



**WASHINGTON COUNTY ELECTION COMMISSION
ELECTION OFFICIAL JOB APPLICATION**

280 North College Ave., Fayetteville, AR 72701

HR@washingtoncountyar.gov

The Washington County is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

<u>SECTION 1 - APPLICANT INFORMATION</u>		
Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State	Zip Code
P.O. Box	City, State, Zip Code (of P.O. Box)	
Phone	Email Address	
Alternate Phone	What is your County of residence?	

<u>SECTION 2 - QUESTIONNAIRE</u>	
Can you read and write the English language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have been found or pled guilty or nolo contendere to the violation of an election law of this state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a paid employee of a political party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a paid employee of a candidate for office on the county's ballot?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a candidate for an office to be filled at an election while serving as a poll worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you married to or related within the second degree of consanguinity to a candidate running for office in the election?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the County Political Party Chairman or Party Secretary?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you married to a County Board Election Commission member or the County Political Party Chairman? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DO YOU HAVE ANY ELECTION EXPERIENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please complete the below section:	
Supervisor Name:	County:
Dates Worked: From _____ To _____	Phone: _____

Notice to Applicants – Please read carefully!!

If you have a disability and require reasonable accommodation in the application and/or testing process, please complete a Reasonable Accommodation Request Form. Forms are available and should be returned to the Washington County Human Resource Department at 280 North College Ave., Fayetteville, AR 72701. The request to the Human Resource Department may be in writing, by telephone (479-444-1700), or in person. To avoid unnecessary delay, please submit your request and documentation of the need for accommodation at least 48 hours in advance of the time the accommodation is needed.

You must read and sign this block to be considered for employment with Washington County.

<p>I understand that this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status nor does it create any employment contract.</p> <p>I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.</p> <p>I give complete permission to former employers to release to Washington County or its authorized representative(s) any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment at the city. A photocopy of this authorization shall be valid as the original.</p> <p>I certify that I have read, understand and meet all the qualifications to be an election official. I further understand that all Washington County policies and procedures apply throughout the length of my employment relationship with the county.</p> <p>I understand that if hired, that my employment status will only be renewed upon successful completion of required training on a two year rotation from the initial date of hire, however, in no way does this create a contract of employment.</p> <p>I understand that my appointment will be at the discretion of the department head, subject to the approval of the County Judge or Elected Official and that this application is property of the county and will become a part of my file if I am accepted for employment.</p> <p>Signature of applicant: _____</p> <p>Social Security Number: _____</p> <p>Date of Signature: _____ Date of Birth: _____</p>

APPLICANT INFORMATION FORM

Washington County is an Equal Opportunity Employer. We recognize that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide, as requested, statistical data to certain federal compliance agencies. This information **WILL NOT** be used in the employment process and failure to provide the information **WILL NOT** jeopardize your opportunity for employment with Washington County.

SEX and RACE/ETHNIC IDENTIFICATION

Name _____	Date: _____
Position applied for: _____	

SEX: MALE FEMALE

RACE/ETHNIC: For the purpose of Equal Opportunity, race/ethnic categories are identified as follows... Please check the category, which identifies you race/ethnic background.

- WHITE:** (not Hispanic origin) – all persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK:** (not of Hispanic origin) – all persons having origins of the Black racial groups of Africa.
- HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ASIAN or PACIFIC ISLANDERS:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands. (Example... China, Japan, Korean, the Philippine Islands, and Samoa).
- AMERICAN INDIAN or ALASKAN NATIVE:** All persons that have origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

REFERRAL SOURCE

HOW DID YOU LEARN OF THIS POSITION? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Personnel Office Posting | <input type="checkbox"/> Newspaper Advertisement |
| <input type="checkbox"/> Relative or Friend (not city employee) | <input type="checkbox"/> City Employee |
| <input type="checkbox"/> Private Employment Agency | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Employment Security Office | <input type="checkbox"/> Social/Civic Organization |
| <input type="checkbox"/> Business/Training Center | <input type="checkbox"/> Other (specify) _____ |



Pre-Employment Background Screening
Fraud Prevention

Consent to Perform Criminal History/Background Check In Compliance with the FCRA (Fair Credit Reporting Act)

Last Name First Name Middle Name or Initial

Maiden or other name(s) used in any and all other records of birth or records of residence.

*Address Apartment or #

City County State Zip

**Date of Birth Social Security Number **Gender **Race

*AS SHOWN ON APPLICATION

**TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF PERSONNEL FILE.

I, _____ am an applicant for employment/volunteerism with _____ company and have been advised that as a part of the application process, the company conducts a criminal history background check. I do hereby consent to the company use of any information provided during the application process in performing the criminal history check. The company has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment/volunteerism. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the company. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

The following are my responses to questions about my criminal history (if any.)

1. [] Yes [] No Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors)

If yes, please provide details below.

State: _____ County: _____ Date of Offense: ____ / ____ / ____

Details of Conviction: _____

2. [] Yes [] No Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?

If yes, please provide details below.

State: _____ County: _____ Date of Offense: ____ / ____ / ____

Details of Offense: _____

3. Yes No Have you ever received probation or community supervision for any federal, state or municipal offense?

If yes, please provide details below.

State: _____ County: _____ Date of Offense: ____ / ____ / ____
Details of Supervision: _____

4. Yes No Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

If yes, please provide details below.

Country: _____ City: _____ Date of Offense: ____ / ____ / ____
Details of Conviction: _____

5. Yes No As of the date of this consent form, do you have any pending charges against you?
If yes, please provide details below.

State: _____ County: _____ Date of Arrest: ____ / ____ / ____
Details of Pending Charges: _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT, AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT/VOLUNTEERISM WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE COMPANY.

Signed this _____ day of _____, 20 _____

Applicant (print name) _____

Applicant's Signature _____