FRANKLIN TOWN CLERK DEPARTMENT
EMPLOYEE PACKET
ELECTION EMPLOYEE COVER PAGE

Employee Name:_____

Date of Birth:_____**Email Address:**_____

Cell Phone:_____ **Home Phone:**_____

Address:_____

City:_____ **State:**_____ **Zip Code:**_____

Name of Primary Emergency Contact:_____

Relationship:_____ **Cell Phone:**_____

Name of Secondary Emergency Contact:_____

Relationship:_____ **Cell Phone:**_____

Do not write below this line. Town Clerk staff only.

Start Date: _____ **Hourly Rate:** _____

Check One for Job Title:

☐ **Poll Worker - T404** ☐ **Election Warden – T405**

Department Org: 01164100
Object: 512025
Location and Check Location: T164
Supervisor: 6354
Personnel Status: OC – on call

Clerk Department Staff Sign Off:_____

Signed by:_____ **Date:**_____