

APPLICATION FOR EXAMINATION FOR POSITION OF **CITY OR COUNTY ASSESSOR**
 CITY OR COUNTY DEPUTY ASSESSOR

When completed, this application is to be returned to the **Administrator, Property Tax Division, Iowa Department of Revenue, PO Box 10469, Des Moines, Iowa 50306-0469**. Application must be **received** by the Department of Revenue **at least 3 days prior to the date of the examination**. It is the responsibility of each applicant to see to it that the application is timely received by the Department.

A. PERSONAL DATA

Telephone No.		E-mail Address
1. _____ (First Name)	_____ (Middle)	_____ (Last)
2. _____ Street Number or PO Box	_____ City	_____ State _____ Zip Code

B. EDUCATIONAL DATA

3. HIGH SCHOOL

Last grade completed: _____ Name of school: _____
 Location: _____ Did you graduate from high school? Yes No
 If yes, year graduated: _____ Dates of attendance: From: _____ To: _____
 If you plan to graduate prior to the date of the examination, please indicate anticipated date: _____
 High school equivalency certificate (G.E.D.)? Yes No If yes, give date certificate issued: _____
 Certificate issued by: _____

4. VOCATIONAL TRAINING (BUSINESS, TRADES, TECHNICAL, MILITARY SERVICE)

Name and Location	From		To		Number of Hours Attended per Week	Credits Earned	Date of Diploma or Certificate	Subject or Course Title
	Mo	Yr	Mo	Yr				
Name								
Location								
Name								
Location								
Name								
Location								

5. UNIVERSITY AND COLLEGE (UNDERGRADUATE, GRADUATE, DOCTORATE)

Name and Location	From		From		Total Sem. hrs	Total Qtr. hrs	Fields of Study	No. of hrs	Date of Graduation degree award		
	Mo	Yr	Mo	Yr					Mo	Yr	Degree
Name							Major				
Location							Minor				
									Mo	Yr	Degree
Name							Major				
Location							Minor				
									Mo	Yr	Degree
Name							Major				
Location							Minor				

NOTE: COMPLETE REVERSE SIDE

C. APPRAISAL EXPERIENCE

701 - 72.4(441) Appraisal-related experience shall include only such experiences as may have been obtained through full time paid employment consisting of the actual appraisal and valuation of property. The experience shall include the physical inspection of property as part of the appraisal process and the setting of values for parcels of property.

6. List all appraisal-related experience you have had. (If additional space is required, attach a separate sheet of paper.)

Employer	Position	Location	Dates of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. EMPLOYMENT RECORD

7. In the space below, describe every position you have held for the past 10 years. Start with your present position, if any, and work back, accounting for all periods of unemployment.

(a)		Present Position	
Dates of employment: From _____ to present time		Title of your position: _____ Beginning salary or wages: \$ _____ Present salary or wages: \$ _____	
Name and address of employer: _____ _____ Type of business or organization: _____ Name and title of immediate supervisor: _____		Description of your duties (must be completed)	
(b)		Position	
Dates of employment: From _____ to _____		Title of your position: _____ Beginning salary or wages: \$ _____ Ending salary or wages: \$ _____	
Name and address of employer: _____ _____ Type of business or organization: _____ Name and title of immediate supervisor: _____ Reason for leaving: _____		Description of your duties (must be completed)	

IF MORE SPACE IS NEEDED, USE SEPARATE SHEET OF PAPER AND ATTACH

I certify that the statements made by me on this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

I understand that false statements on this application will disqualify me from taking the examination applied for, or appointment as Assessor or Deputy Assessor in the State of Iowa if I pass the examination, and that I must achieve a grade of at least 70 percent to be eligible for appointment.

_____ Date

_____ Signature of Applicant