



2026 ELECTION WORKER APPLICATION

Contact Information:

Please print or type. Submit your completed application with photo ID and I-9 form.

<hr/>		
<i>Last Name</i>	<i>First Name (Given Name)</i>	<i>Middle Initial (if any)</i>
<hr/>		
<i>Address (Street Number and Name)</i>	<i>Apt. # (if any)</i>	<i>City or Town State Zip Code</i>
<hr/>		
<i>Date of Birth (mm/dd/yyyy)</i>	<i>U.S. Social Security Number</i>	
<hr/>		
<i>Email Address</i>	<i>Telephone #</i>	<i>Cell Phone #</i>
<hr/>		
<i>Occupation/Work Experience/Education</i>		

Applicant Information:

Are you a Registered Voter in Massachusetts? Yes No

To help maintain a party balance, what is your party affiliation)?

Democratic Republican Unenrolled/Other

Where would you like to work on Election Day, and what is your availability?

Ward/Precinct or Polling Location: _____

Are you available to work on: *Tuesday, February 3, 2026* Yes No

Are you available to work on: *Tuesday, March 3, 2026* Yes No

Are you available to work on: *Tuesday, September 1, 2026* Yes No

Are you available to work on: *Tuesday, November 3, 2026* Yes No



Have you ever served as an Election Worker? Yes No

Can you read, speak, and write English? Yes No

Are you proficient in a language other than English? Yes No

(If "Yes" please indicate your language): Spanish Khmer Other _____

What position are you applying for? Inspector Clerk Warden Interpreter

Have you ever served as an Election Worker? Yes No

If "Yes", for how many years? _____

**Please summarize any Special Skills, Qualifications, Employment, or
Volunteer Work that you believe is relevant:**



**BEFORE SIGNING BELOW,
PLEASE READ THE FOLLOWING STATEMENT CAREFULLY**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application or made during an interview(s) may result in rejection of this application or in my dismissal if I am hired. I authorize investigation of all statements contained herein and the references listed may be necessary to determine my fitness, skills, and qualifications for employment.

I certify that I am a citizen of the U.S. or an alien authorized by Visa or immigration status to work in the U.S. I understand that it is the City's intent and obligation to provide a drug-free, healthful, safe and secure work environment. I certify that I am not currently using any illegal drugs and that I am not using any legally controlled drugs in an illegal manner. The City of Lowell is a drug-free, smoke-free workplace.

Cancellation Policy

If for whatever reason you become unable to work on the day of the election, you must notify the Election Office as soon as possible. Failure to notify the office will result in your position being offered to another applicant for all future elections.

Signed: _____ Date: _____

In case of an emergency, contact:

Name: _____, Phone #: _____

Applying By Mail/E-mail/In Person

- Completed Poll Worker Application
- Photo ID
- I-9 Form

Applicants must submit a valid ID and complete the I-9 form. Election Day working hours are 6:00 AM to (usually) 8:30 PM.

**For more information, please contact our office at:
Election & Census Commission: (978) 674-4046 or email us at Elections@lowellma.gov.**



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. An alien authorized to work until _____ (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p>Additional Information</p> <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>					
Last Name, First Name and Title of Employer or Authorized Representative					Signature of Employer or Authorized Representative
					Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.