

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