

**(Please Print)**

Name:       MI:       Last:       Suffix:

Address:

City:       State: SC Zip:       County:

Email:

Home Phone #: (     )       Cell Phone #: (     )

Employer:       Occupation:

Work Phone #: (     )       Social Security #:

Are you a current or retired State Employee or are you receiving benefits from the State Retirement System?  YES  NO  Retired Receiving Benefits

Voter Registration #:       Voter Precinct:

Are you able to lift over 50 pounds?  YES  NO

Are you able to work 12 hours or more?  YES  NO

Do you have a reliable vehicle?  YES  NO

Reason for applying:

Signature: Date:

Please return completed application to the address below, fax to: 803-576-2205 or scan and email to: [OliverM@rcgov.us](mailto:OliverM@rcgov.us)

We greatly appreciate your interest in wanting to serve as a Polling Location Technician!

We will be in contact with you soon!