MACON-BIBB COUNTY BOARD OF ELECTION APPLICATION

Check one:	Poll Worker Election Day or Night Worker
(PLEASE PRINT	OR TYPE ON THIS APPLICATION)
NAME:	your legal name) Name you prefer to be called
	Name you prefer to be called RESS:
CITY, STATE & 7	CC:
MAILING ADDRI	ESS: (If different than above address)
HOME TELEPHO	ONE NUMBER:/CELL#
E-MAIL ADDRES	(must include the Area Code) S:
SOCIAL S	ECURITY# (needed for payroll purposes) DATE OF BIRTH
Are you a Macon-l	Bibb County Resident? YESNO
Are you currently	working with the Macon-Bibb County Government?
YES	_NO if so, what Department:
Do you have a valid	d GA License?NO
Do you have your o	own transportation? YESNO
Presently Employe	d YES NO Full-Time or Part-Time (circle one)
If yes, please give r	name of Employer
Do you have comp	uter experience? YESNO
Do you speak any l	anguage(s) other than English fluently?YESNO
If yes, please identi	ify the languages:
	n convicted of a Felony?YESNO
If yes, have you corrights were restore	mpleted your sentence and at least 10 years have elapsed between the time you d and now? YESNO

What special skills do you offer to perform the duties of a Poll or Election Official?
FOR POLL WORKERS ONLY:
Have you ever worked at the polls before? YES NO
If yes, where?
What location would you have interest in working?
Would you be interested in working any location where needed? YES NO
If necessary, would you serve as an Alternate (stand-by)? YESNO
Are you interested in becoming a Manager of a Polling location? YES NO
Are you interested in working advance voting?YESNO
In the event of an emergency, please notify:
(Name) (Relationship) (Phone Number)
Other Comments:
AGREEMENT (Please read the following statements carefully)
If I am appointed to serve as a poll worker, election official or an alternate in Macon-Bibb County, will faithfully perform my duties to the best of my ability in accordance to the election laws of the State of Georgia, I understand that, I serve at the will of the Supervisor of Elections and may be removed with, or without cause.
I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THI BEST OF MY KNOWLEDGE.
Signature Date



Jeanetta R. Watson
ELECTIONS SUPERVISOR
Jwatson@maconblbb.us

MACON-BIBB COUNTY BOARD OF ELECTIONS

2525 PIO NONO AVENUE, SUITE 1200 MACON, GEORGIA 31206

> Phone: (478) 621-6622 Fax: (478) 621-6119

POLL WORKERS

MUST POSSESS THE FOLLOWING REQUIREMENTS:

O.C.G.A. § 21-2-92

*Must be a resident of Bibb County, or employed by the county O.C.G.A § 21-2-90 and 21-2-91.

*No person who holds public office, other than a political party office, shall be eligible to be appointed as a poll officer.

*A parent, spouse, child, brother, sister, father or mother, father/mother in-law, son/daughter inlaw, brother/sister in-law of a candidate shall not be eligible to serve as a poll officer in any precinct in which the candidate's name appears on the ballot in any election.

*Must be a citizen of the United States

*Attend Mandatory Training before a Primary, General or Special Election O.C.G.A § 21-2-99

*Available to work ALL DAY on Election Day O.C.G.A § 21-2-328; 21-2-375 – Poll Officers must setup one hour at 6:00 a.m. before the poll opens for the voters at 7:00 a.m.

*If you been convicted of a felony, you must have completed the <u>sentence</u> and at least <u>10 years</u> have elapsed between the time your rights were restored.

APPLICANT PREFERRED - A REGISTERED VOTER (Age 16 is eligible to work)

CAN READ, WRITE, AND SPEAK THE ENGLISH LANGUAGE

MUST BE WILLING TO HAVE A BACKGROUND CRIMINAL CHECK

MUST HAVE OWN TRANSPORTATION; POSSESS A VALID IDENTIFICATION

WHEN NECESSARY ATTEND EXTRA TRAINING SET BY THE ELECTIONS SUPERVISOR

MUST WORK ON ELECTION DAY - <u>ALL DAY</u> UNTIL CLOSING OF THE POLLING LOCATION

*This includes the Election Day setup beginning at 6:00 a.m. before the poll opens at 7:00 a.m. until the Election is completed with all necessary required duties for ending the Election at the Polling location.