## **MAKE A DIFFERENCE IN YOUR COMMUNITY**

## SAFER County Employee Poll Worker Application SAN DIEGO

<b>COUNTY USE ONLY</b>					
Date Rec'd:					
Precinct:	/				

Applicant Information – Please Type or Print Clearly (Name must be identical to name used to register to vote; please confirm at SDVote.com)					
Last Name	First Name		Middle Initial	Date of Birth (mm/dd/yyyy)	
Street Address	Unit/Apt #	City	State	Zip Code	
Mailing Address (if different)	Unit/Apt #		 State	Zip Code	
Phone Numbers:*Cell Phone Number (Cell Phone # is used for Alt Phone Number Work Phone Number communication with the ROV; call & text)  Email Address:					
*Primary Email ( <i>Working email address is needed for communication with the ROV</i> ) Work E-mail Address					
Name of Department:		Job Title:	Em	oloyee ID:	
Availability					
- I am applying for the position of (refer to our website sdvote.com):  Technical Inspector  I can perform the following essential functions of the position with or without accommodations: continual walking, standing, bending for long periods of time, and carrying/lifting objects weighing up to 30 lbs. Yes No  I understand the Election work requirements: 2 days training and 4 days at a vote center. Yes No  I have a reliable means of transportation to and from work each day. Yes No  If necessary, to be placed into a position I am willing to travel more than 15 miles? Yes No  In addition to English, are you fluent in any of the following languages? (Check all that apply)  Chinese Filipino Spanish Vietnamese Other:  Acknowledgement and Authorization (please read carefully and sign)  I affirm that I am 18 years of age or older and (check one):  A U.S. citizen and registered to vote in CA, or  Lawfully admitted for permanent residence in the United States					
	I understand that I am applying for a temporary work position with the Registrar of Voters.				
Signature Date (If submitting an online application, no Signature/Date is required.)					
SLIDERVISOR ARREDOVAL (must be completed t	o corvo ac a n	oultiple day pell worker\			
SUPERVISOR APPROVAL (must be completed to serve as a multiple day poll worker)  I authorize the employee named above to participate as a County Employee Poll Worker for the upcoming Election. Employees selected to be poll workers must serve a total of up to 6 days (2 days training and 4 days at Polls, including Saturday/Sunday).					
Supervisor's Name (Print)		Title:			
Supervisor's Signature		Dept:			
Office Phone:	E-mail:	Da	ite:		