



San Joaquin County Election Night Worker Application

Please Print Legibly & Complete Entire Form

Are you Eighteen years of age? Yes No	Have you worked for any past Election? If yes what position?	Yes	No
Are you a San Joaquin County Employee?		Yes	No
Last Name:		First Name:	
Home Address:			
City:		Zip Code:	
Mailing Address: <small>(if different from above)</small>			
City:		Zip Code:	
Home Phone #:		Cell Phone #:	
Date of Birth:		Application Date:	
Email Address:			
Are you willing to work anywhere within San Joaquin County?		Yes	No

Return Information	
By Mail	Registrar of Voters Office, GIS Section PO Box 810 Stockton CA 95201
By Email	GIS@sjgov.org
By FAX	(209) 468-9534
In Person	44 N San Joaquin St, Suite 350, Stockton CA 95202

<i>For Elections Use Only:</i>			
Voter ID:	Home Precinct:	Initials:	✓ML <input type="checkbox"/>
Selected Postion:	EO ID #	Scanned	<input type="checkbox"/>