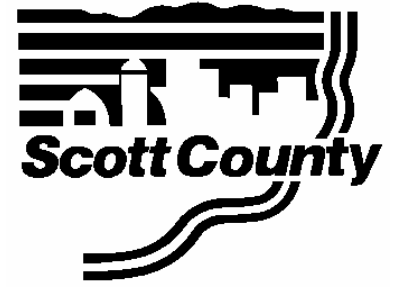


**APPLICATION FOR
PRECINCT ELECTION OFFICIAL**

**SCOTT COUNTY AUDITOR &
COMMISSIONER OF ELECTIONS
SCOTT COUNTY, IOWA
(563) 326-8631**

www.scottcountyiowa.com



Thank you for requesting an application to be a precinct election official. State Law requires election officials to be registered to vote, declare a party affiliation, and attend a school of instruction. If your services are requested for an election you will be notified by mail and a postcard response form will be included for you to return to us as confirmation that you will be able to work and attend a school of instruction.

Election officials are selected based on availability and location of our needs. If you decline to declare a party affiliation you will only be able to work School Board elections. If we are unable to hire enough workers for a precinct then applicants who indicate they would work anywhere or work in the Ward, will be given priority. Election officials earn \$7.50 per hour and 50.5 cents per mile.

ALL PRECINCT OFFICIALS ARE REQUIRED TO WORK ONE HOUR BEFORE THE POLLS OPEN AND UNTIL THE POLLS CLOSE, USUALLY 6 A.M. TO 9:30 P.M. ELECTION OFFICIALS ARE ASKED TO BE AT THE POLLING SITE FOR THE DURATION OF THE ELECTION.

WHAT DO ELECTION OFFICIALS DO?

Election officials administer the voting process at the polls, assuring privacy and accuracy.

This includes:

- ❖ Setting up the polls for voting and closing the polls at the end of voting.
- ❖ Give voters proper instruction for voting.
- ❖ Checking the voter's eligibility to vote.
- ❖ Alphabetizing eligibility slips.
- ❖ Distributing ballots to voters.
- ❖ Assist voters with special needs.

**PLEASE FILL OUT ALL INFORMATION ON THE BACK AND
RETURN IN THE POSTAGE PAID ENVELOPE PROVIDED.**

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____

Residence Address: _____

City: _____ **Zip code:** _____

Mailing Address (If different): _____

City: _____ **Zip code:** _____

Phone Number: _____ **Birth Date:** _____

Party Affiliation: _____

PLEASE CHECK YOUR PREFERENCE:

- () **Wish to work in my precinct only.**
- () **Will work in the Ward in which I reside.**
- () **Will work anyplace needed.**
- () **Wish to work at specified polling place:** _____

Signature of Applicant

Date

The W-4 form must be filled out.

- Only workers who make over \$600.00 in a year will receive a W-2.
- Workers who make over \$1100.00 in a year will have FICA and Social Security withheld.

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 2008
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	
6 Additional amount, if any, you want withheld from each paycheck	6 \$	
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		
		7
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		
		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)