



City of West Springfield

Human Resources Department

26 Court Street

West Springfield, MA 01089

Election Worker Application for Employment

Thank you for your interest with the City of West Springfield as an Election/Poll Worker

INSTRUCTIONS: Each question should be fully and accurately answered. Please PRINT or TYPE, except for your signature on the back of the application.

GENERAL

Position Applying for: ELECTION POLL/WORKER Date of Application: _____

PERSONAL

Name:(First)_____ (Middle)_____ (Last)_____

Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Telephone: Home () _____ Cell () _____

Between 8:30 a.m. and 4:30 p.m. () _____

If this is your current place of employment, may we contact you there? Yes No

Email: _____ Are you age 18 or older? Yes No If no, DOB: _____

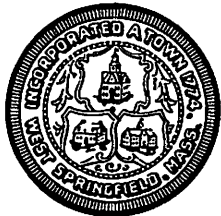
Have you worked for the Town of West Springfield before? Yes No

If yes, list: (Dept) _____ Dates of Service: From: _____ To: _____

Briefly explain why you would like to be considered:

TOWN OF WEST SPRINGFIELD, MASSACHUSETTS

HUMAN RESOURCES DEPARTMENT



Sandra A. MacFadyen, Director

CORI REQUEST FORM

The Town of West Springfield has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known

Date of Birth Place of Birth

Last Six Digits of Your Social Security
Number:

Sex: _____ Height: _____ feet _____ inches Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name: _____ Father's Full Name: _____

Current and Former Addresses:

Street Number and Name City/Town State Zip

Street Number and Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government-issued identifications:

VERIFIED BY:

Name of Verifying Employee (Please Print)

Signature of Verifying Employee