

# Clay County Supervisor of Elections Election Worker Employment Application



Please write neatly

## APPLICANT INFORMATION

Last Name First Name MI

Birth Date Preferred Name

Street Address Apt. / Unit #

City State ZIP

Phone: Home Cell E-Mail Address

Drivers License # \*Social Security # - -

\*The collection of Social Security Number is used for Florida New Hire Reporting, I-9 Employment Eligibility Verification, background check and for payroll purposes.

Are you a resident of CLAY County? YES  NO  Are you registered to vote? YES  NO

Are you a State of Florida Retiree? YES  NO  -----> If so, when? \_\_\_\_\_

Are you a CLAY County employee? YES  NO

Have you ever been convicted of a felony? YES  NO  ----> If yes, explain \_\_\_\_\_

## EMERGENCY CONTACT

Name Relationship

Phone: Home Cell

## POSITIONS

Please tell us what positions you are interested in:

Assistant Clerk  Tabulator  EViD Inspector  Deputy  Any

## SPECIAL SKILLS

Summarize any skills and/or qualifications you have acquired from employment, volunteer work or through other activities.

Do you speak a second language? YES  NO  If yes, specify language \_\_\_\_\_



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## JOB FUNCTIONS

Would you be willing to work outside of your home precinct?  
(Your opportunity to work is greater if you work outside your precinct) YES  NO

If your spouse is an election worker, must you work at the same precinct due to transportation? (Your opportunity to work is greater if you don't have to work together) YES  NO

Do you have computer experience? YES  NO

Are you aware that you must commit to working from 6:00 AM until possibly 9:00 PM (15 hour day) ? YES  NO

Do you anticipate any conflicts with a job or other schedules? YES  NO

Are you aware that you must attend **MANDATORY TRAINING** classes? YES  NO

I read and write English. YES  NO

Would you like to volunteer at various activities in the community? YES  NO

## AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I become employed, any false statements, omissions or other misrepresentations made on this application may result in my immediate dismissal. I understand that as an election worker, I serve at the will of the Supervisor of Elections and may be removed with, or without, cause. I have attended orientation and understand the duties and responsibilities of serving as an election worker.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Clay County Supervisor of Elections Office**  
**The Honorable Chris H. Chambless**  
**500 North Orange Ave. | P.O. Box 337**  
**Green Cove Springs, Florida 32043**  
**(904)269-6350**  
**[www.ClayElections.gov](http://www.ClayElections.gov)**