



CITY OF PITTSFIELD

ELECTION OFFICIAL APPLICATION

Please complete all information and return to: Heather Gregory-Brazeau
City of Pittsfield
70 Allen Street, Pittsfield, Mass. 01201
hbrazeau@cityofpittsfield.org

Name:	First	Middle	Last
Residential Address:	Number	Street	City/Town ZIP
Mailing Address (if different):	Number	Street	City/Town ZIP
Social Security Number:	___ - ___ - ____	Date of Birth:	_____ Male <input type="checkbox"/> Female <input type="checkbox"/>
Telephone	Home: (____) _____		Cell: (____) _____
E-Mail Address:	_____		Occupation: _____

Are you a registered Massachusetts voter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your enrollment status?	<input type="checkbox"/> Democrat	<input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Other

Do you speak a language other than English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please list: _____
Do you drive a car?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you use public transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can you work for extended periods of time? (i.e. 6:30 am to 9:00 pm with lunch and dinner breaks)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

How did you hear about becoming a poll worker? _____

I certify that the information given above is true and complete.

Signature

Date