2023 ELECTION WORKER APPLICATION

Name (Last, First, Middle)					Nicknar	me	Date of Birth
Residence Address					Mailing Address (If different)		
Primary Phone	☐ Home	□ Cell	□ Office	Alternate	Phone	□ Home	□ Cell □ Office
E-mail Address *NOTICE: Under Florida Law e-n Additionally, by providing your of	ail addresses are public re						e-mail address on this application. ess.
Check date(s)	you are avo	zilable to v	vork: [□ 11/7/23	□ 3/19	/24 □ 8/2	20/24 🗆 11/5/24
Do you speak	a language	other than	n English, flue	ently? 🗆 YE	S Which	language?	□NO
Describe your	computer ex	rperience.					
	tly an emplo owing: Dep	-	e: 🗆 City 🗆	-		1 Federal Go Osition	overnment DN/A
If currently emp	oloyed, will y	our emplo	yer allow yo	ou time off	to work a	it the polls?	□ YES □ NO □ N/A
Have you ever If yes, w	worked as c here, when,			ewhere?			
Do you have o (You may	r can you ar / be traveling	-	•	o training o	class(es) c	and your pol	ling location?
At what location	on are you m	nost interes	sted in worki	ing? (Precind	ct # or Nam	ne)	
If no vacancy	at that locat	tion, I prefe	erto: 🗆 Wo	ait for an op	pening	□ Work at a	a different location
How far are yo	u willing to d	drive to wo	ork?				
Are you willing	to serve as c	an alterna	te on-call fro	om 6 am ur	ntil 9 am c	on Election [Day? 🗆 YES 🗆 NO
If there is some	one you wo ary, will you w					J YES □ NO	
What led you t	,	☐ Curren	re □ News t Election W Group/Club/	orker Refer	ral [Name		oter Registration]]
•	ted in full-tim I YES-attach re		an Early Vo NO	ting site du	ring the o	one or two v	veeks before each
	1 YES Date R nin the first 12 r	Retired months of FF	RS retirement r	_ (mm/dd/y may result in	() [suspension	□ NO or reduction	of retirement benefits check
	ould accept position desc	t, etc. Only cription.	number the	e positions y	ou would	d be willing	e most, "2" for the next to accept. Refer to our quipment Operator
Precir	ct Clerk						
Assiste	ant Clerk						
Voting	g Equipment	Operator					
Voting	k-in Speciali	ist					
Deput	<u>-</u>						1
	FOR OFFICIA Orientation A		Processed I Notes	Ву	Audited By		T Assignedsition: C A S D E R

Serving as an Election Worker is a significant commitment, and we ask you to consider carefully the obligations to which you are agreeing. If hired as an Election Worker, you are required to:

- Be registered or eligible to register to vote in Polk County
- Have the ability to read, write and speak English
- Comply with all Election Laws and procedures
- Remain non-partisan and refrain from comment or discussion regarding candidates or issues while working at the polls
- Complete all mandatory training and pass a post-training assessment to demonstrate a working knowledge of laws and procedures
- Be on time for training class(es), or call in advance to reschedule
- Have transportation to and from mandatory training classes and your assigned polling place
- Assist the Precinct Clerk or Early Voting Branch Manager with polling place setup
- Report to your assigned polling location at the time determined by your Precinct Clerk or Early Voting Branch Manager, but no later than 6 am on Election Day
- Follow the instructions of the Precinct Clerk or Early Voting Branch Manager
- Interact with voters and the public in a courteous and professional manner
- Remain at the polling location until released by the Precinct Clerk or Early Voting Branch Manager
- Notify the Supervisor of Elections office if your contact information changes
- Understand that you:
 - o Serve at the will of the Supervisor of Elections and may be removed at any time, with or without cause
 - o May not be called to serve in every election, or serve in the same position for every election
 - o May not be paid for training or work if you do not fulfill your commitment on Election Day
 - o Consent to a background check for employment screening if needed

I have read the requirements listed above a as a Polk County Election Worker.	and agree to commit to these requirements if selected to serve
Signature	Date

In accordance with Florida Statute 119.071, your Social Security number, including a copy of your Social Security card or other ID, is requested and used for the purpose of identification and verification, tax reporting, and as a unique numeric identifier in personnel/payroll and related programs. The Supervisor of Elections will protect the confidentiality of Social Security numbers obtained

Link to fillable Employment Eligibility Verification Form I-9