

POLL WORKER APPLICATION
MOBILE COUNTY, ALABAMA
(Please print legibly)

Name: _____ Date: _____

Address: _____

City: _____ Zip Code: _____ Date of Birth: _____

Telephone (home): _____ Cell Phone: _____

Telephone (work): _____ Is it permissible to call you there? Y N

Precinct Number or location: _____

Social Security Number (for office use only): _____

Do you prefer to work: All Day at full compensation? ____ Half Day at half compensation? ____

Comments: _____

Please note poll worker training is required. You may be placed on stand by/reserve status as needed.

Please return this form to:

ELECTION DIVISION
PROBATE COURT OF MOBILE COUNTY
POST OFFICE BOX 7
MOBILE, AL 36601