



CITY OF CAMBRIDGE

BOARD OF ELECTION COMMISSIONERS

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Election Worker Application

Contact Information

Last Name:		First:		MI:
Street Address:			Apt/Unit #:	
City:		State:	ZIP:	
Telephone:	Home:	Work:	Cell:	
Email Address:				
Date of Birth:		Occupation:		Gender:

Voter Information

Are you a Registered Voter in Massachusetts? Yes No

Are you affiliated with a party? Democrat Republican Unenrolled Other: _____

Have you ever served as an Election Worker? Yes No

If other than Cambridge, where? _____ If in Cambridge? Ward: _____ Precinct: _____

In what capacity (Number of Years)? Warden _____ Clerk _____ Inspector _____

Can you read and write English? Yes No

Please list any foreign languages you speak (including Sign Language): _____

Would you be willing to travel to a nearby polling location to work, if needed? Yes No

Would you walk, drive a car or use public transportation on election day? _____

Important Information --- Hours and Compensation*

Hours of Work will be from approximately 6:30am – 9:00pm

- Warden and Clerks earn \$22.50/hour for Election Day & \$36.82 for the required 2-hour training.
- Inspectors earn \$18.41/hour for Election Day & \$18.41 for the required 1-hour training.

When would you prefer a Training Class? Weekday Weekend Online

** Please Note: Hourly rates are subject to change*

Position You Are Applying For

Please Indicate Desired Position: Warden Clerk Inspector

Please summarize any Special Skills, Qualifications, Employment, or Volunteer Work that will allow the Election Commissioners to compile the best information available to make their decisions.

Our Policy

The Cambridge Election Commission is dedicated to having a team of election workers representative of Cambridge's diverse community. The Commission is committed to the principle of equal opportunity in the recruitment, selection, and employment of election workers. The Commission does not discriminate against individuals on the basis of race, creed, color, sex, sexual orientation, gender identity, religion, marital or family status, political belief, age, veteran or military status, ancestry, source of income, national or ethnic origin, or any disability that does not prohibit the performance of essential job functions.

Agreement and Signature

Thank you for completing this application form and for your interest in working with the Election Commission. We greatly appreciate your help. Please note that submitting an application does not guarantee that you will be hired as an election worker.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an election worker, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Print Name: _____ Date: _____

Signature: _____

Official Use Only:

Date: _____ Election Commissioner: _____

Comments: