

## **MUNICIPAL ELECTION WORKER APPLICATION**

First Name:				Last Name:		
				Postal Code:		
	t least 18 y	ears old on Octobe				
o you ha		_	d will you have acce	ess to a vehicle on votin	ng day and/or advance voting day?	
you ha		s experience work	ng as an election w	orker?		
-		oe of election (chec				
Year	Position-	Duties			Location Worked	
	xplain any c	ther related experi	ence that qualifies y	ou for this work?		
ease ex						

All Election Workers are required to attend a manda	atory training session. Please indicate which day you will attend.
☐ Tuesday, October 7, 2025	☐ Tuesday, October 14, 2025
If you have a resume relevant to this application, plo	ease attach it to this form.
I certify that the information provided in this applicate understand that falsified statements shall be considered.	tion is, to the best of my knowledge, an accurate statement of facts. I ered sufficient cause for dismissal.
Signature of applicant:	Date:
Smoky Lake County thanks all applicants for their in contacted. This competition will remain open until a	nterest, however, only those candidates selected for consideration will be Il positions are filled.
Submit your completed application form and resum	e to:
Kevin Lucas- Chief Administrative Officer	
Smoky Lake County	
Box 310	
4612 McDougall Drive, Smoky Lake, AB T0A 3C0	
Email: klucas@smokylakecounty.ab.ca	

## Questions?

Stephanie Mahon, Returning Officer 780-656-0058

Email: election@smokylakecounty.ab.ca