

# ELECTION WORKER APPLICATION

**FIELDS MARKED WITH AN \*ASTERISK ARE REQUIRED**

**\*FIRST NAME:** \_\_\_\_\_

**MIDDLE INITIAL:** \_\_\_\_\_

**\*LAST NAME:** \_\_\_\_\_

**\*ADDRESS:** \_\_\_\_\_

Street Address

Apt/Suite

City

State

Zip Code

**\*HOW LONG HAVE YOU LIVED AT THIS ADDRESS?** \_\_\_\_\_

**\*DATE OF BIRTH:** \_\_\_\_\_

**\*PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

- ☐ I am a citizen of the United States.
- ☐ I am able to speak, read, and write the English Language.
- ☐ I have transportation.

After submitting this application, you may become part of our pool of election workers. Your name will remain active until you request that it be removed. Not all election workers work every election. The number of election workers for each election is determined by the size of the election and the expected voter turnout. You will be provided with training prior to working.

**\*SIGNATURE:** \_\_\_\_\_

**\*DATE** \_\_\_\_\_

Please return this form to:

Mercia Christian  
Town of Eagle Clerk/Treasurer  
820 E. Main Street  
PO Box 327  
Eagle WI 53119  
Or  
clerk@townofeaglewi.gov