

Please print or type answers to all questions. Write N/A if not applicable.

* Appointments are made by the Board of Commissioners and are for a Single Election and possibly a Runoff Election.

1	Applicant Name:				
-		First	t M.I.		Last
2	Home Address:	Street	City	State	Zip
	Mailing Address:	Sileet	City	State	Σıp
	(If different from home)	Street	City	State	Zip
	I Live in Single Member Distric	t (SMD):			
3	Telephone Number: (Home)	Iome) (Work)			
4	How long have you been a resid	been a resident of McAllen? Of this single member district:			
5	Are you eligible to vote in McAllen? Yes No				
6	Are you related to any City of McAllen Elected Official (City Commission or Public Utility Board) or City of McAllen Employee? Yes No				
	If Yes, Name and Relationship:				
7	Have you previously worked other Elections inside the polls? Yes No f yes, list last two (2) elections worked and specify task performed.				
8	List any special skills, expertise or trainings related to elections.				
9	Specify if available to work Early Voting and Election Day or either. Yes/Both Election Day Only Early Voting Only				
10	Please use the space below for any additional information about yourself.				
Ap	plicant Signature:		Dat	e	
**	Please return to: Office of the 1300 Houston Avenue / P O Box 22 McAllen, TX 78501 Fax: (965) 681-1029	e City Secretary 0 (78505-0220)			