



BENTON COUNTY ELECTION COMMISSION ELECTION OFFICIAL JOB APPLICATION

1204 S.W. 14th Street, Suite 6, 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