



**Election Workers  
APPLICATION FORM**

Name of the Applicant: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you a resident of Edson? Yes \_\_\_\_\_ No \_\_\_\_\_

**List Your Past Election Worker Experience**


**Further information you wish to submit in support of your application:**


To submit an application or for additional information contact: Jasen Aussant  
Deputy Returning Officer  
Town of Edson  
605 50 St  
Edson, AB T7E 1T7  
Ph. 613.294.3692  
E-mail: [jasena@edson.ca](mailto:jasena@edson.ca)

*The personal information on this form is collected under the authority of Freedom of Information and Protection of Privacy Act Section 33 (c) for the purpose of selecting Election Workers and may form part of a public document. If you have any questions about the collection of this information, contact the FOIP Coordinator for the Town of Edson at 780-723-4401.*