UNION COUNTY ELECTION OFFICER APPLICATION

Name:	
Address:	
City, State, Zip Code:	
Home Phone:	Cell Phone:
Email:	
PLEASE ANSWER ALL QUE	STIONS BELOW:
1. Have you served as an Elect	tion Officer in Union County before? YES NO
2. Are any of your immediat elections? YES NO	e family members running as a candidate in this year's
3. I understand that it is requithat no make-up classes will b	red of me to attend the Election Officer training class and e offered. YES NO
	as an Election officer, I will be required to remain at the a. until all closing duties have been completed. *Polls are p.m. YES NO
5. Are you willing to accept th YES NO	ne responsibility of following all laws governing elections?
6. Are you able to sit or stand	for a long period of time? YES NO
7. Are you able to read small p	orint? YES NO
8. Are you able to write clearly YES NO	to fill out forms during the day for the Grand Jury reports?
9. I understand that if I am ur as soon as possible. YES NO	nable to work Election Day, I will notify the Clerk's Office
County Clerk's Office located	ction Officer, please return this completed form to the dat the Union County Courthouse, 100 West Main Street, mation, please call (270) 389-1334.
Signature:	Date: