

# Election Official Application

Notice: This application must be completed in your own handwriting

Name \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street City Zip

Date of birth \_\_\_/\_\_\_/\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Mo Day Yr

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Employment Status  
Employer or previous employer \_\_\_\_\_

Position or title \_\_\_\_\_

## References

List two people who have knowledge of your ability or work performance (employers if applicable).

1. \_\_\_\_\_  
Full Name Mailing Address

2. \_\_\_\_\_  
Full Name Mailing Address

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH EITHER YES OR NO

Have you ever served as an election official? \_\_\_\_\_

Are you able to work from 8:30 a.m. to 8:00 p.m. on Election Day? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

Are you willing to travel outside your precinct to work? \_\_\_\_\_

I, the undersigned, understand that if appointed as an election official, I will be required to attend a training class held by the Macon County Election Commission.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*  
Voter Reg. # \_\_\_\_\_ District# \_\_\_\_\_ Party Affil. \_\_\_\_\_ Initial \_\_\_\_\_