurate and complete to the best of my knowledge. I understand that any false information may disqualify me from consideration for employment.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_