Rhode Island Board of Elections
Election Technician Application

Before submitting this application, please be sure to visit www.elections.ri.gov/techs for additional information and requirements. You may scan and submit it to Jen Regan at jennifer.regan@elections.ri.gov or mail to her attention at the Board of Elections, 50 Branch Ave, Providence, RI 02904 / Tel. 401-222-1898.

_____ _____ _____
First Name M.I. Last Name

_____ _____ _____ _____
Street Address City/Town State ZIP

_____ _____ _____
Date-of-birth (mm/dd/yy) Mobile Phone No. E-mail address

Do you have a valid driver's license? Yes_____ No_____

Do you own a registered & insured vehicle? Yes_____ No_____

Are you a current state employee? Yes_____ No_____

Do you receive a pension from the State of RI? Yes_____ No_____

Have you ever worked as a pollworker? Yes_____ No_____

Have you ever been convicted of a felony? Yes_____ No_____

_____ _____ _____ _____
Current or most recent employer From (MM/DD/YY) To (MM/DD/YY) Occupation

I hereby swear and affirm that all of the information I have been provided on this document is truthful.

Signature_____ Date_____