

Town of Becket – Election Officer Application

Please Print or Type, complete all information clearly and return to:

**By Mail: Town Clerk, 557 Main ST, Becket, MA 01223;
or Fax: (413) 623-6036**

Name: _____
First Middle Last

Residential Address: _____
Number Street City Zip Code

Mailing Address (if different): _____
Number Street City Zip Code

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Gender - Male ☐ Female ☐

Telephone # Home – () (Work) – ()

E-Mail Address: _____ Cell Phone # _____

Occupation: _____

Are you registered to vote in MA? _____ Party affiliation? _____

Have you ever served as an Election Officer? Yes ☐ No ☐ If yes, where and for how many years? _____

Have you ever served as an Election Officer in MA? Yes ☐ No ☐ If yes, for how many years? _____

If yes, where have you worked? City/Town _____

and in what capacity? Warden _____ Clerk _____ Inspector _____ Teller _____

Besides English, do you speak any other languages? _____ If yes, please list them _____

Do you drive a car? _____

Have you ever been convicted of a felony? Yes _____ No _____

How were you referred to the Election Department? _____

For what position(s) are you interested in being appointed?

Warden* _____ Clerk* _____ Inspector _____ Teller _____ *must be able to work a full day

Can you work a full day (6am – 9pm)? Yes _____ No _____ If no, what hours are you available? _____

What days/hours are you available for training? _____

I certify that the information given above is true and complete.

SIGNED _____ DATE _____

FOR TOWN CLERK USE ONLY:

Registered - Yes ☐ No ☐ If no, Registration Form Sent - Yes ☐ No ☐ Received - Yes ☐ No ☐

Voter ID _____ Party _____ Position assigned: _____