

# Poll Worker Application

(Please print clearly in ink)

1. \_\_\_\_\_  
First Name Middle Last Name

2. \_\_\_\_\_  
Address City Zip Code

3. \_\_\_\_\_  
Mailing Address (If different than above)

4. \_\_\_\_\_  
Home Telephone # Cell Phone #

5. \_\_\_\_\_  
Social Security # (Mandatory)

6. Are you a Registered Voter?  Yes  No

7. Have you ever served as an Election Board Worker?  Yes  No

8. Would you accept assignment to another town in your county?  Yes  No  
(if you checked yes, please list below what town(s) you prefer)

\_\_\_\_\_  
\_\_\_\_\_

9. State the Political Party to which you belong? \_\_\_\_\_

10. Do you speak any other language in addition to English?  Yes  No  
If so what language(s)?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail or fax completed form to:

**Passaic County Board of Elections**  
401 Grand Street  
Room 123  
Paterson, NJ 07505  
Tel: 973 881-4527  
**Fax: 973 523-9121**