

# Board Worker Reappointment Form



Mercer County Board of Elections  
Mercer County Office Park  
1440 Parkside Ave. Rm. 310 Ewing NJ 08638  
Phone: (609)-989-6522 | Fax: (609)-278-2713 |  
[BoardofElections@mercercounty.org](mailto:BoardofElections@mercercounty.org)  
<http://nj.gov/counties/mercer/commissions/elections/>

**VOTER LABEL- FOR OFFICAL USE ONLY:**

## Board Worker Information

Name \_\_\_\_\_  
Last Name First Name M.I.

Date of Birth: \_\_\_\_\_

**Permanent Address:**

(PO Box not acceptable)

Street Address Apt #

City County State Zip

**Telephone Numbers:**

Primary: \_\_\_\_\_

Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Party Affiliation: Democrat Republican  
Unaffiliated Other

Mailing Address to receive Payment Checks if different than above: \_\_\_\_\_

Bilingual Yes No If yes, what languages? \_\_\_\_\_

**Availability Information - You must have your own dependable transportation**

When are you available to work: Half Day shifts are either a.m. (5:15 a.m. to 1:00 p.m.) or p.m. (1:00 p.m. to 8:30 p.m.)

	<u>Full Day</u> 5:15am-8:30pm		<u>Half Day Shift</u>				
The Primary Election,	Yes	or	a.m.	or	p.m.	or	Not at All
The General Election,	Yes	or	a.m.	or	p.m.	or	Not at All

**ALL assignments are at the discretion of the Board and based on the specific needs of each voting district**

## Board Worker's Affirmation

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING BELOW.

This signed application truthfully states and/or affirms: (1) the applicant's name and address; (2) the applicant's date of birth; (3) the political party to which he or she belongs or, if the applicant is not affiliated with a political party, the fact that the applicant is not so affiliated; (4) that the applicant is of good moral character and has not been convicted of any crime involving moral turpitude; and (5) that the applicant possesses the following qualifications: eyesight, with or without correction, sufficient to read size 6 font type; ability to read the English language readily; ability to add and subtract figures correctly; ability to write legibly with reasonable facility; ability to lift 25 lbs., reasonable knowledge of the duties to be performed by the applicant as an election officer under the election laws of this State; and health sufficient to discharge his or her duties as an election officer. N.J.S.A 19:6-2b

I am aware that if any of the foregoing statements made by me are willfully false, I am subject to immediate removal as a District Board Worker.

I certify that the above answers and information are true and that this application and signature are in my own handwriting.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date