

Early Voting Clerk Application

Temporary / Part-Time Employment Opportunity

Job Title: Early Voting Clerk / Poll Worker
Department: Elections
Reports To: Kara Sands, Nueces County Clerk
Rate of Pay: To Be Determined by Commissioners Court
Application Deadline: Open Until Filled (as necessary)

No experience necessary – We provide the training!

Job Requirements Include:

- Strong verbal and written communication skills.
- Excellent interpersonal skills on order to interact and cooperate with co-workers and to deal effectively with voters, poll watchers, electioneers and the general public.
- Ability to read, comprehend, and follow Texas Election Laws and instructions given by the Nueces County Clerk.
- Ability to recognize election issues and promptly report any issues to the Precinct Judge or County Clerk as necessary.
- Occasionally lifting and carrying objects weighing up to 20 pounds (e.g., election equipment, ballots, supply boxes, etc.).
- Basic computer skills helpful.
- Attention to detail.
- Must be willing to come in before 8:00 A.M and stay past 5:00 P.M.
- Must be willing to work some weekends.
- Must be willing to travel to polling locations.
- Perform other duties as assigned.
- Pass a Texas Department of Public Safety background check.

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Please provide the following information and return the completed application to the Nueces County Elections Department via mail, fax or hand delivery to:

Kara Sands
Nueces County Clerk
Elections Department
P O Box 2627
Corpus Christi, TX 78403
(361) 888-0385 (tel) • (361) 888-0329 (fax)

Name: _____ Voter Registration #: _____

Address: _____
City State Zip Code

Precinct in which you reside: _____

Contact Numbers: _____
Home Work Cell

Email Address: _____

Have you ever worked as a Poll Worker in Nueces County? Yes No

Do you speak any languages other than English? Yes No

If yes, please specify: _____

Would you accept an assignment at another precinct other than your own? Yes No

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Do you have prior experience as an election official in another county or jurisdiction?

Yes No

Do you have a political party affiliation?

Yes No

If yes, please specify: _____

Please check any position(s) you are willing to work:

- Early Voting Clerk (office)
- Early Voting Clerk (polling location)
- Early Voting Ballot Board
- Emergency Election Judge / Clerk

Please check any election(s) you would be willing to work:

- Primary Election (March)
- Special / Primary Run-Off Elections (May)
- Special / General / Constitutional Amendment Elections (November)

Comments: _____

Signature

Date

DPS Computerized Criminal History (CCH) Verification**(AGENCY COPY)**

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES ___ NO ___	___ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	___ initial
Date Printed: _____	___ initial
Destroyed Date: _____	___ initial
Retain in your files	

Rev. 09/2013