



Habersham County

ELECTIONS & REGISTRATION

POLL WORKER APPLICATION

Printed Name _____

Resident address _____

City, State, Zip _____

What County do you reside in? _____

Mailing address (if different) _____

Home Telephone Number _____

Cell Phone Number _____

Email Address _____

Date of Birth _____

Social Security Number _____

Presently Employed ____ Yes ____ No (Full Time or Part Time)

What languages are you fluent in? _____

Do you have computer experience? ____ Yes ____ No

Have you ever worked at the polls before? ____ Yes ____ No

If yes, which precinct or county? _____

Would you be interested in working any location where needed?
____ Yes ____ No

Are you interested in becoming a poll manager? ____ Yes ____ NO

Signature Date

130 Jacobs Way, Suite 101 Clarkesville,
Ga

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Elections Supervisor
Laurel Ellison

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