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

❒ Ms.
❒ Mrs. _____
❒ Mr. Last Name First Name MI

_____
Home Address Zip Code Home Phone

_____
Business Address Zip Code Business Phone

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

APPLICANT or EMPLOYEE NAME (Please print)

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 https://www.dps.texas.gov/section/crime-records/crime-records-general-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 (required)

_____
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

Retain in your files

Rev 11/2023