FAULKNER COUNTY ELECTION COMMISSION
801 LOCUST STREET
CONWAY, AR 72034
Phone: 501-450-4909 Fax: 501-450-4938

OFFICE USE ONLY

Area: _____ Precinct: _____

Date: _____

ELECTION OFFICIAL APPLICATION

(Please complete the application and mail or fax to the Pulaski County Election Commission Office at the above address)

Name: _____
First *Middle Initial* *Last*

Address: _____

_____ AR _____ E-Mail: _____
City *Zip*

Home Phone: (____) _____ Cell Phone: (____) _____

Precinct #: _____ Polling Location: _____

Place of Employment: _____ Work Phone: (_____) _____

Emergency Contact: _____ _____ _____
Name *Relationship* *Phone number*

Party Preference or Affiliation (please circle one): **Democrat** **Republican** **Independent**

Pursuant to A.C.A § 7-4-107(a)(2), the Election Commission will appoint workers in accordance with party affiliation.

In order to be paid for working at the polls, new workers must submit a photocopy of your social security card and complete a W-4 Form.

PLEASE READ:

The qualifications of Election Officials are generally as follows (Ark. Code Ann. Ä7-4-109):

- Must be qualified electors of this state;
- Must be residents of the precincts in which they serve at the time of their appointment unless the county board determines unanimously that it is impossible to obtain qualified election officials from the precincts, in which case they may be qualified county residents;
- Must not have been found guilty or pled guilty or nolo contendere to the violation of any election law of this state;
- Must not be paid employees of any political party;
- Must not be paid employees of any person running for office;
- Must not be a candidate for any office to be filled at an election at which they shall serve;
- Must not be married to or related within the second degree of consanguinity to any candidate running for office in the current election.

SIGNATURE AND CERTIFICATION OF INFORMATION

I hereby certify that I have read and I understand the qualifications for pollworkers according to A.C.A §7-4-109.

_____ _____
Signature **Date**