

Town of Dekorra

Application for Election Inspectors

First Name:	Last Name:		
Address:	City:	State:	Zip:
Social Security Number (necessary for paid officials) — —	Email Address:		
Daytime Phone:	Cell Phone:		
Are you age 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, enter date of birth: _____	Do you require any special accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list your requirements:		
Are you currently a registered member of a political party? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Other _____			

(Check all that apply)

- I wish to work as an Election Official for the current term.
 I would like to attend the Chief Inspector core training: Online In person, when available.

Preferred Shift:

- 1st shift (6:30 am – 2:00 pm)
 2nd shift (1:45 pm – close of polling station)
 Either shift
 Double shift (6:30 am – close of polling station)

Which elections are you available to work? (Check all that apply)

- Spring Primary (3rd Tuesday in February, every year)
 Spring Election (1st Tuesday in April, every year)
 Fall Primary (2nd Tuesday in August of even-numbered years)
 General Election (1st Tuesday after first Monday in November of even-numbered years)

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

Signature of Applicant

Date