



Joe Scott, Supervisor of Elections
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APPLICATION FOR TEMPORARY EMPLOYMENT

TEMPORARY POSITION APPLIED FOR:

DATE OF APPLICATION

POSITION APPLIED FOR

PERSONAL INFORMATION

DATE AVAILABLE FOR EMPLOYMENT			
STREET ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	DATE OF BIRTH	PHONE NUMBER	

EMERGENCY CONTACT

FULL NAME	PHONE NUMBER (CELL)
LAST NAME	FIRST MIDDLE

SIGNATURE OF APPLICANT

PRINT NAME	
SIGNATURE	TODAY'S DATE

My signature acknowledges that I understand this temporary position is not a promise nor guarantee of full-time employment.

REMARKS

DO NOT WRITE BELOW

PLEASE READ:

The following documents must be provided along with this application:

- 1) Copy of current Government-Issued Photo ID; and
- 2) Copy of Social Security Card and corresponding documents, if applicable.