

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY
POLL OFFICIAL APPLICATION

http://www.nashville.gov/vote/Poll_Official.htm

Are you a registered voter in Davidson County? Yes No

(Only registered voters are eligible to serve, with one exception of seventeen (17) year old high school students)

Voter Registration ID #: _____ Voting Precinct: _____

Are you presently employed by a Federal, State, County, or Municipal governmental agency?

Yes No If yes, you will be ineligible to serve. State Law prohibits government employees serving as election officials, TCA 2-1-112. **EXCEPTION:** (b) (2) This section does **not** disqualify any employee of a county or city school system who does not work directly under the supervision of an elected official

Political Affiliation: Democrat Republican

➔ Be certain to mark your political affiliation. The application CANNOT be processed if left unmarked. ⬅

PLEASE BE AWARE THAT ALL POLL OFFICIALS ARE REQUIRED TO BE AT THE POLLING PRECINCT BY 6:00 AM AND REMAIN UNTIL THE OFFICER DISMISSES THEM, AFTER THE POLLS ARE CLOSED AT 7:00 PM.

PERSONAL INFORMATION

Name: _____ Social Security #: _____
(As it appears on your Social Security card)

Address: _____ Apt # _____

City: _____ Zip Code: _____

Phone: _____ (You MUST have a working phone.)

Additional Phone Numbers: Work: _____ Mobile _____

Do you have email? Yes No Email address: _____

Are you currently employed? Yes No

If yes, name of current employer: _____

If no, name of last employer: _____

Did you graduate from high school? Yes No Highest level of education: _____

Do you have a valid Tennessee driver's license? Yes No

If yes, driver's license number: _____ Expiration Date: _____

Have you ever been convicted for violation of the law, other than minor traffic offenses? Yes No

Do you have reliable means of transportation to and from the polls? Yes No

Do you have computer experience? Yes No

If yes, what software have you used? _____

Do you have problems sitting or standing for long periods? Yes No

Briefly describe why you are interested in becoming a poll official:

Signature _____

Date _____

Metro Payroll Department REQUIRES all three of these documents:

(1) Copy of **Social Security Card**, (2) **W-4** (attached) (3) **I-9** (attached)

Mail to: Davidson County Election Commission, P.O. Box 650, Nashville, Tennessee, 37202

Call 862-8947 or 862-8804 with any questions or fax to 862-8810.

INSTRUCTIONS, PLEASE READ CAREFULLY:

1. Taxes will **NOT** be withheld unless you earn \$1,500.00 working for the Election Commission in a single calendar year.
When you exceed \$1499.00, taxes will be held retroactively for the entire year.
2. W-2s will **NOT** be issued UNLESS you exceed \$600.00 in this calendar year.
It is **your** responsibility to keep up with your earnings to report to the IRS.
3. This **IS** reportable income.
4. If you mark Exempt on line 7, you **must not** enter any other numbers.
5. Be certain to date and sign the form.
6. The W-4 (below) must be submitted with a completed I-9 (attached) AND a clear, legible copy of your social security card.

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2009
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	
6 Additional amount, if any, you want withheld from each paycheck	6	\$
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> ● Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and ● This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.)		Date
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

PLEASE COMPLETE ONLY SECTION 1. REMEMBER TO SIGN AND DATE.

OMB No. 1615-0047; Expires 06/30/09

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature

Date *(month/day/year)*

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature

Print Name

Address *(Street Name and Number, City, State, Zip Code)*

Date *(month/day/year)*

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____	Voter Id Card	_____	Social Security Card	_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>
Davidson Co Election Commission, PO Box 650, Nashville, TN 37202		

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name *(if applicable)* _____ B. Date of Rehire *(month/day/year)* *(if applicable)* _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date *(if any)*: _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative _____ Date *(month/day/year)* _____