



COLUMBIA COUNTY BOARD OF ELECTIONS
 500 FAIRCLOTH DR. EVANS, GA 30809
 (706) 868-3355 Office (706) 868-3358 Fax www.columbiacountyga.gov
 Email: vote@columbiacountyga.gov

For Office Use Only:
Reg. Precinct:
Assigned Precinct:

POLL WORKER EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Last Name			First Name			Middle Name			
Physical & Mailing Address:						Apartment/Unit #			
City			State			Zip			
Phone/Cell:			Email Address:						
Are you a registered voter?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date of Birth:		Social Security #:			
Current or most recent employer?						Are you a resident of Columbia County?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a Columbia County employee?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked as a poll official?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where?				
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Race:		Gender: Male Female		
Do you have reliable transportation?			YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Do you foresee any problems working at least a 14 hour day?			YES <input type="checkbox"/>	NO <input type="checkbox"/>					

PLEASE CHECK ANY POSITIONS YOU ARE INTERESTED IN

Election Day Worker: Manager Assistant Manager Clerk

Advance Voting Worker: YES NO Precinct/Polling Place Preference: _____

DISCLAIMER AND SIGNATURE

By your signature you are stating, "I am at least 16 years of age, able to read, write and speak the English language, I do not hold a public office, nor am I related to a candidate whose name will appear on the ballot and I am a United States citizen."

Signature:	Date:
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