2022 Early Voting Board Worker Application- PRIMARY ELECTION



Mercer County Board of Elections 930 Spruce St Lawrence, NJ 08648 Phone: (609)-989-6522 | Fax: (609)-278-2713 | BoardofElections@mercercounty.org http://nj.gov/counties/mercer/commissions/elections/ VOTER LABEL- FOR OFFICAL USE ONLY:



Board Worker Information

Last Name		First Name		M.I.	
Date of Birth:					
			(1	Required for Payment)	
Permanent Address: Address Change (PO Box not acceptable)			Telephone Numbers:		
			Primary:		
			Cell:		
Street Address	Apt	t #			
			E-Mail:		
City County	State	Zip	Party Affiliation:	O Democrat	ORepublican
				OUnaffiliated	OOther
Bilingual OYes ONo If ye	es, what lar	nguage	s?		
			s? dependable trai		
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UNDERSTANDING AND ACCEPTANCE BY SIGNING BELOW.

This signed application truthfully states and/or affirms: (1) the applicant's name and address; (2) the applicant's date of birth; (3) the political party to which he or she belongs or, if the applicant is not affiliated with a political party, the fact that the applicant is not so affiliated; (4) that the applicant is of good moral character and has not been convicted of any crime involving moral turpitude; and (5) that the applicant possesses the following qualifications: eyesight, with or without correction, sufficient to read size 6 font type; ability to read the English language readily; ability to add and subtract figures correctly; ability to write legibly with reasonable facility; ability to lift 25 lbs., reasonable knowledge of the duties to be performed by the applicant as an election officer under the election laws of this State; and health sufficient to discharge his or her duties as an election officer. N.J.S.A 19:6-2b

I am aware that if any of the foregoing statements made by me are willfully false, I am subject to immediate removal as a District Board Worker. As always, Board Workers work at the discretion of the Board of Elections.

I certify that the above answers and information are true and that this application and signature are in my own handwriting.

Applicant Signature

Date

Vendor #

W-9