

Election Worker Application

To be held on August 6 & November 5, 2019



Name (please print): _____

Residential Address: _____

City: _____ Zip: _____

Mailing Address: _____

City: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

Please circle or write your responses:

1. Are you willing to work anywhere in the county? Yes No
2. Can you work a full 14 hour shift? Yes No Can you work a 7 hour shift? Yes No
3. Do you need any special accommodations? Yes No
Handicap Parking Space: Yes No Handicap Restrooms: Yes No
Other _____

4. Have you ever been convicted of a crime that affects your ability to be an election worker? Yes No
If yes: list date, place and nature of offense(s). _____

5. Please list a name(s) and telephone number(s) of someone that we should contact in an emergency.

Contact #1: _____ Phone: _____

Contact #2: _____ Phone: _____

6. List any languages that you speak fluently (Besides English) : _____

7. Do you know of anyone else who would be interested in working the election?

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Paid training & orientation is required. We reserve the right to refuse any application.

"I hereby represent that the information provided is correct and complete to the best of my knowledge. I understand that any incorrect, incomplete or false information furnished by me may void this application."

Signature of Applicant

Date



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