



**Election Worker Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Mailing Address (if different): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a registered voter in Gates County? YES  NO  Party Affiliation: \_\_\_\_\_

Have you ever worked for Gates County Government? YES  NO  If yes, when? \_\_\_\_\_

Are you related to an elected official or election worker? YES  NO  If yes, specify: \_\_\_\_\_

What best describes your experience with computers? Expert  Average  Beginner  None

**Requirements and Acknowledgements**

- I am able to attend mandatory training.
- I have reliable transportation to and from training and work assignments.
- I can work all day on Election Day (5:45am to 8:30pm or later).
- I can attend a meeting on evening before the election to help set up assigned polling site.
- I am able to lift approximately 25 lbs.
- I will not let my political views interfere with my actions as an election worker.
- I understand that I may be assigned to any precinct within Gates County.
- I understand that some positions may require working outside, or extended periods of sitting or standing.
- I am not a relative of any elected official or election worker for Gates County, NC.

Comments: \_\_\_\_\_

**Restrictions per NC General Statutes (Ch. 163A-Part 4)**

**Election Workers must NOT:**

- Be an elected official in any federal, state, or local government.
- Be a current candidate or their near relative.
- Hold an office in a political party or organization.
- Be a manager/treasurer for a candidate.
- Solicit contributions for a candidate or referendum, or make written or oral statements intended for general distribution either supporting or opposing any candidate or referendum.

**Disclaimer and Signature**

*I certify that I am the applicant and my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. **Typed signatures are considered as authorized signature of applicant.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please save completed form and email to [elections@gatescountync.gov](mailto:elections@gatescountync.gov) or print and mail, fax to the Board of Elections Office