

HIGH SCHOOL POLL OFFICIAL APPLICATION
METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY
<http://www.nashville.gov/vote>

ARE YOU A STUDENT AND 17 YEARS OF AGE? YES NO

Political Affiliation: Democrat Republican Other

→ *Be certain to mark your political affiliation. The application CANNOT be processed if left unmarked.* ←

Please be aware you are required to arrive promptly at your assigned polling place no later than 6:00 a.m. and remain there until the polls close at 7:00 pm.
You may leave when the polling place duties are complete usually 8:00 p.m.

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: _____ Cell _____

Do you have email address you check regularly? Yes No

Email address: _____

High school you attend _____

Are you a legal United States Citizen? Yes No

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? _____

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

Signature ↗

Date ↗

Metro Payroll Department REQUIRES the following documents!

- (1) W-4 (attached) (2) I-9 (attached) (3) Copy of **SOCIAL SECURITY CARD**
(4) Copy of Certified **BIRTH CERTIFICATE** or Copy of **VALID TN DRIVERS LICENSE**
YOU CANNOT WORK UNLESS THE ABOVE ARE PROVIDED

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

Fax to: 615-862-8810. Call 615-862-8804 or 615-862-8947 with any questions.

INSTRUCTIONS, PLEASE READ CAREFULLY!!!!

1. Taxes are **NOT** withheld unless you earn \$1,500.00 working for the Election Commission in a single calendar year.
2. When you exceed \$1499.00, taxes are held retroactively for the entire year.
3. This IS reportable income and your responsibility to keep up with and report.
4. W-2s will **NOT** be issued **UNLESS** you exceed \$600.00 in this calendar year.
5. If you mark Exempt on line 7 on the W-4, you must not enter any other numbers.
6. Be certain to date and sign the form.
7. The W-4 (below) must be submitted and completed along with the Form I-9, Eligibility Verification. Attach a clear, legible copy of your **SOCIAL SECURITY CARD AND a copy of your BIRTH CERTIFICATE OR a copy of your VALID TN DRIVERS LICENSE.**

Your application will not be processed without these documents.

W-4 Form Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate ▶ 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.	OMB No. 1545-0074 2012
1 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. 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"/>
City or town, state, and ZIP code _____		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 _____	6 \$ _____
6 Additional amount, if any, you want withheld from each paycheck	6 _____	
7 I claim exemption from withholding for 2012, 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 (This 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) _____

FILL OUT BRACKETED AREA

FILL OUT BRACKETED AREA

OMB No. 1615-0047; Expires 08/31/12

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 (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

<p>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.</p>	<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen of the United States</p> <p><input type="checkbox"/> A noncitizen national of the United States (see instructions)</p> <p><input type="checkbox"/> A lawful permanent resident (Alien #) _____</p> <p><input type="checkbox"/> An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)</p>
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Employee's Signature	Date (month/day/year)
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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: _____	█	_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

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 (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
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)
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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): _____
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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)
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