

**(Please Print)**

Name:       MI:       Last:       Suffix:

Address:

City:       State: SC Zip:       County:

Email:

Home Phone #: (     )       Cell Phone #: (     )

Employer:       Occupation:

Work Phone #: (     )       Social Security #:

Are you a current or retired State Employee or are you receiving benefits from the State Retirement System? [ ]  YES [ ]  NO [ ]  Retired Receiving Benefits

Voter Registration #:       Voter Precinct:

Are you able to lift over 50 pounds? [ ]  YES [ ]  NO

Are you able to work 12 hours or more? [ ]  YES [ ]  NO

Do you have a reliable vehicle? [ ]  YES [ ]  NO

Reason for applying:

Signature: Date:

Please return completed application to the address below, fax to: 803-576-2205 or scan and email to: OliverM@rcgov.us

We greatly appreciate your interest in wanting to serve as a Polling Location Technician!

We will be in contact with you soon!