



BROOME COUNTY BOARD OF ELECTIONS

POLL INSPECTOR APPLICATION



Are you a Broome County Resident? Yes No

At least 17 years of age? Yes No

NAME _____ () Male () Female _____ / _____ / _____
(please print/ type) first middle last suffix (Jr., Sr.) date of birth

HOME ADDRESS _____
house # street apt #

city state zip code

PHONE NUMBER day: (____) _____ - _____ night: (____) _____ - _____ cell: (____) _____ - _____
area code area code area code

EMAIL ADDRESS _____

(Fill in ONLY if your mailing address is different than the address listed above OR if you have a seasonal address and need your paycheck sent elsewhere, then provide the dates and address) Effective date: _____ / _____ / _____ until _____ / _____ / _____
month day year month day year

_____ house # street apt # city state zip code

Are you currently or have you ever been an employee of Broome County Government? YES NO

Have you previously worked as a Broome County Election Inspector? YES NO

Do you have access to a vehicle? YES NO
(Not having access to a vehicle does NOT disqualify you from working, it just limits assignments)

Do you agree to subscribe to the Oath of Office (see below) for an Inspector of Elections if you are appointed and notified thereof? YES NO

OATH OF OFFICE ♦ I do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of New York, and that I will faithfully discharge the duties of the office of Inspector of Election, according to the best of my ability; that I am a Citizen of the United States and of the State of New York, and a qualified voter of the County of Broome; that I do not hold any public office and am not a candidate for any office to be voted for by the voters there of. I further swear that I will not in any manner request or seek to persuade or induce any voter to vote any particular ticket, or for any particular candidate; and that I will not keep or make any memoranda or entry of anything occurring within the booth; and that I will not directly or indirectly reveal to any person the name of any candidate voted for by any voter or which ticket he has voted, or anything occurring within the voting booth, except as I may be called upon to testify in a judicial proceeding for a violation of the Election Law.

I swear (or affirm) the information above is true and accurate to the best of my knowledge. YES NO

Signature of Applicant: **X** _____ Date _____ / _____ / _____

To serve as a Poll Inspector you must be a registered voter appointed by the Board of Elections and ARE REQUIRED to attend a mandatory training class. There are NO EXCEPTIONS.

IMPORTANT INFORMATION ♦ Broome County Poll Inspectors earn \$11/hour and a Chairperson \$12/hour while working an Election Day, plus \$25 for attending a training class and passing the exam. ♦ Any worker who does not attend training and pass the exam will not be assigned to work an Election Day. ♦ Any worker who does not work at the site to which they are assigned or who is removed from their site for cause shall forfeit compensation earned.

Please complete and return to the Board of Elections: 60 Hawley St, 2nd Floor / PO Box 1766, Binghamton, NY 13902

FOR BOARD OF ELECTION USE ONLY

PPR# _____ TOWN _____ ENROLLMENT _____ NOTES _____