BALLOT PROCESSOR APPLICATION

Please return to: Atlantic County Board of Elections, Historic Court House Complex, 5903 Main Street, Mays Landing, NJ 08330 PHONE: 609/645-5867

*****The Ballot Processors will be a group of people tasked with receiving the Mail-In Ballots and having them ready to count. This is envisioned as a TEMPORARY FULL-TIME position (M-F, 8 AM – 5 PM). Work on Saturdays, Sundays and evenings may be necessary as well. Initial pay will be a minimum of $14-$16 per hour without any other benefits since it is TEMPORARY. Work will start on or about the beginning of October for training and may continue until the middle of November or potentially to Thanksgiving.**

*****If you are working as a Ballot Processor, you CANNOT be assigned to work at a polling place on Election Day because you will have work responsibilities on Election Day.**

*****Making an application means that the applicant possesses the following qualifications: eyesight, with or without correction, sufficient to read nonpareil type; ability to read the English language readily; ability to add and subtract figures correctly; ability to write legibly with reasonable facility; ability and willingness to perform their duties impartially; and health sufficient to discharge his or her duties. *PLEASE NOTE THAT THIS POSITION MAY INCLUDE LIFTING OF TRAYS OF MAIL.***

INSTRUCTIONS:
Please complete the following application and please note that mandatory fields are indicated with *.

***FIRST NAME** _____ ***LAST NAME** _____

***ADDRESS** _____

***CITY/STATE/ZIP** _____

***MAILING ADDRESS (if different than above)** _____
_____

***HOME PHONE** _____ **WORK/DAY PHONE** _____

CELL PHONE _____ **E-MAIL** _____

Are you bilingual? Y N If yes, second language is _____

Availability of car? Y N
***If you wish to be considered for a position that requires driving, then your Motor Vehicle Record will need to be reviewed. Providing your Driver License Number means you consent to the Board getting your MVR from Motor Vehicle Commission.

Driver License Number _____

(required for payment)

***SOCIAL SECURITY NUMBER** _____ ***DATE OF BIRTH** _____

Your signature means that you have read and accepted the above employment conditions.

***SIGNATURE** _____