



# BOARD OF ELECTION COMMISSIONERS

CITY OF FALL RIVER

## Election Worker Forms Checklist

Dear Election Worker,

Thank you for your interest in joining the **Elections Department**. Your work as an Elections Officer is critical in maintaining the successful operation and integrity of the electoral process.

Below is a checklist of all forms that are **required** to be completed and returned to my office. You **will not** be authorized to begin work as an Election Officer without submitting all the required forms.

***\*Please be sure to complete and sign each form before submitting them to the Elections Department\* In addition, please enclose a photocopy of a valid Government-Issued Identification.***

- Election Worker Application
- CORI Form
- W-4 Employee's Withholding Certificate (2024)
- M-4 Massachusetts Employee's Withholding Exemption Certificate
- 1-9 Employee Eligibility Verification (DHS)

If you have any questions, please contact my office at 508-324-2630 or via email at [rlyons@fallriverma.gov](mailto:rlyons@fallriverma.gov).

Sincerely,

Ryan Lyons  
Chairman & Director  
Chief Elections Official  
Board of Elections Dept.

**\*Please retain this page for your records.**

Ryan Lyons, Chairman & Director  
One Government Center • Fall River, MA 02722  
TEL (508) 324-2630 • FAX (508) 324-2633 • EMAIL [rlyons@fallriverma.org](mailto:rlyons@fallriverma.org)

City of Fall River  
Board of Elections Department  
**Election Officer Application**

Please type or print legibly and submit your completed application to:  
**Board of Elections Dept, ATTN: Ryan Lyons, Chairman & Director**  
One Government Center, Office#636  
Fall River, MA. 02722  
Phone: 508-324-2630  
Email: [rlyons@fallriverma.gov](mailto:rlyons@fallriverma.gov)

**NAME\*:** \_\_\_\_\_  
Last First Middle

**RESIDENCE\*:** \_\_\_\_\_  
Street Number and Name, Apt/Unit City State Zip Code

**TELEPHONE\*** \_\_\_\_\_ **DATE OF BIRTH\*:** \_\_\_\_\_

**POLITICAL PARTY AFFILIATION\***  Democrat (D)  Republican (R)  Libertarian (L)  
 Unenrolled (formerly known in the Commonwealth as Independent)  
 Other/Political Designation: \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **SOCIAL SECURITY#** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_  
Name/Relationship Telephone Number

Have you ever been convicted of a crime?  Yes  No

Are you able to travel/be assigned to work at any polling precinct in the city?  Yes  No

Working at the polls requires a full day commitment. Are you willing to be available from 6:15 A.M. to 8:30 P.M.?  Yes  No

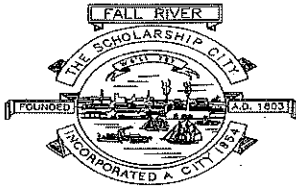
Do you have any access requirements you would like for us to be aware of?  Yes  No

Comments: \_\_\_\_\_

*I declare that the information provided by me to the Chief Elections Official is, to the best of my knowledge, true and correct.*

\_\_\_\_\_  
**SIGNATURE OF APPLICANT\*** **DATE\***

**NOTICE:** The information you provide herein will be entered into our confidential Election Officer database and used by the Chairman to staff polling precincts and the In-Person Early Voting center. This database is updated annually and is restricted to Elections Department personnel. Please note you may receive certain communications through the email address you provide.



**City of Fall River  
One Government Center  
Fall River, MA 02722  
508-324-2661**

**CORI REQUEST FORM**

The Fall River Municipal Government has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the City of Fall River, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Maiden Name or Alias (If Applicable) Place of Birth

\_\_\_\_\_  
Date of Birth Last SIX digits of Social Security Number

Father's Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

Mother's Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

Current and Former Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

State Driver's License Number: \_\_\_\_\_

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

The information was verified with the following form of government-Mass Dept. of Criminal Justice Info. Services.

Requested by: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Verifying Employee

\_\_\_\_\_  
Signature of Verifying Employee

\_\_\_\_\_  
Date

**Employee's Withholding Certificate**

Department of the Treasury  
Internal Revenue Service

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.  
Your withholding is subject to review by the IRS.

**2024**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:** 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.

**Multiple Jobs or Spouse Works** Do only one of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(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

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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	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	\$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(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:** Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Sign Here**

Employee's signature (This form is not valid unless you sign it.) \_\_\_\_\_ Date \_\_\_\_\_

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

FORM  
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name ..... Social Security no. ....  
Print home address ..... City ..... State ..... Zip .....

**Employee:**

File this form with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

**Employer:**

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

**HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS**

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2" .....
  2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C. ....
  3. Write the number of your qualified dependents. See Instruction D. ....
  4. Add the number of exemptions which you have claimed above and write the total. ....
  5. Additional withholding per pay period under agreement with employer \$ .....
- A.  Check if you will file as head of household on your tax return.  
 B.  Check if you are blind. C.  Check if spouse is blind and not subject to withholding.  
 D.  Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date ..... Signed .....

THIS FORM MAY BE REPRODUCED

**THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE**

**A. Number.** The more exemptions you claim on this certificate, the less tax withheld from your employer. If you claim more exemptions than you are entitled to, civil and criminal penalties may be imposed. However, you may claim a smaller number of exemptions without penalty. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income. Underwithholding may result in owing additional taxes to the Commonwealth at the end of the year.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

**B. Changes.** You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not

provide over half of his support for the year, you must file a new certificate.

**C. Spouse.** If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a spouse, write "4" in line 2. Entering "4" makes a withholding system adjustment for the \$4,400 exemption for a spouse.

**D. Dependent(s).** You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1 Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee _____	Today's Date (mm/dd/yyyy) _____
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator _____		Today's Date (mm/dd/yyyy) _____	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

