## FOR OFFICE USE ONLY

Registration # _____ Staff Initials_____ ___ In Person ___ By Email

Ward _____ Dist _____ Party_____ ___ By Mail ___ By Fax

# Board Worker Application

Name _____ Date of Birth _____

Address _____

City _____ Zip Code _____

Home Phone # _____Cell Phone # _____

Email Address _____

**(Mandatory)** Social Security Number _____

Are you registered to vote? Yes____ No ____

**(Mandatory)** Can You Speak, Read and Write the English Language. Yes ____ No ____

Can You Speak, Read and Write the Spanish Language. Yes ____ No ____

Please list any other Languages you can Speak, Read and Write.

_____

Would you accept assignment to another town in Passaic County? Yes ___ No ___

(if yes, please list below what town (s) you prefer? )

_____ _____

_____ _____

**YOU CANNOT WORK IF YOU HAVE NOT ATTENDED MANDATORY TRAINING**

_____ _____

Signature Date

Please complete and return to:

PASSAIC COUNTY BOARD OF ELECTIONS

401 Grand Street Room 123

Paterson, NJ 07505

Tel 973-881-4527 or 973-881-4528 Fax 973-523-9121