

Erie County Board of Elections
134 West Eagle Street
Buffalo, NY 14202

INSPECTOR APPLICATION

Personal Information (please print)

Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone #: _____ Alternate Phone #: _____

Email: _____

Foreign Language(s): _____

Party Affiliation: _____

Are you a citizen of the U.S.? (Yes) (No) Registered to vote in Erie County? (Yes) (No)

I, _____ understand that the hours of an Elections Inspector are 5:30am until approximately 9:30pm with (1) hour lunch and dinner breaks. I understand I am responsible for my own transportation to and from the Polling Site I am assigned to. I am also required to pass an annual training course prior to working on the Primary and/or General Election day(s). I hereby apply for the position of an Election Inspector.

Signature: _____ Date: / /

Please return to:

Erie County Board of Elections
134 West Eagle Street
Buffalo, NY 14202

Inspector Department
Democrat
Attn: Fabio Seballos (858-2986)
Email: Fabio.Seballos@erie.gov

Republican
Attn: Pamela Huff (858-4982)
Email: Pamela.Huff@erie.gov

PLEASE NOTE

SOCIAL SECURITY NUMBERS ARE REQUIRED ONLY FOR PAYROLL PURPOSES ONLY