

For office use only

Ward \_\_\_\_\_ District \_\_\_\_\_ Municipality \_\_\_\_\_

# Essex County Board of Elections

## District Boardworker Appointment Application

Board Worker eligibility includes:

You must be registered to vote in Essex County.

You must have your own transportation to and from the polls.

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Home Telephone Cell Number

Address you are registered at if different from above

Social Security Number \_\_\_\_\_ Party Affiliation: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Employer \_\_\_\_\_ Telephone Number of Employer \_\_\_\_\_

### Are You Available to Work:

The School Board Election 4/19/22	Yes _____	No _____
The Municipal Election 5/10/22	Yes _____	No _____
The Primary Election 6/7/22	Yes _____	No _____
The General Election 11/8/22	Yes _____	No _____

### Supportive Service Questions:

Do you have use of an automobile	Yes _____	No _____
Will you work in another Municipality	Yes _____	No _____
Have you previously served as an election board worker in Essex County?	Yes _____	No _____
Are you Bilingual? Language _____	Yes _____	No _____

Applicant must read before signing:

*This application, signed by the applicant under his or her oath, shall state: (1) the applicant's name and address; (2) the applicant's age if the applicant is less than 18 years of age; (3) the political party to which he or she belongs or, if the applicant is not affiliated with a political party, the fact that the applicant is not so affiliated; (4) that the applicant is of good moral character and has not been convicted of any crime involving moral turpitude; and (5) that the applicant possesses the following qualifications: eyesight, with or without correction, sufficient to read nonpareil type; ability to read the English language readily; ability to add and subtract figures correctly; ability to write legibly with reasonable facility; reasonable knowledge of the duties as an election officer. N.J.S.A. 19:6-2b. I certify that the above answers and information are true and that this application and signatures are in my own handwriting.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date