



City of Lawrence
 200 Common St
 Lawrence, MA 01840
 www.Cityoflawrence.com

Employee # _____

Phone: 978-620-3290

Fax: 978-722-9230

E-mail: ElectionDivision@cityoflawrence.com

City of Lawrence Election Worker Application

The City of Lawrence is an equal opportunity employer. We are committed to a policy of non-discrimination in our programs, activities and employment practices. Applicants are considered for all position without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, disability or any other legally protected status. Criminal backgrounds check (CORI) will be conducted on applicants who have received a conditional offer of employment CORI will not be submitted on an applicant until a job offer has been made and continued employment will the agency is contingent upon a favorable CORI check result.

PERSONAL INFORMATION

Name _____

Address: _____
 (Number and Street) (City/State) (Zip Code)

Telephone Number: _____

Email Address: _____

Social Security number: _____ - _____ - _____

Have you ever worked as an Election Inspector, Clerk, or Warden? _____

If Yes, in what community and for how many years? _____

Do you speak and read English? _____ Do you speak and read Spanish? _____

Are you registered to vote in Massachusetts? Yes No

Are you willing to work at any of the polling locations, if needed? Yes No

If you are only willing to work at one location, please specify: _____

Can you work a full day (6am – 9pm)? Yes No

Please note that Clerks and Wardens have a longer day from 5:30 A.M to 11:30 P.M

If No, what hours are you available? From: _____ to _____



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EMPLOYMENT EXPERIENCE – LIST THE LAST 2 EMPLOYERS

Start with your present or last job. You may include any verified work such as military service assignments and volunteer activities.

Employer _____ Dates Employed _____

Address _____ Job Title _____

Work Performed _____

Supervisor _____ Reason for Leaving _____

Employer _____ Dates Employed _____

Address _____ Job Title _____

Work Performed _____

Supervisor _____ Reason for Leaving _____

If you need additional space, please use another sheet of paper.



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REFERENCES

Provide information for two work related references (mandatory).

Name _____ Official Position _____

Company Name _____ Telephone Number _____

Name _____ Official Position _____

Company Name _____ Telephone Number _____

EDUCATION AND/OR MILITARY TRAINING

SCHOOL NAME AND ADDRESS	YEARS COMPLETED	MAJOR	DIPLOMA/DEGREE

SPECIAL SKILLS (computer, record keeping, accounting, etc.)

Briefly describe the type of work for which you are best qualified: _____

Signed: _____ **Date:** _____



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CRIMINAL OFFENDER RECORD INFORMATION (CORI)

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING AND HOUSING PURPOSES

The City of Lawrence is registered under the provisions of M.G.L., c. 6, s. 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applications, current licensees and applicants for the rental or lease of housing.

As prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the City of Lawrence to submit a CORI check for my information to the DCJIS. This is an **authorization** valid for one year from the date of my I may withdraw this authorization at any time by providing the City of Lawrence written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY:

The City of Lawrence may conduct subsequent CORI checks within one year of the date of this Form was signed by me provided, however, that the City of Lawrence must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate. I also acknowledge receipt of the City of Lawrence CORI Policy.

 Print Name Signature Date

SUBJECT INFORMATION:

Name _____
 Last Name First Name Middle Name

Maiden name or Alias (IF APPLICABLE) _____

Date of Birth: _____ Place of Birth: _____

Last Six Digits of Social Security Number (Requested): _____ - _____

Sex: _____ Race: _____ Driver's License & State: _____

Mother's Full Name: (including Maiden Name) _____

Father's Full Name: _____

Current Address: _____

STREET NUMBER & NAME CITY/TOWN STATE ZIP

Former Address: _____

STREET NUMBER & NAME CITY/TOWN STATE ZIP

Verified by: _____

Name & signature of Verifying Employee Date