



TUSCARAWAS COUNTY BOARD OF ELECTIONS



PRECINCT ELECTION OFFICIAL EMPLOYMENT APPLICATION

(Please Print in Ink or Type All Information)

Date: _____

Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ - _____ - _____
(Payroll Purposes Only)

Street Address: _____

City: _____ State : _____ Zip Code: _____

Telephone #: _____ Cell Phone: _____

Email Address: _____

Political Party (Please Check): Democrat _____ Republican _____

Have you ever been convicted of a felony? Yes _____ No _____

Are you registered to vote? Yes _____ No _____

Have you declared a political party in a Primary Election? Yes _____ No _____

Do you have reliable transportation? Yes _____ No _____

Are you able to lift at least thirty (30) pounds? Yes _____ No _____

How did you hear about this opportunity? _____
(i.e. company, website, school, newspaper, friend)

Certificate of Application: I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statements or material facts will subject me to disqualification or dismissal.

Signature of Applicant

Date

Tuscarawas County Board of Elections

Attn: Barb Wills

P.O. Box 69 * New Philadelphia, Ohio 44663

Barb Wills #: 330-365-3358 * Main Office #: 330-343-8819

Barb's Email: wills@co.tuscarawas.oh.us

Website: <http://boe.co.tuscarawas.oh.us>