City of Newton

Election Officer Application

Please print/type and complete ALL information clearly and return to:

By Mail:
Newton Election Commission
1000 Commonwealth Avenue
Room 103
Newton, MA 02459

By E-Mail w/ Attachment Jennifer Heredia

jheredia@newtonma.gov Phone: (617) 796-1205 Fax: (617) 796-1214

	Full Name:	
1	first name middle name	last name
	Residential Address:	
2	street number / street name / apt. no. / town / state / zip	
	Phone Number(s):	
3	Ноте:	Cell:
<u>4</u> 5	Date of Birth (month/day/year):	
	Emergency Contact:	Emergency Contact's Phone:
3	6	
7	YOUR E-Mail Address:	
	Are you registered to vote in Massachusetts?	
8	Party Affiliation:	
	Have you ever served as an Election Official?	
9	If yes, how many years?	Position? Circle (Inspect./ Warden/Clerk)
10	Do you drive?	Do you use public transport?
11	Have you ever been convicted of a felony?	
12	Can you work a full day (06:00AM to 09:00PM/CLOSING)?	
	If no, what hours are you available? Fro	om: To:
13	Leartify that the information given above is true and complete	