



PERSONNEL SERVICES DEPARTMENT
 110 East Main Street Ste 230
 Cumming, GA 30040
 Phone: 770 781-3088
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PLEASE PRINT: USE INK

Poll Worker Employment Application
 Forsyth County Government
 www.forsythco.com

DATE:

Employment application for use by Poll Workers only

1. PERSONAL INFORMATION

Name: _____ Social Security Number: _____
 (Last) (First) (Middle Initial)

Address: _____
 (Street Address) (City) (State) (Zip Code)

Daytime Phone: _____ Evening Phone: _____ E-mail Address: _____

Are you a registered voter? YES _____ NO _____
 Voting Precinct (If known): _____

I understand in order to be a Forsyth County Poll Worker I must:

Be 16 years of age or older Be able to read, write and speak the English language
 Be a resident of Forsyth County Be a judicious, intelligent and upright citizen
 Be able to attend poll worker training and work on Election Day
 Not have been convicted of a felony (unless voting rights have been restored)
 Not be a candidate for an election, be an elected official or a close relative of any candidate

2. EDUCATION

Are you a high school graduate? Yes No If you are not a high school graduate, do you have a GED? Yes No
***Applicants must be able to provide proof of High School diploma, GED, or College degree.**

High School Name: _____ Location: _____

College/University Name and Location	Major Course of Study	Hours Earned Quarter	Hours Earned Semester	Completed	Type of Degree
				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	

3. GENERAL INFORMATION

Are you related to anyone currently employed by Forsyth County Government? Yes No Relative's Name: _____ Relationship: _____ Department: _____

Are you currently authorized to work for Forsyth County without our sponsoring you under US Immigration Law? Yes No
 Can you submit legal verification of your right to work in the United States? Yes No

In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.

Have you ever been convicted of or pleaded guilty or nolo to a felony or misdemeanor, including DUI? Yes No
 If Yes, when? _____ Where? _____
 For What? _____

***Conviction of a crime will not necessarily disqualify you from employment. All convictions must be listed, attach additional information if necessary.**

Active Military Service (list date, serial or service number for all active service) Must provide copy of DD214
 From: _____ To: _____ Serial or Service Number: _____ Branch of Service: _____

Type of Discharge received: Honorable Discharge General Discharge Bad Conduct Discharge

4. PERSONAL BACKGROUND

Have you ever been employed by Forsyth County: Yes No If Yes, give jobs title, supervisor name, phone number and dates of employment

Job Title / Department	Supervisor's Name and Department

(Internal Use Only) Eligible For Rehire: Yes No

5. EMPLOYMENT RECORD

Describe your work history beginning with your current or most recent job. Include military and/or volunteer experience. Failure to give complete information Regarding each job held may result in your disqualification. Complete addresses with zip codes and phone numbers for all employers are necessary. **A resume may be attached only as additional information and will not be accepted in lieu of completing this section. LIST ALL JOBS HELD**

** May we contact your current employer? Yes No

Organization/Firm		Street Address	City	State	Zip Code
From Mo/Yr	To Mo/Yr	Telephone	Supervisor's Name, Title and Phone Number		
Starting Salary	Leaving Salary	Reason For Leaving			
Official Job Title		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Seasonal/Temporary <input type="checkbox"/>	Volunteer <input type="checkbox"/>

Describe Specific Job Duties

Are you fluent in a language other than English? YES NO If yes, which language? _____

Are you comfortable working with computers? YES NO

If you have worked at the polls in another county or state, please list where you worked and what position you held: _____

6. APPLICANTS STATEMENT ALL APPLICATIONS MUST BE SIGNED.

I certify that the information given in this application is true and complete to the best of my knowledge. I understand that this application is not a contract of employment. I further understand that should employment be offered, it shall be contingent upon successful completion of a Forsyth County Sponsored drug test and background check conducted by Forsyth County or assigned agent. I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered. I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representative for seeking gathering and using such information and all other persons, corporations or organizations for furnishing such information. The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law. I understand that it is the county's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein:

Use Adobe Digital signature ↓ OR Type your signature ↓

Applicants Signature: _____ Date: _____

Forsyth County Government does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services

10 HUMAN RESOURCES DEPARTMENT INTERNAL USE ONLY

Date application was received: _____ Initials of HR representative: _____

VOLUNTARY EEO REPORTING AND PERSONNEL RESEARCH

Dear Applicant:

Please complete the form below and return with your application. The form will be separated from your application by the Forsyth County Personnel Office and processed. NOTE: The information requested in this form is voluntary. It **will not** be used to evaluate your application. This information is needed to satisfy Equal Employment Opportunity Commission (EEOC) requirements.

Thank you for your time and assistance in this matter.

Name: _____ Phone #: _____
Please Print

Address: _____
Street Address City State Zip

Social Security Number: _____

Today's Date: _____ Date of Birth: _____

Sex: Male Female

Race (Check one): 1. White 2. Black 3. Hispanic 4. Asian or Pacific Islander
5. American Indian or Alaskan Native

Vietnam Era and/or disabled veteran: Yes No

Handicapped: Yes No

Do you need special accommodations in order to take an examination? Yes No

If yes, please specify:

How did you learn of this opportunity?:

Position applied for: _____