POLL WORKER APPLICATION

VOTER REGISTRATION #	PARTY	PRECINCT#
Print Name:		
(Last)	(First)	(M.I.)
Street Address:		
Succe Address.	(City)	(Zip)
Mailing Address: If different from Street Address		
Contact numbers: (Home)	(Work)	
(Cell)	(E-mail)	
Date of Birth Sex R	aceSocial Security #	used only for payroll purposes)
Have you ever worked as a poll worker? Yes_ I would like the position of: <i>Clerk</i>	Assistant Clerk Inspecto	
Any Posi	ition	
 Be a citizen of the United States and Be able to speak, read and write the I Be able to attend the required poll wo Be available to work all day on Elect hours or more on Election Day.) You Be able to lift and assemble the votin Be able to refrain from any comment voter or fellow worker, while workin Treat everyone with courtesy, respect I UNDERSTAND AND MEET ALL REQUI INFORMATION I HAVE SUBMITTED IS TOWNSTAND AND INFORMATION I HAVE SUBMITTED IS TOWNSTAND INFORMATION I HAVE SUBMITTED I STOWNSTAND INFORMATION I HAVE SUBMITTED I STOWNSTAND I SUBMITTED I STOWNSTAND I SUBMITTED I STOWNSTAND I SUBMITTED I SU	English language. Forker training before each election Day beginning at 6AM. (You will be released by the clerk was equipment that weighs approxits or discussion, concerning a case at the polls. You must be Not, sensitivity and patience. REMENTS AS OUTLINED AI	on. ou will be required to work 13 then all work is completed. imately 20 to 55 pounds. andidate or issue, with either a on-Partisan while working.
(Signature)		(Date)
Jackson Cot Ma	ned to the Elections Office at 28. ylvia D. Stephens unty Supervisor of Elections P. O. Box 6046 arianna, FL 32447 -9652 FAX 482-9102	51 Jefferson St., or mailed to:

www.jacksoncountysoe.org