FOR OFFICE USE ONLY		
Registration #	Staff Initials	In Person By Email
Ward Dist	Party	By Mail By Fax
Board Worker Application		
Name	Da	ate of Birth
Address		
	Zi	ip Code
	Cell Phone #	
Email Address		
(Mandatory) Social Security Number		
Are you registered to vote? YesNo		
(Mandatory) Can You Speak, Read and Write the English Language. Yes No		
Can You Speak, Read and Write the Spanish Language. Yes No		
Please list any other Languages you can Speak, Read and Write.		
Would you accept assignm	ent to another town in Passaic Cou (if yes, please list below what town (s)	
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		
Tel 973-881-4527 or 973-881-4528 Fax 973-523-9121		