

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:

Do you have a Homestead Exemption?

YES NO

EMPLOYMENT HISTORY:

Type of Application:

New Application

Reappointment

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? _____

Debra DeBerry
Clerk of Superior Court

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).

REFERENCE:

Please provide one professional reference who is familiar with your work.

Reference

Name:

Relationship to Applicant:

Phone Number:

Email:

Emergency Contact:

Please provide your emergency contact information.

Name:

Relationship to Applicant:

Phone Number:

Email:

APPLICANT'S DECLARATION

By submitting this application, 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 for consideration.

Print Name:

Date:

Applicant Signature: