Application For Election Worker



WASHINGTON COUNTY

I am interested in becoming a Poll Worker for Washington County. I understand that completing and submitting this application does not guarantee a position. I am aware that the selection decision is made by the Party Chairs and that my information will be given to both parties if I do not indicate my preference below.

(PLEASE PRINT)			
Last Name First Name		Middle Name	
Address	Number	Street	City
Telephone Number(s)	Email Addres	S	
Are you a registered voter in Washington County?		□ Yes	□ No
Have you ever worked as an election worker in Wa	shington County?	☐ Yes	□ No
Would you be willing to travel to work at a polling	location?	□ Yes	□ No
Are you able to speak multiple languages?		□ Yes	□ No
If so, please list:			
Do you have a political party affiliation?		□ Yes	□ No
If yes, please specify:			
Any additional information you wish to include:			
I certify that answers given herein are true and compl I hereby understand and acknowledge that the county concurrence" of the county chair of the poll workers' replace, or reassign any election judge or clerk who d law. I further understand that individuals who participate i	election official may give political party and that a isrupts a polling location	e an oral warning a political party may or willfully violate	y remove, es state election
testing of the tabulation equipment are required to undauthorize my employment eligibility verification undauthorize my employment eligibility	dergo a criminal backgro	und check. If indic	ated above, I
	•		-
Signature of Applicant			