



THE ELECTIONS OFFICE ELECTIONS WORKER APPLICATION FORM

Surname: _____

First/Other Names: _____

Home Street Address: _____

District _____

Date of Birth _____ Age: _____ Nationality _____

Phone: Home# _____ Work # _____ Cellular # _____

My name appears on the Electors List Yes No If Yes, District: _____

Occupation: _____ Position _____

Employer: _____

Length on Current Job: _____

References: 1) _____
(name)

_____ _____
(postal & street address) *(contact number)*

2) _____
(name)

_____ _____
(postal & street address) *(contact number)*

Education Completed: High School _____ Degree(S) _____
(Years)

Professional Certification(S): _____

Areas of Interest:

<input type="checkbox"/> Elections Day Polling Staff	<input type="checkbox"/> Office Staff – Pre-Elections
<input type="checkbox"/> Elections Day Support Staff	<input type="checkbox"/> Training Officers
<input type="checkbox"/> Logistics/Communications Officer	<input type="checkbox"/> Other administrative

Previous Elections Experience: Yes/ No If Yes, Posts worked: _____

Please email completed form to: office@elections.ky