



BENTON COUNTY ELECTION COMMISSION ELECTION OFFICIAL JOB APPLICATION

1204 S.W. 14th Street, Suite 6
P.O. Box 1481, Bentonville, AR 72712

| APPLICANT INFORMATION | | | |
|---|------------------------------|-----------------------------|-----------------|
| Last Name | First | M.I. | Date |
| Street Address | | Apartment/Unit # | |
| City | State | Zip | |
| Phone | E-mail Address | | |
| Cell Phone | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Have you ever worked for Benton County? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain |
| Are you a Registered Voter? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| DO YOU HAVE ANY ELECTION EXPERIENCE? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| If yes, please fill out below: | | | |
| Supervisor Name: | | County: | |
| Dates Worked: | to | Phone () | |
| DISCLAIMER AND SIGNATURE | | | |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | | | |
| Signature | | Date | |