



State of Rhode Island Board of Elections

Time Stamp

Official use only

NURSING HOME SUPERVISOR APPLICATION

INSTRUCTIONS: Prior to submitting this application, please visit www.elections.ri.gov/nursinghomes for specific qualification requirements and additional information. Please submit the completed application to Charlotte Laurendeau at charlotte.laurendeau@elections.ri.gov or mail to: RI Board of Elections, Attn: Charlotte Laurendeau, 2000 Plainfield Pike, Suite A, Cranston, RI 02921.

APPLICANT INFORMATION

Full Name: _____ Tel (Cell): _____
Address: _____ City/Town: _____ State: _____ Zip Code: _____
Date of Birth: _____ Email: _____

VOTER INFORMATION

Party Affiliation: Democrat Republican Unaffiliated

REQUIRED QUESTIONS

1. Do you have a valid driver's license? Yes No
2. Do you own a registered & insured vehicle? Yes No
3. Are you a current RI state employee? Yes No
4. Do you receive a pension from the State of RI? Yes No
5. Have you ever worked as a poll worker? Yes No
6. Have you ever been convicted of a felony? Yes No

EMPLOYMENT INFORMATION

Current or most recent employer: _____
Occupation/Title: _____ Dates of Employment: _____

AFFIRMATION

By my signature I swear or affirm that, to the best of my knowledge, the information provided on this form is true.

Applicant Signature

Date