

NACOGDOCHES COUNTY ELECTIONS OFFICE

203 W Main St, Suite 113
Nacogdoches, TX 75961

Phone: 936-560-7825
Fax: 936-560-7838

**Application for Employment
Temporary Poll Workers**

Nacogdoches County is an Equal Opportunity Employer

It is the policy of Nacogdoches County not to discriminate in employment on the basis of race, religion, color, age, national origin, sex, pregnancy, marital status, veteran status, disability or genetic information. To request a reasonable accommodation or other assistance contact the Human Resources Department at (936) 560-7819.

Name: _____ Date: _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____
(Primary Phone #) (Alternate Phone #)

Email Address: _____

- 1. Are you authorized to work in this country? Yes No
(Proof of citizenship or immigration status will be required upon employment)
- 2. Are you a registered voter of Nacogdoches County? Yes No
- 3. Have you ever worked as an election worker in another county? Yes No If yes, what type of work did you do?

4. List any relevant work experience, skills or training you have that would assist you in this job:

- 5. Do you speak any other languages fluently? Yes No If yes, specify: _____
- 6. Do you have a political party affiliation? Yes No If yes, specify: _____
- 7. Can you perform the essential functions of the job with or without reasonable accommodation? Yes No
- 8. Are you related by blood or marriage to any Nacogdoches County employee/official? Yes No

If yes: _____
(Name) (Where Employed) (Relationship)

9. Have you ever been convicted, pled guilty, pled no contest, or, received deferred adjudication or probation for a criminal act?*

Yes	No
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If yes, list ALL such offenses and state date, name of Court and disposition.
(You may omit minor traffic violations for which you paid a fine of \$200 or less)

**A criminal conviction is not necessarily a bar to employment. False statements or omissions of information, whether intentional or unintentional, will be grounds for immediate elimination from further consideration (or dismissal from employment if hired.)*

Please check all positions of interest:

- ELECTION JUDGE:** (Training is required). Manage polling location on Election Day. Complete all end of day paperwork. Must be able to work from 6:00am - 9:30pm.
 - ELECTION CLERK:** Assist judge on all Election Day duties as assigned. May greet or check in voters, hand out ballots, oversee ballot box, etc. Must be able to work from 6:00am - 9:30pm.
 - EARLY VOTING SIGNATURE COMMITTEE:** Reviews mail ballot envelopes for matching voter signature and identification. Must be able to work during the last week of Early Voting for 2-4 hours.
 - EARLY VOTING BALLOT BOARD:** Reviews final mail ballot envelopes for matching voter signature and identification. Removes mail ballots from envelopes that are to be counted. Must be able to work at the Courthouse Annex on Election Day from 9:00am - 5:00pm.
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Important Notices:

An incomplete application will NOT be considered.

If we are unable to consider your application, you will receive no further notice. Due to the large volume of employment inquiries received, we regret that we are unable to provide a more personal response to your application.

Applications are only valid for the duration of each announcement and will be retained as County records for a period of two years from date of submission. This application and any accompanying document(s) submitted for consideration of employment become property of Nacogdoches County and will not be returned to the applicant. This application becomes public record and is subject to disclosure in accordance with the Texas Government Code Ann. § 552-Public Information Act.

From January 1, 2021 forward, the Federal Insurance Contributions Act (FICA) tax exclusion for election officials and election workers is \$2,000 a calendar year, unless those wages are subject to Social Security and Medicare taxes under the State's Section 218 Agreement. Under Section 218 of the Social Security Act, many States have excluded from coverage election workers paid less than the threshold amount mandated by law. Therefore, Social Security and Medicare taxes do not apply until the election worker is paid \$2,000 or more.

It is the responsibility of the applicant to read the following before signing:

Applicant's Name (please print)

Date of Birth

I certify that the answers given herein on this application of employment with **Nacogdoches County** are true and complete. I understand that any falsification or willful omission made in my application or interview(s) shall be sufficient cause for dismissal or refusal of employment, whenever discovered. I understand that the information provided in my application and interviews may be investigated, and I hereby authorize Nacogdoches County and its agents to perform such investigations into my background. I understand that such investigation may include a full criminal history and FBI records check and driver's license check. I hereby release the County and all third parties supplying information to the County from all liability, including liability caused by negligence, arising from reference and background checks conducted by or on behalf of the employer about me. I also understand that this application is subject to the Open Records Act and may be released as a public document.

I understand that my employment is at the discretion of the Commissioners' Court or Department Head concerned, and that Nacogdoches County is an employment-at-will employer, which means that I may resign at any time and the County may terminate my employment at any time for any legal reason or no reason.

I understand that Nacogdoches County is a drug-free work environment and that County employees may not possess, distribute or be under the influence of alcohol or illegal drugs while on County property or while on duty for the County. I understand that violation of this policy is grounds for immediate dismissal from employment and may lead to criminal prosecution.

If injured during the course of employment, I will promptly report such injury to my supervisor or department head. If medical treatment for a work related injury or illness is necessary or requested I will submit to treatment or examination by health care providers available through my employer's workers compensation alliance.

I certify that I have carefully read each provision of this application for employment and that I have been given an opportunity to ask questions concerning any provision, which I do not fully understand.

This application must be signed.

Signature: _____

Date: _____