



# CITY OF MILFORD ELECTION WORKER APPLICATION

Date of Application: \_\_\_\_\_

## APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

How long have you been a resident of Milford? \_\_\_\_\_

Occupation & Employer: \_\_\_\_\_

## DESCRIPTION OF EXPERIENCE

**Describe any special knowledge, education, experience, qualities or talents you have that are relevant to the Election Worker position that you are interested in:**

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Yes  No Do you, your spouse or any immediate family members have any potential conflicts of interest (personal or financial) that would prevent you from making a neutral decision, if needed.

If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your willingness to serve the City of Milford! By submitting this form, you certify the information contained is true and correct.

Please submit this application to: [cityclerk@milford-de.gov](mailto:cityclerk@milford-de.gov)