

## **Application for Electoral Employment**

Your Personal D	etails etails			
Title:	First Name:			Last Name:
Date of Birth :			NI Numbe	er:
Do you suffer from	n any disability?  Y	ES [	NO	if yes please state:
Gender: Male Female Nationality			ality:	
If you are unable to pr birth, national insuran purposes.	ovide your passport, please book or number and nationality or	ring at leas	st two other	proof of your identity in the form of your passport. Original documents which confirm your date of Ote, a driving licence cannot be accepted for these
Your Contact De	etails			
Home Address:				
Postcode:				
Home Telephone:			Mobile Te	elephone:
Home Email:				
Work Address:				
Work Telephone:				
Work Email:				
Your Transport	Details			
☐ License Ho	older	vner [	Have	access to a car on Election Day

Please also complete and sign the reverse side of this form

## Type of work you are interested in: (A copy of the job descriptions can be found on www.scilly.gov.uk/elections) Presiding Officer Poll Clerk Counting Assistant Postal Vote Issuing/Opening Canvassing Relevant Experience:

## **Please Note – Conditions of Employment**

- All payments will be made via BACS Transfer to your bank/building society. You will be asked for your account details if and when you are offered employment.
- All payments for election duties are exempt from National Insurance.
- All payments for election duties will be subject to tax at the 'standard' rate that is in force at the time of an election.
- Completion of this form does not automatically entitle you to any employment.
- Employment is on a first come first serve basis and may be withdrawn under certain circumstances.
- On offer of employment, you will be issued with a code of conduct and your performance will be monitored – any unsatisfactory performance will be noted and you may not be employed at future elections.
- You must not have helped or been employed in any way, either for or against, any candidate, election agent or political party involved with the election.

I have read and understand the above conditions of employment and to the best of my knowledge the information on this is true and accurate.	
Applicant's Signature:	
Date:	

## Please return completed forms to:

Elections, Administration Department, Council of the Isles of Scilly, Town Hall, St Mary's, Isles of Scilly, TR21 0LW