EARLY VOTING / POLL WORKER APPLICATION

Please provide the following information and return the completed application to the Port Aransas City Secretary’s Office via email fax or hand delivery to:

Francisca Nixon
City Secretary
710 W. Ave A
Port Aransas, TX 78373
Phone: (361) 749-4111 / Fax: (361) 749-4723
fnixon@cityofportaranas.org

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION CLEARLY

<table>
<thead>
<tr>
<th>☐</th>
<th>Ms.</th>
<th>☐</th>
<th>Mrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Mr.</td>
<td>Last Name</td>
<td>First Name</td>
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<table>
<thead>
<tr>
<th>Home Address</th>
<th>Zip Code</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Address</td>
<td>Zip Code</td>
<td>Business Phone</td>
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</table>

Length of Residence in County: _______ City: _______ State: _______
Qualified/Registered Voter of the City? ☐ YES ☐ NO Voter Registration #: __________________
Email Address: (required if available) __________________

Have you ever worked as a Poll Worker in Port Aransas or Nueces County? ☐ YES ☐ NO
If yes, please specify which one and approximate dates of service. _________________________________________

Do you speak any languages other than English? ☐ YES ☐ NO
If yes, please specify: _________________________________________

Do you have any prior experience as an election official in another county or jurisdiction? ☐ YES ☐ NO
If yes, please specify: _________________________________________
Please check any position(s) you are willing to work:

☐ Early Voting Clerk
☐ Early Voting Ballot Board
☐ Emergency Election Judge / Clerk

__________________________________________  ____________________________
Applicant’s Signature                           Date

__________________________________________  ____________________________
Texas Driver’s License Number                   Date of Birth (DOB)
DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, ______________________________, acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual’s criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.dps.texas.gov/Crime Records Information/Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of $25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

____________________________

Date

____________________________

Agency Name (Please print)

____________________________

Agency Representative Name (Please print)

____________________________

Signature of Agency Representative

____________________________

Date

Please:
Check and Initial each Applicable Space

CCH Report Printed:

YES ____ NO ____ _____ initial

Purpose of CCH: __________________________

Empl ___ Vol/Contractor ___ _____ initial

Date Printed: ___________ _____ initial

Destroyed Date: ___________ _____ initial

Retention in your files

Rev. 06/2021