Sioux City Board of Review Vacancy

Application Deadline: February 15, 2024

The Sioux City Conference Board is seeking a person to fill the position as a member of the Sioux City Board of Review. The Board is comprised of three members whom reside within the city limits of Sioux City. The board members are appointed by the Sioux City Conference Board to review assessments made by the Sioux City Assessor.

Members are responsible for the following duties:

- This board hears appeals of any Property Owner/Taxpayer who feels their assessed value, property classification or related property exemptions are not correctly assessed or implemented as required by Iowa law.
- This board consists of three members. As nearly as possible this board shall include one licensed
 real estate broker and one licensed architect or person experienced in the building and
 construction field. Not more than two members of the board of review shall be of the same
 profession or occupation and members of the board of review shall be residents of the assessor
 jurisdiction.
- Each member must have knowledge of property values in the city by reason of their occupation.
- The current vacancy needs to be filled by an individual who is either a licensed real estate broker or one licensed architect or person experienced in the building and construction field.
- Iowa Code (69.16A) requires gender balance on all boards.

Meeting schedule & time commitment

Members meet in the month of May every year and possibly in November of odd numbered years. This board usually meets from 9:00 AM until 4:00 PM on days of hearings at the Woodbury County Courthouse.

Questions & Application Information

Individuals with questions about serving on the Board of Review should contact the Conference Board Clerk, Tyler Erickson at the assessor's office at 712-279-6530 or e-mail terickson@sioux-citv.org

Employment Application

Employer Name:				Position applied for:				
Applicant Name:				Applicant Telephone No:				
Applicant Address:				Social Security No:				
Are you legally eligible for employment in the USA? (circle one) YES / NO (If yes, verification will be required)				Are you able to perform the essential functions of the position with or without accommodations? (circle one) YES / NO				
EDUCATION:					Yrs. completed	Field of Study	Graduate or De	egree
High School								
College/University								
Business/Technical							_	
Other (may include grammar school0)								
MILITARY SERVICE: (CIRCLE ONE	E) YES	/ NO						
Duty/Specialized Training:	-) IL3	7 140						
Buty/opedalized Training.								
REFERENCES: List two personal ref	ferences wh	o are not relatives or fo	ormer sup	ervisors.				
Name:	Address:		Teleph	none:	Occupation:		Yrs known:	
Name:	Address:		Teleph	none:	Occupation:		Yrs known	
nployment: List last employme e summary (following this section), or				Be sure all yo	our experience or	employers related t	this job are listed he	ere, in
Employer Name and Address		Position Title/Duties Skills					Dates Employed from to	
						Reason for leaving		
	Supervisor's Name: Telephone:							
Employer Name and Address		Position Title/Duties Skills					Dates Employed from to	
						ŀ	Reason for leaving	
	Supervisor's Name:			Telephone:				

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