



# HARNETT COUNTY BOARD OF ELECTIONS

200 Alexander Dr. | PO Box 356 (Mailing) | Lillington, N.C. 27546  
910-893-7553 | fax: 910-893-4655 | harnettboe@harnett.org

## Election Worker Application

### Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Mailing Address (if different): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a registered voter in Harnett County? YES  NO  Party Affiliation: \_\_\_\_\_

Have you ever worked for Harnett county? YES  NO  If yes, when? \_\_\_\_\_

Are you related to another election worker? YES  NO  If yes, specify: \_\_\_\_\_

What best describes your experience with computers? Expert  Average  Beginner  None

### Requirements and Acknowledgements

- I am able to attend mandatory training
- I have reliable transportation to and from training and work assignments
- I can work all day on Election Day (5:45am to 8:30pm or later)
- I can attend a meeting on evening before the election to help set up assigned polling site
- I am able to lift approximately 25 lbs.
- I will not let my political views interfere with my actions as an election worker
- I understand that I may be assigned to any precinct within Harnett County
- I understand that some positions may require working outside, or extended periods of sitting or standing

Comments: \_\_\_\_\_

### Restrictions per NC General Statutes (Ch. 163A-Part 4)

#### **Election Workers must NOT:**

- Be an elected official in any federal, state, or local government
- Be a current candidate or their near relative
- Hold an office in a political party or organization
- Be a manager/treasurer for a candidate.
- Solicit contributions for a candidate or referendum, or make written or oral statements intended for general distribution either supporting or opposing any candidate or referendum.

### Disclaimer and Signature

*I certify that I am the applicant and 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. **Typed signatures are considered as authorized signature of applicant.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please save completed form and email to [harnettboe@harnett.org](mailto:harnettboe@harnett.org) or print and mail, fax to the Board of Elections Office