

BREVARD COUNTY POLL WORKER APPLICATION

(please print legibly)

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____

Residence Address _____
(street) (apt. no) (city) (zip code)

Mailing Address _____
(street) (apt. no) (city) (zip code)

Telephone: Home _____ Work _____ Cell _____

Voter I.D. # (if known) _____ Precinct # _____ Party Affiliation _____ Email Address: _____
(required)

1. Are you a retiree from any Florida State-administered retirement system? Yes No If yes, date of retirement: _____
2. Are you currently an elected official or running for public office? Yes (Put info in Item #11) No
3. Do you speak a second language? Yes No If yes, what language? _____
4. Are you willing to work outside your home precinct, if necessary? Yes No
5. Have you ever worked as a Poll Worker before? Yes No If yes, STATE _____ COUNTY _____
6. a.) Do you have transportation? (Poll workers are responsible for their own transportation) Yes No
b.) You may have to come to work and return home in the non-daylight hours for some elections.
Will this be a problem? Yes No
7. If your spouse is also a poll worker, must you work at the same precinct due to transportation? Yes No
8. Smoking is not permitted inside any polling place, and restrictions apply outside at some polling places.
Will this be a problem Yes No
9. Have you reviewed and read the Poll Worker Information Section located on our website at www.VoteBrevard.com and do you feel qualified to comply? Yes No
10. Were you referred by a Brevard County poll worker? Yes No If so, who _____
11. Brief Work History (include major duties performed): _____

12. I am interested in applying for: (check all that apply):

These positions require courteous and patient interaction with both the public and your fellow poll workers.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Clerk | <input type="checkbox"/> Precinct Tech | <input type="checkbox"/> Precinct Deputy | <input type="checkbox"/> Inside Deputy |
| <input type="checkbox"/> EVID Operator | <input type="checkbox"/> Ballot Box Inspector | <input type="checkbox"/> Ballot Distributor | |

IMPORTANT

I understand that, as a poll worker, I serve at the will of the Supervisor of Elections and may be removed with, or without, cause. I understand that I may not be selected to work for every election or in my home precinct. I understand that successful completion of a background check is required prior to employment. If you are selected to work for an election, you will be notified by phone prior to Election Day.

By signing this application, I agree to comply with all Florida Election laws including attendance of mandatory poll worker training classes. I certify that I am a registered voter in Brevard County and that I can read and write the English language (F.S. 102.012 (2)).

Signature _____ Date _____



PLEASE COMPLETE AND RETURN BY MAIL, EMAIL OR FAX TO:
Supervisor of Elections - Brevard County
525 N. John Rodes Blvd., Melbourne, FL 32934
Fax: (321) 428-4972
Email: Pollworker@VoteBrevard.com

**Public Records: Per Florida Law, email addresses and/or phone numbers provided are public record.*