Rhode Island Board of Elections Nursing Home Supervisor Application

Before submitting this application, please be sure to visit <u>www.elections.ri.gov/nursinghomes</u> for additional information and requirements. You may scan and submit your resume with this form to Jennifer Regan at <u>Jennifer.Regan@elections.ri.gov</u> or mail to her attention at Board of Elections, 2000 Plainfield Pike Suite 1, Cranston, RI 02921.

First Name M.I.	Last Name	
Street Address	City/Town	State ZIP
Date-of-birth (mm/dd/yy) Mobile Phone No.	E-mail address	
What is your Party affilliation? Democrat	Republican	Unaffiliated
Do you have a valid driver's license?	Yes	No
Do you own a registered & insured vehicle?	Yes	No
Are you a current state employee?	Yes	No
Do you receive a pension from the State of RI?	Yes	No
Have you ever worked as a poll worker?	Yes	No
Have you ever been convicted of a felony?	Yes	No
Current or most recent employer	From (MM/DD/YY) To (MM/D	DD/YY) Occupation