

Poll Worker Application

(Please print clearly in ink)

1. _____
First Name Middle Last Name

2. _____
Address City Zip Code

3. _____
Mailing Address (If different than above)

4. _____
Home Telephone # Cell Phone #

5. _____
Social Security # (Mandatory)

6. Are you a Registered Voter? Yes No

7. Have you ever served as an Election Board Worker? Yes No

8. Would you accept assignment to another town in your county? Yes No
(if you checked yes, please list below what town(s) you prefer)

9. State the Political Party to which you belong? _____

10. Do you speak any other language in addition to English? Yes No
If so what language(s)?

Signature

Date

Please mail or fax completed form to:

Essex County Board of Elections
Hall of Records
465 Dr. Martin Luther King Jr. Blvd.
Room 411
Newark, NJ 07102
Tel: 973 621-5071
Fax: 973 621-2540