

Village of Lake Delton, Sauk County

Election Worker Application

Last Name: _____

First Name and MI: _____

Street Number and Name: _____

Apt. / Unit / Lot Number: _____

Mailing Address: _____

City: _____ State: WI ZIP + 4: _____

Date of Birth (MM/DD/YYYY): ____/____/____

Home Telephone Number: (____) _____ - _____

Cell Telephone Number: (____) _____ - _____

E-mail Address: _____ @ _____ . _____

Social Security Number (for tax purposes): _____

Party Affiliation: _____ Unaffiliated or _____

Normal Voting Ward: _____

Does Worker Require Transportation? Yes or No

Miles to Work: _____

Wisconsin Driver's License or State ID Number: _____

Expiration Date of Sauk License or ID: ____/____/____

Have you ever been convicted of a felony? Yes or No

I SWEAR (OR AFFIRM) THE ANSWERS TO THE ABOVE ARE TRUE AND I UNDERSTAND THE LAKE DELTON POLICE DEPARTMENT WILL CONDUCT A CRIMINAL HISTORY CHECK.

Signature of Applicant: X _____

Date ____ / ____ / ____

Mail to: Village of Lake Delton P.O. Box 87, Lake Delton WI 53940-0087

Fax to: 608-254-7785 or E-mail to: clerk@lakedelton.org