

ELECTION WORKER APPLICATION

First Name:	Last Nam	e:	
Address:			
City, State, ZIP:			
Email:	(Cell Phone:	
Date of Birth:			
Are you a qualified elector of	of Waukesha County? □ Y	ES 🗆 NO	
Have you served as an Elec	ction Official before?	ES INO Where?	
Available shifts: ☐ A.M. Sl	hift 6am-1pm ☐ P.M. Shift	1pm-close ☐ Anytime I	Needed □ ALL DAY
2024-2025 ELECTIONS v	vhich are you available to wo	rk?	
Fall Primary – August 13, 2	024	□ NO Shift:	
General Election – Novemb	oer 5, 2024 ☐ YES	□ NO Shift:	
Spring Primary – February	18, 2025 ☐ YES	□ NO Shift:	
Spring Election – April 1, 20	025□ YES	□ NO Shift:	
	☐ Elks Lodge ☐ Northview ☐ Nation Guard Armory ☐ Municipal Garage ☐ EB Shurts ducts In-Person Absentee Von date. Would you be available	☐ E&R Church ☐ oting at City Hall	☐ Bridge Church☐ Fire Station #2
OATH OF OFFICE:	hereby attest, having be	een appointed to the office	of Election Inspector in
	out have not yet entered upon the States and the constitution of t	Table 1	
	Signature:		
FOR OFFICE ONLY:			
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