

Ward _____
Party _____

City of Auburn Deputy Registrar Application

Name _____ Social Security# _____
Last First MI

Date of Birth _____

Physical Address _____
Street & Number

City, State, Zip Code

Mailing Address (if different from physical address) _____

Email Address _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____

All other names that I have had (example maiden name) _____

Time of Day Preference:

6:00 A.M. to 2:00 P.M. _____
2:00 P.M. to close _____
All day 6:00 A.M. to close _____

Polling Place Preference: We will try to put you where you prefer to be, but we may have to place you elsewhere to ensure adequate staffing.

Ward 1	Washburn School	35 Lake Auburn Avenue _____
Ward 2	Auburn Middle School	38 Falcon Drive _____
Ward 3	Auburn Hall	60 Court Street _____
Ward 4	Fairview School	397 Minot Avenue _____
Ward 5	Sherwood Heights School	32 Sherwood Drive _____

I certify all the information set forth is true and I understand that falsification may be considered sufficient cause for the City of Auburn to refuse to hire me as an election worker.

Signature of Applicant

INFORMATION RELEASE

I hereby authorize bona fide representatives of the Auburn Human Resources Department and/or the Auburn Police Department to do a security background check.

Date

Signature

Return this form to the Office of the City Clerk, Suite 150, 60 Court Street, Auburn ME 04210