

**Job application form - Election
November 5, 2017**

Election Secretary <input type="checkbox"/> Administrative Officer <input type="checkbox"/> Permanent Clerk <input type="checkbox"/> Temporary Clerk <input type="checkbox"/> <hr/> Chairman - Board of Revisors <input type="checkbox"/> Revisor <input type="checkbox"/> Revising Officer <input type="checkbox"/> Secretary - Board of Revisors <input type="checkbox"/> Reception Clerk <input type="checkbox"/>	Chief Supervisor <input type="checkbox"/> Officer in charge of polling station <input type="checkbox"/> Officer in charge of information and order <input type="checkbox"/> Deputy Returning Officer <input type="checkbox"/> Deputy Returning Officer - counting of the votes <input type="checkbox"/> Poll Clerk <input type="checkbox"/> Poll Clerk - counting of the votes <input type="checkbox"/> Chairman - Identity verification panel <input type="checkbox"/> Member - Identity verification panel <input type="checkbox"/> Other: <input type="checkbox"/>
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<i>Last name (in block letters)</i>	<i>First name</i>
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<i>Address</i>	<i>Postal code</i>	<i>Phone (home and cell)</i> H: _____ C: _____
<i>Date of birth</i>		

<i>City</i>	<i>E-mail address</i>	<i>Social Insurance Number</i>
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<i>Oral French</i>	Very good <input type="checkbox"/>	Good <input type="checkbox"/>	Weak <input type="checkbox"/>	None <input type="checkbox"/>
<i>Written French</i>	Very good <input type="checkbox"/>	Good <input type="checkbox"/>	Weak <input type="checkbox"/>	None <input type="checkbox"/>
<i>Oral English</i>	Very good <input type="checkbox"/>	Good <input type="checkbox"/>	Weak <input type="checkbox"/>	None <input type="checkbox"/>
<i>Written English</i>	Very good <input type="checkbox"/>	Good <input type="checkbox"/>	Weak <input type="checkbox"/>	None <input type="checkbox"/>

Do you speak other languages? No Yes If yes, specify: _____

Previous election experience

No Deputy Returning Officer Poll Clerk Other

Other election experience

<i>Availability</i>	Oct 29 th <input type="checkbox"/>	All day <input type="checkbox"/>	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
	Nov 5 th <input type="checkbox"/>	All day <input type="checkbox"/>	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>

Signature

	Day	Month	Year 2017
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