



BERKELEY COUNTY Elections and Voter Registration

Melody Goggin – Poll Workers

BECOME A PART OF THE ELECTION PROCESS ON ELECTION DAY

The Berkeley County Board of Elections and Voter Registration is always looking for new Poll Managers to staff precincts throughout Berkeley County. Poll Managers have a unique opportunity to serve the community, meet their neighbors and become involved in the democratic process. They are also compensated \$145 for each election they work. It will take approximately **30 BUSINESS** days for you to be paid for working.

Election Day duties include: processing of voters, ballot distribution, and activation of the voting system, compliance with election law and procedures and general assistance to voters.

In order to apply, YOU MUST:

- Be a registered voter in Berkeley County, or an adjoining county (Dorchester, Charleston, Georgetown, Williamsburg and Clarendon County, or aged 16 or 17 years old.
- Be willing to attend a Poll Manager training session (2 hours)
- Be prepared to work the ENTIRE Election Day, from 6:00 AM until approximately 7:30 PM, maybe longer
- Be non-partisan and neutral when working an election (cannot be an elected official).
- **Physical Requirements:** standing, bending, stooping, lifting approximately 40 lbs, normal vision and manual/physical dexterity.
- **Technical Requirements:** be able to use a lap top computer and mouse to process voters
Election Day

If selected to work, you will be required to provide a copy of your driver's license and social security card, this will be added to the Election worker application that must be completed prior to working on Election Day.

When your completed application is approved you will be added to our mailing list. We will keep you informed of upcoming Poll Manager Training Sessions and Elections. Please note there is no guarantee that you will be chosen to work every election held in Berkeley County and you may be required to work in a precinct outside you home voting precinct.

For further information about working the polls, contact the Precinct Coordinator at melody.goggin@berkeleycountysc.gov or 843-719-4058.

**COMPLETION OF THE FOLLOWING STEPS WILL
ENSURE TIMELY AND ACCURATE PAYMENT**

All items must be completed and signed in black or blue ink. Absolutely no strike outs or changes are allowed on the W-4 or I-9

1. Poll worker Employment Application
2. Completed signed I-9 form
- 3. Two forms of Identification. Acceptable forms of ID are listed.**
4. Applicant Data record
5. W-4
6. Please complete the SC Retirement form that applies to your current situation.

Missing forms, inaccurate or incomplete information will result in you not being paid in a timely manner. If you need assistance, please call or visit the Elections and Voter Registration office located at 6 Belt Dr. Moncks Corner. Call 843-719-4058

**POLL WORKER APPLICATION
BERKELEY COUNTY GOVERNMENT
VOTER REGISTRATION AND ELECTIONS**
6 BELT DR
Post Office Box 6122
Moncks Corner, SC 29461-6122

BERKELEY COUNTY GOVERNMENT'S POLICY IS TO COMPLY WITH ALL LAWS INCLUDING THOSE BANNING DISCRIMINATION. APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE OR DISABILITY.

PLEASE TYPE OR PRINT ALL ANSWERS IN BLUE INK

PERSONAL DATA

NAME: _____ S.S. # _____
(Last) (First) (Middle)

List any other name by which you have been known: _____

ADDRESS: _____
(Street)

(City/Town) (County) (State) (Zip Code)

PHONE NUMBERS: Home: (____) _____ Email address _____
Cell: (____) _____ Pager: (____) _____ Marital Status: _____

Are you currently employed by Berkeley County Government? Yes _____ No _____
Have you ever been a Berkeley County Government Employee? Yes _____ No _____
Are you currently contributing funds to the South Carolina Retirement Systems or Police Officer Retirement Systems? Yes ___ No ___ If yes, please give the name of your current employer: _____
Are you a retiree and currently receiving a monthly check from the South Carolina Retirement Systems? Yes _____ No _____ If yes, which system?
____ SCRS _____ PORS.

Are you a registered voter? Yes _____ No _____
County registered in: _____ Precinct registered in: _____
Voter registration number: _____
Have you ever attended a poll worker training? Yes _____ No _____
Where: _____ When: _____

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge.

Signature

Date

HR USE ONLY:

AP# _____

APPLICANT DATA RECORD

BERKELEY COUNTY'S POLICY IS TO COMPLY WITH ALL LAWS INCLUDING THOSE BANNING DISCRIMINATION. APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, SEX, VETERAN STATUS OF DISABILITY.

NAME (as appears on Social Security card):

_____ Last

_____ First

_____ Middle

_____ Maiden

Address: _____

_____ Street

_____ City

_____ State

_____ Zip Code

Date of Birth: _____

Age: _____

Position applying for: _____

PS#: _____

Phone: (_____) _____

Date: _____

IN ACCORDANCE WITH EQUAL EMPLOYMENT LAWS, WE ARE REQUIRED TO MAINTAIN STATISTICAL DATA ON ALL APPLICANTS. WE ASK FOR YOUR COOPERATION IN COMPLETING AND RETURNING THIS VOLUNTARY FORM. THIS FORM WILL BE SEPARATED FROM YOUR APPLICATION AND NOT USED IN THE INTERVIEWING OR SCREENING PROCESSES. WE APPRECIATE YOUR COOPERATION.

CHECK ONE: [] Male [] Female

How did you hear about this job?

CHECK ONE: [] White (Not Hispanic or Latino)
[] Black (Not Hispanic or Latino)
[] Hispanic or Latino
[] Asian (Not Hispanic or Latino)
[] American Indian/Alaska Native (Not Hispanic or Latino)
[] Two or More Races (Not Hispanic or Latino)
[] Native Hawaiian or Pacific Islander (Not Hispanic or Latino)

CHECK ONE: [] County Employee
[] Job Line
[] Website
[] Newspaper Ad
[] Office Visit
[] Job Service

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

	OR	AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State 	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][]-[][]-[][][]		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

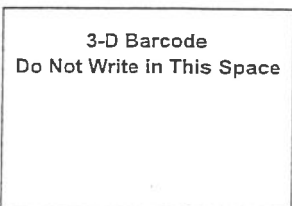
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
			HR GENERALIST	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name		
BROWN	BETTY R	BERKELEY COUNTY GOVERNMENT		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
1003 HWY 52		MONCK'S CORNER	SC	29461

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial			B. Date of Rehire (if applicable) (mm/dd/yyyy):
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.			
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative: