Clay County Supervisor of Elections
Poll Worker Employment Application

APPLICANT INFORMATION

Last Name _____ First Name _____ MI _____ Date _____

Street Address _____ Apt. / Unit # _____

City _____ State _____ ZIP _____

Phone H: _____ W: _____ C: _____ E-Mail Address _____

Drivers License # _____ *Social Security # _____

Position Applying for _____ Referred by _____

Are you a resident of CLAY County? YES ☐ NO ☐

Are you registered to vote? YES ☐ NO ☐

Are you a State of Florida Retiree? YES ☐ NO ☐

If so, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain _____

*The collection of Social Security Number is used for Florida New Hire Reporting, I-9 Employment Eligibility Verification, background check and for payroll purposes.

EMERGENCY CONTACT

Name _____ Relationship _____

Phone H: _____ W: _____ C: _____

INTERESTS

Please tell us what positions you are interested in:

Clerk ☐ Assistant Clerk ☐ Tabulator Inspector ☐ Inspector ☐ Deputy ☐

SPECIAL SKILLS

Summarize any special skills and/or qualifications you have acquired from employment, volunteer work or through other activities.

_____

_____

_____

_____

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JOB FUNCTIONS

Would you be willing to work outside of your home precinct?
(Your opportunity to work is greater if you work outside your precinct) YES ☐ NO ☐

If your spouse is a poll worker, must you work at the same precinct due to transportation? YES ☐ NO ☐

If necessary, would you serve as a standby? YES ☐ NO ☐

Do you have computer experience? YES ☐ NO ☐

Are you aware that you must commit to working from 6:00 a.m. until possibly 9:00 p.m. (15 hour day) ? YES ☐ NO ☐

Do you anticipate any conflicts with a job or other schedules? YES ☐ NO ☐

Are you aware that you must attend all **MANDATORY TRAINING** classes for your position and will abide by these requirements? YES ☐ NO ☐

I read and write English YES ☐ NO ☐

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I become employed, any false statements, omissions or other misrepresentations made on this application may result in my immediate dismissal. I understand that as a poll worker, I serve at the will of the Supervisor of Elections and may be removed with, or without, cause. I have attended orientation and understand the duties and responsibilities of serving as a poll worker.

Signature: Date:

Print Form

The Clay County Supervisor of Elections Office
The Honorable Chris H. Chambless
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