

**City of Lawrence**

200 Common St
Lawrence, MA 0180
www.Cityoflawrence.com

Employee #: _____

Phone: 978-620-3290

Fax: 978-722-9230

E-mail: ElectionDivision@cityoflawrence.com

City of Lawrence Election Worker Application

The City of Lawrence is an equal opportunity employer. We are committed to a policy of non-discrimination in our programs, activities and employment practices. Applicants are considered for all position without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, disability or any other legally protected status. Criminal backgrounds check (CORI) will be conducted on applicants who have received a conditional offer of employment CORI will not be submitted on an applicant until a job offer has been made and continued employment will the agency is contingent upon a favorable CORI check result.

PERSONAL INFORMATION

Name _____

Address: _____
(Number and Street) (City/State) (Zip Code)

Telephone Number: _____

Email Address: _____

Have you ever worked as an Election Inspector, Clerk, or Warden? _____

If Yes, in what community and for how many years? _____

Do you speak and read English? _____ Do you speak and read Spanish? _____

Are you authorized to work in the United States?

Yes No

Proof of citizenship or immigration status will be required upon employment

Are you registered to vote in Massachusetts? Yes No

Signed: _____ **Date:** _____

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Ciudad De Lawrence Aplicación de Trabajador Electoral

La ciudad de Lawrence es un empleador de igualdad de oportunidades. Estamos comprometidos con una política de no discriminación en nuestros programas, actividades y prácticas de empleo. Los solicitantes son considerados para todos los puestos sin tener en cuenta la raza, el color, la religión, el sexo, la orientación sexual, el origen nacional, la edad, el estado civil o de veterano, la discapacidad o cualquier otro estado legalmente protegido. La verificación de antecedentes penales (CORI) se llevará a cabo en los solicitantes que han recibido una oferta condicional de empleo CORI no se presentará a un solicitante hasta que se haya realizado una oferta de trabajo y la agencia de empleo continuo dependa de un resultado favorable de la verificación de CORI.

INFORMACION PERSONAL

Nombre: _____

Dirección: _____
(Número y Calle) (Ciudad/Estado) (Código postal)

Número De Teléfono: _____

Correo Electrónico: _____

¿Alguna vez has trabajado como Inspector electoral, Secretario o Guardián? _____

¿En caso que si, en qué comunidad y durante cuántos años? _____

¿Hablas y lees Ingles? _____ ¿Hablas y lees español? _____

¿Está autorizado para trabajar en los Estados Unidos? Yes No

Se requerira prueba de ciudadanía o estatus migratorio al momento del empleo

¿Estás registrado para votar en Massachusetts? Si No

Firma: _____ **Fecha:** _____

CRIMINAL OFFENDER RECORD INFORMATION (CORI)

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,
SUBCONTRACTOR, LICENSING AND HOUSING PURPOSES

The City of Lawrence is registered under the provisions of M.G.L., c. 6, s. 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applications, current licensees and applicants for the rental or lease of housing.

As prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the City of Lawrence to submit a CORI check for my information to the DCJIS. This is an **authorization** valid for one year from the date of my I may withdraw this authorization at any time by providing the City of Lawrence written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY:

The City of Lawrence may conduct subsequent CORI checks within one year of the date of this Form was signed by me provided, however, that the City of Lawrence must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate. I also acknowledge receipt of the City of Lawrence CORI Policy.

Print Name

Signature

Date

SUBJECT INFORMATION:

Name _____

Last Name

First Name

Middle Name

Maiden name or Alias (IF APPLICABLE) _____

Date of Birth: _____ **Place of Birth:** _____

Last Six Digits of Social Security Number (Requested): _____ - _____

Sex: _____ **Race:** _____ **Driver's License & State:** _____

Mother's Full Name: (including Maiden Name) _____

Father's Full Name: _____

Current Address: _____

STREET NUMBER & NAME

CITY/TOWN

STATE

ZIP

Former Address: _____

STREET NUMBER & NAME

CITY/TOWN

STATE

ZIP

Verified by: _____

Name & signature of Verifying Employee

Date

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.

2025

Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following.
	(a) Reserved for future use.
	(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or
	(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/>

TIP: If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here 3 \$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ _____ (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ _____ (c) Extra withholding. Enter any additional tax you want withheld each pay period . 4(c) \$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. Employee's signature (This form is not valid unless you sign it.) Date		
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)