



ELECTION WORKER APPLICATION

Escambia County Supervisor of Elections # 213 Palafox Pl., 2nd Floor, Pensacola, FL 32502
Phone: (850) 595-3900 # Email: pollworker@escambivotes.com # Fax: (850) 595-3914

CONTACT INFORMATION:

Name: _____ Date of Birth: _____ SSN #: ____-____-____

Address: _____ City & Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email (required): _____ Preferred Correspondence: Email Post

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: _____

ELIGIBILITY:

Indicate the following by checking the corresponding Yes or No box:	Yes	No
I am registered to vote in Escambia County.....	<input type="checkbox"/>	<input type="checkbox"/>
I am able to read, write and speak in English.....	<input type="checkbox"/>	<input type="checkbox"/>
I am able to lift at least 15lbs.....	<input type="checkbox"/>	<input type="checkbox"/>
I am capable of sitting or standing for prolonged periods	<input type="checkbox"/>	<input type="checkbox"/>
I can attend required training prior to election day.....	<input type="checkbox"/>	<input type="checkbox"/>
I can commit to work from 6:00am until dismissed by clerk after polls close on election day.....	<input type="checkbox"/>	<input type="checkbox"/>
I am a candidate in the election in which I wish to work.....	<input type="checkbox"/>	<input type="checkbox"/>
I am an immediate relative of a candidate in the election in which I wish to work.....	<input type="checkbox"/>	<input type="checkbox"/>

If yes, write person's name & relationship below:

**Smoking is not allowed in and around polling places. You must comply with this restriction to serve as an election worker.*

MAJOR PARTY AFFILIATION:

Democratic Republican Minor Party or No Affiliation

STATE OF FLORIDA RETIREES & ESCAMBIA COUNTY EMPLOYEES:

Are you a current employee of Escambia County?..... Yes No

If you are a retiree from a Florida state-administered retirement system, provide retirement date: _____

READ AND CERTIFY. I certify that the information given in this application form and attachments are true and complete to the best of my knowledge. I authorize Escambia County to investigate all statements made in this application, as necessary, in considering my suitability for employment. I understand that giving false or misleading information in my application or interview(s) will disqualify me from consideration. I understand that if I am hired by Escambia County I am subject to discharge if I provide false or misleading information or omit material information in connection with this application regardless of when it is discovered.

Signature: _____

Date: _____

ELECTION WORKER SUPPLEMENTAL SKILLS QUESTIONNAIRE

Election workers perform many different tasks in the polling place which require a diverse set of skills. This questionnaire is designed to identify strengths and preferences. It is not required that you possess all the skills listed below to serve. Please check any boxes that apply.

TECHNOLOGY:

- I am comfortable with a personal computer
- I am comfortable with touch screen devices
- I can follow written troubleshooting instructions
- I know how to connect a device to Wi-Fi

ADMINISTRATIVE:

- I have customer service experience
- I have experience assisting persons with disabilities
- I am calm under pressure during busy periods
- I can manage conflict well

SUPERVISORY:

- I have experience overseeing the work of others
- I have experience resolving and documenting issues
- I can follow written instruction to complete tasks
- I have basic accounting knowledge

EXPERIENCE:

Use this space to give specific examples of your customer service, administrative and/or supervisory experience.

LANGUAGE:

Use the line below to list any languages you read, write and/or speak other than English.

TRAINING & TRAVEL:

Escambia County will offer hands-on equipment lab hours in advance of each election. These will be voluntary, and no pay will be offered. Would you like to participate in these sessions? **Yes** **No**

Are you willing to work at a polling site located outside your home precinct? **Yes** **No**

Do you have access to transportation to and from training and Election Day assignment? **Yes** **No**

REFERENCE:

If you were referred to us by a current or past election worker, please provide us with their name:

ORGANIZATION:

If you wish to work on behalf of an employer or nonprofit group, please tell us which organization you are supporting:
