Employee#	
Job-Position	#

POLLWORKER EMPLOYMENT INFORMATION - PLEASE PRINT **LEGIBLY** NAME:_____ ADDRESS____ CITY STATE ZIP CODE PHONE NUMBER SOCIAL SECURITY NUMBER DATE OF BIRTH_____SEX___RACE____ MARITAL STATUS_____ Please complete this form, the direct deposit information and tax forms (federal and state) and return all forms to the clerk's office. INFORMATION VERIFIED BY_____ City Clerk's Office

***Please Note: If you should change your address or your bank, please notify the Finance Dept with updated information.