



City of New Berlin  
Community Relations/City Clerk's Dept.  
3805 South Casper Drive  
New Berlin, WI 53151-0921

**APPLICATION FOR POLLWORKER (ELECTION INSPECTOR)**

I, the undersigned, do hereby make application to the City Clerk of the City of New Berlin to serve as a Pollworker for the City of New Berlin Elections. I understand that by filling out this application does not ensure that I will be chosen and that I may be placed on a wait list if all positions are filled at the time of filing of this application.

**INSTRUCTIONS AND STATEMENT OF RESPONSIBILITY: PLEASE PRINT LEGIBLY. FAILING TO LIST VIOLATIONS, PROVIDING INACCURATE INFORMATION, OR OMITTING INFORMATION FROM THIS APPLICATION MAY BE GROUNDS FOR DENIAL.**

1. Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Maiden Name \_\_\_\_\_

2. Address: \_\_\_\_\_  
City State Zip

3. Do you reside in Waukesha County?  YES  NO

4. Date of birth: \_\_\_\_\_ Age \_\_\_\_\_ Phone # \_\_\_\_\_  
Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_

5. E-mail Address: \_\_\_\_\_ U.S. Citizen  YES  NO

6. Have you ever been convicted of a felony? (Please check one):  YES  NO  
If "Yes," provide Date, Nature of Offense and State where it occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you ever been ticketed, charged or convicted of any violation of Federal, State or Local Laws?  
(Please circle one): YES NO  
If 'yes', provide all violations with City, Date, and Penalty imposed. Use back of form if necessary.  
\_\_\_\_\_  
\_\_\_\_\_

8. I hereby certify that all the information provided on this application is true and correct to the best of my knowledge. I give the City of New Berlin permission to conduct a background check to verify the information I have provided and authorize the release of all information regarding my record.

Signature of Application: \_\_\_\_\_ Date: \_\_\_\_\_



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**SUPPLEMENTAL INFORMATION**

**1. Please rank your polling site preference in the order which you are most interested in working. Use the ranking scale of numbers 1-3, starting with the number 1 as your first choice.**

- \_\_\_\_\_ Home Polling Location Only
- \_\_\_\_\_ Prefer Home Polling Location, but any site if needed
- \_\_\_\_\_ Any Location in the City of New Berlin

**2. Below is the Election Schedule for 2020. We appreciate your commitment to any/all Elections you are available for – please mark your calendar to reserve your availability. Check your availability below.**

- |   |  |
|---|--|
| <input type="checkbox"/> Spring Primary (February 18, 2020) | <input type="checkbox"/> Spring General (April 7, 2020)      |
| <input type="checkbox"/> Partisan Primary (August 11, 2020) | <input type="checkbox"/> General Election (November 3, 2020) |
| <input type="checkbox"/> Spring Primary (February 16, 2021) | <input type="checkbox"/> Spring General (April 6, 2021)      |

**3. Please indicate your preference below – check all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Live Polling Location  | <input type="checkbox"/> Central Count<br>**Little/No interaction with the public |
| <input type="checkbox"/> Chief Inspector/Backup Chief Inspector (All Day)<br>**Requires experience/extra training | <input type="checkbox"/> Not Sure/Any   |

**4. If you are not working an election are you willing to be put on an “on-call” list?**  
 \*\*You would be contacted the morning of the election\*\*

- YES                       NO

**5. I hereby certify that all the information provided on this application is true and correct to the best of my knowledge. I give the City of New Berlin permission to conduct a background check to verify the information I have provided and authorize the release of all information regarding my record.**

Signature of Application: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY**

Polling Location & Ward No.: \_\_\_\_\_ Wait List: YES                      NO

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**INTERNAL USE ONLY**

List all discrepancies with above statements. Use back of form if necessary.

Signature of Official: \_\_\_\_\_ Date \_\_\_\_\_