

**FOR OFFICE USE ONLY**

Registration # \_\_\_\_\_ Staff Initials \_\_\_\_\_

Ward \_\_\_\_\_ District \_\_\_\_\_ Party \_\_\_\_\_

\_\_\_\_ In person  
\_\_\_\_ By mail  
\_\_\_\_ By Fax



**Board Worker Application**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number (mandatory) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Are you registered to vote? \_\_\_\_\_ Are you fluent in both English & Spanish? \_\_\_\_\_

Would you accept assignment to another town in Passaic County? \_\_\_\_\_  
(if yes, please list below what town (s) you prefer?)

\_\_\_\_\_  
\_\_\_\_\_

**YOU CANNOT WORK IF YOU HAVE NOT ATTENDED MANDATORY TRAINING**

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

**Please complete and return to:**

**PASSAIC COUNTY BOARD OF ELECTIONS  
401 Grand Street Room 123  
Paterson, NJ 07505  
973-881-4527 or 973-881-4528  
Fax 973-523-9121**