



LANCASTER COUNTY ELECTION OFFICE  
**Poll Worker Application**

1. Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_  
Preferred first or nickname: \_\_\_\_\_
2. \*Date of birth: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ \*Social Security Number: \_\_\_\_\_
3. Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_
4. Street address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_
5. Place of employment: \_\_\_\_\_ Work phone: \_\_\_\_\_ Ext: \_\_\_\_\_
6. Applicant's e-mail address: \_\_\_\_\_ @ \_\_\_\_\_
7. Emergency contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_
8. If applicable, who referred you? \_\_\_\_\_ Phone: \_\_\_\_\_
9. How far (within Lancaster County) are you willing to travel? \_\_\_\_\_
10. If asked to serve, do you meet the requirements of good eyesight and hearing? Yes \_\_\_ No \_\_\_  
The ability to sit for an extended length of time? Yes \_\_\_ No \_\_\_  
Describe any special accommodations you may need: \_\_\_\_\_

I CERTIFY THAT I AM NOW A REGISTERED VOTER IN LANCASTER COUNTY, THAT I AM PHYSICALLY ABLE TO PERFORM THE DUTIES OF ANY ASSIGNED POSITION, AND THAT THE FOREGOING ANSWERS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

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

\* The information is required if you are hired in order to enter your records in our system. Age is not a bar to employment. Lancaster County is an affirmative action and equal opportunity employer.

----- OFFICE USE ONLY -----

PRECINCT: \_\_\_\_\_ PARTY: \_\_\_\_\_ VOTER ID: \_\_\_\_\_ PROCESS DATE: \_\_\_\_\_