

**Hendry County Supervisor of Elections
Election Worker Application**

DATE: _____

VOTER REG. # _____

NAME: _____ DOB: _____
 Last First MI

ADDRESS: _____
 Physical City FL Zip Code
 _____ _____ _____ _____
 Mailing City FL Zip Code

Are you bilingual: _____ Yes _____ No

TELEPHONE:

Home: _____ - _____ - _____ Cell: _____ - _____ - _____ Other: _____ - _____ - _____

E-MAIL ADDRESS: _____

★ APPLICANTS MUST:

- ★ Be registered to vote in Hendry County
- ★ Read and write the English language
- ★ Complete all required training classes
- ★ Provide his or her own transportation
- ★ Be able to work a 14-16 hour day
- ★ Poll Workers must report to work by 6:00 AM.
- ★ Be able to work with other Board members.

If you do not meet the above criteria please do not proceed with application.

WORK HISTORY:

Last place of Employment: _____
Type of Employment: _____

Length of Employment: _____ Employment end date: _____
Supervisor: _____ Phone Number: ____ - ____ - ____
May we contact previous employer? _____ Yes _____ No

REFERENCES:

Please list five (5) references not related:

	<u>NAME</u>	<u>BUISNESS</u>	<u>TELEPHONE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Please list any skills, trades, experience, etc. (such as computers, supervising groups, bilingual, etc.) that you may have.

Signature

Date