

Office of the Chief Election Officer 301 - 990 Cedar Street Campbell River, BC V9W 7Z8

Fax: (250) 830-6710

email: elections@strathconard.ca

## **ELECTION OFFICIAL 2014 Application**

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Name:		email:						
Address (including p	postal code):							
Daytime Phone:		Evening Phone:						
ELECTION EXPE	RIENCE							
Election Experience	: □ Federal □ Provincial □ Lo	ocal Government (Municipal)   Other						
Please provide deta	ills (positions held, dates, locations, etc a	ttach additional sheet if required):						
WORK HISTORY - Please provide a short description of your employment history or attach a current resume:								
REFERENCES - P	lease include at least one employment or e	election reference: (attach copies of letters of reference if applicable)						
1.	(4.11	(5)						
(Name) 2.	(Address)	(Phone)						
(Name)	(Address)	(Phone)						
(Name)	(Address)	(Phone)						
-	(Signature of Applicant)	(Date of Application)						

## Please deliver completed application form to:

Chief Election Officer, Strathcona Regional District, 301 - 990 Cedar Street, Campbell River, BC V9W 7Z8

Fax: (250) 830-6710

email: elections@strathconard.ca

## Only shortlisted applicants will be contacted - thank you for your interest.

Successful candidates will be required to complete a training session and make an oath of office before commencing any election duties.

Personal information included on this form is collected solely for the purposes authorized by the *Local Government Act* and is subject to disclosure in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection, please contact the Chief Election Officer, Strathcona Regional District at (250) 830-6700.