

# **BREVARD COUNTY POLL WORKER APPLICATION**

(please print legibly)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residence Address \_\_\_\_\_  
(street) (apt. no) (city) (zip code)

Mailing Address \_\_\_\_\_  
(street) (apt. no) (city) (zip code)

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Voter I.D. # (if known) \_\_\_\_\_ Precinct # \_\_\_\_\_ Party Affiliation \_\_\_\_\_ Email Address: \_\_\_\_\_  
(required)

1. Are you a retiree from any Florida State-administered retirement system?  Yes  No If yes, date of retirement: \_\_\_\_\_
2. Are you currently an elected official or running for public office?  Yes (Put info in Item #11)  No
3. Do you speak a second language?  Yes  No If yes, what language? \_\_\_\_\_
4. Are you willing to work outside your home precinct, if necessary?  Yes  No
5. Have you ever worked as a poll worker before?  Yes  No If yes, STATE \_\_\_\_\_ COUNTY \_\_\_\_\_
6. a.) Do you have transportation? (poll workers are responsible for their own transportation)  Yes  No  
b.) You may have to come to work and return home in the non-daylight hours for some elections.  
Will this be a problem?  Yes  No
7. If your spouse is also a poll worker, must you work at the same precinct due to transportation?  Yes  No
8. Smoking is not permitted inside any polling place, and restrictions apply outside at some polling places.  
Will this be a problem?  Yes  No
9. Have you reviewed and read the Poll Worker Information Section located on our website at [www.VoteBrevard.gov](http://www.VoteBrevard.gov) and do you feel qualified to comply?  Yes  No
10. Were you referred by a Brevard County poll worker?  Yes  No If so, who \_\_\_\_\_
11. Brief work history (include major duties performed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. I am interested in applying for: (check all that apply):

**These positions require courteous and patient interaction with both the public and your fellow poll workers.**

- |                                        |                                               |                                             |                                                |
|----------------------------------------|-----------------------------------------------|---------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Clerk         | <input type="checkbox"/> Precinct Tech        | <input type="checkbox"/> Precinct Deputy    | <input type="checkbox"/> Inside Deputy         |
| <input type="checkbox"/> EVID Operator | <input type="checkbox"/> Ballot Box Inspector | <input type="checkbox"/> Ballot Distributor | <input type="checkbox"/> Sanitizing Specialist |

## **IMPORTANT**

I understand that, as a poll worker, I serve at the will of the Supervisor of Elections and may be removed with, or without, cause. I understand that I may not be selected to work for every election or in my home precinct. I understand that successful completion of a background check is required prior to employment. If you are selected to work for an election, you will be notified by phone prior to Election Day.

By signing this application, I agree to comply with all Florida election laws including attendance of mandatory poll worker training classes. I certify that I am a registered voter in Brevard County and that I can read and write the English language (F.S. 102.012 (2)).

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



**PLEASE COMPLETE AND RETURN BY MAIL, EMAIL OR FAX TO:**

Brevard County Supervisor of Elections  
P.O. Box 410819, Melbourne, FL 32941-0819  
Fax: (321) 633-2130  
Email: [Pollworker@VoteBrevard.gov](mailto:Pollworker@VoteBrevard.gov)

*\*Public Records: Per Florida law, email addresses and/or phone numbers provided are public record.*