

# CHEROKEE COUNTY BOARD OF EQUALIZATION

## APPLICATION

**PLEASE ATTACH A COPY OF YOUR HIGH SCHOOL DIPLOMA OR COLLEGE DEGREE WITH THIS APPLICATION.**

APPLICANT INFORMATION					
Last Name		First		M.I.	Date of Birth
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
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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			

SHANNON G. WALLACE  
District Attorney

OFFICE OF THE DISTRICT ATTORNEY  
BLUE RIDGE JUDICIAL CIRCUIT

Cherokee County Justice Center  
90 North Street, Suite 390  
Canton, Georgia 30114  
Phone 770-479-1488  
Fax 770-479-3105



**Cherokee County District Attorney's Office  
Criminal and Driver History Record Inquiry**

**RELEASE AUTHORIZATION – Consent to Criminal History Record Inquiry**

I hereby authorize the Cherokee County District Attorney's Office to receive any criminal or driver's history information pertaining to me, which may be in the files of any local, state, or federal agency and/or disseminate the information relative to a pending case in which I am a victim, witness or defendant.

I also request and authorize a review and full disclosure of all records concerning me to any authorized agent of the Cherokee County District Attorney's Office whether the records are public, private or confidential.

A photocopy or facsimile of this release authorization will be as valid as the original, even though the photocopy does not contain my original signature.

I hereby release any and all individuals, organizations, reporting agencies and others stated above, from any liability or damage, which may result from providing the requested information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SHANNON G. WALLACE  
District Attorney

OFFICE OF THE DISTRICT ATTORNEY  
BLUE RIDGE JUDICIAL CIRCUIT

Cherokee County Justice Center  
90 North Street, Suite 390  
Canton, Georgia 30114  
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Consent for Criminal Records History Check

I hereby authorize the Cherokee County District Attorney's Office to access any criminal history record pertaining to me, which may be in the files of any local, state or federal agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last Name / First Name / Middle Name / Maiden Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City / County / State / Zip

\_\_\_\_\_  
Gender / Race / DOB / Social Security Number

\_\_\_\_\_  
Height / Weight / Eye Color / Hair Color

\_\_\_\_\_  
Driver's License# / State / Class / Exp. Date

D.A. Office use only - Do no write in this box

Empty rectangular box for D.A. Office use only.