



Solomon Islands Electoral Office
Vavaya Ridge, P.O. Box 1500, Honiara,
Solomon Islands

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POLLING OFFICIALS APPLICATION FORM

Completed applications should be returned to:

1. Solomon Islands Electoral Office at Vavayaridge

Women, men and anyone who believes they can do the work and meet the minimum criteria are encouraged to apply

A. POSITIONS APPLIED FOR.		
In which polling station are you interested in working? Constituency/Ward / Area or polling stations <i>(Check with the electoral office for Ward & Stations List – polling stations may change)</i>	Constituency: <i>Paripao Ward</i>	
	Ward	
	Area / PS 1.	
	Area / PS 2.	
Area / PS 3.		
Position applied for- maximum 3 (Please list in order of preference – 1 being highest; 3 being last choice)	Positions	Vacancy Reference No
	<i>Presiding Officer</i>	<i>SIEO/04/25</i>
	<i>PA Voter Verifier & Ballot Box Guide</i>	<i>SIEO/05/25</i>
	<i>Polling Assistant Ballot Paper Issuer</i>	<i>SIEO/06/25</i>
	<i>Queue Controller</i>	<i>SIEO/07/25</i>
	<i>Counting Officer</i>	<i>SIEO/08/25</i>
<p>Instructions – You are required to respond to every section on the application form which also includes CV information. Failure to complete this form can disqualify your application from further consideration. Complete applications, and relevant documents should be submitted to your Provincial/ HCC Election Administration Office.</p>		
B. PERSONAL DETAILS		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	
First Name:		
Middle Names:		
Surname:		
Male/ Female (Please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	_____//_____//_____ (dd/mm/yyyy)	
Place of Birth		
Religion (Denomination)		
Village / Place of Origin		
Province, Constituency, & Ward of Origin		

Postal Address																					
Current Place of Residence	Village or Area																				
	Constituency / Ward																				
	Province																				
C. CONTACT DETAILS																					
Phone / Mobile Number																					
Back-up Mobile Number																					
Email Address																					
D. OTHER RELEVANT INFORMATION																					
Voter Registration ID Number:																					
Do you suffer from a disability, chronic illness, allergies, or health issues? E.g. Sugar or high blood pressure issues? Seeing issues? Hearing issues? gout? mobility issues?		<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes please explain																			
Are you mentally and medically fit to fully mobilise, support, and complete your selected role/s as required by your supervisor (possibly more than 10 hrs in a day)		Some polling positions are physically challenging, please tick yes/no to the following:																			
		<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Conditions / situations</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>Can you walk 5km or more up / down hill carrying heavy boxes</td> </tr> <tr> <td></td> <td></td> <td>Travel by open or rough sea for more than 3hrs</td> </tr> <tr> <td></td> <td></td> <td>Do you work well under busy and stressful environments</td> </tr> <tr> <td></td> <td></td> <td>In a polling position, are you willing to make quick decisions to protect the safety of yourself, others, and election materials</td> </tr> <tr> <td></td> <td></td> <td>FEMALES ONLY To protect the safety of yourself and child, will you be more than 6mths pregnant on election day</td> </tr> </tbody> </table>		Yes	No	Conditions / situations			Can you walk 5km or more up / down hill carrying heavy boxes			Travel by open or rough sea for more than 3hrs			Do you work well under busy and stressful environments			In a polling position, are you willing to make quick decisions to protect the safety of yourself, others, and election materials			FEMALES ONLY To protect the safety of yourself and child, will you be more than 6mths pregnant on election day
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Are you presently employed		<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes please state your occupation and employer																			
E. ELECTION EXPERIENCE																					
Have you worked or engaged as a Polling Official in the past National General Election, Provincial Assembly, Honiara City Council Elections or any by-Elections? (Please tick, if yes complete table)		<input type="checkbox"/> Yes <input type="checkbox"/> No																			
		Year	Constituency																		
		Position (full name of position)																			
Have you ever had any experience (including volunteer or community work) that might help you in working for the Solomon Islands Electoral Commission? _____																					

<hr/> <hr/>			
Have police charges ever been raised against you?		<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes please explain	
F. EDUCATIONAL LEVEL			
Please select your highest level of education			
<input type="checkbox"/> Informal Education	<input type="checkbox"/> Primary School	<input type="checkbox"/> Form-1-3	<input type="checkbox"/> Form 4-6
<input type="checkbox"/> Form 7	<input type="checkbox"/> Vocational	<input type="checkbox"/> Certificate	<input type="checkbox"/> Diploma
<input type="checkbox"/> Degree / higher	<input type="checkbox"/> Masters / higher		
G. DISCLOSURE FOR CONFLICT OF INTEREST			
I declare that I am related to but not influenced by a family member of:			
<input type="checkbox"/> SIEO or SIEC Staff Member	<input type="checkbox"/> Party Official	<input type="checkbox"/> Member of Parliament	
<input type="checkbox"/> Provincial Assembly Member	<input type="checkbox"/> Intending Candidate	<input type="checkbox"/> Temporary Election Officers	
<input type="checkbox"/> HCC Councilors	<input type="checkbox"/> None		
Have you been an office bearer of a political party or any entity or group with political aims during the last 5 years		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently providing any Service or conducting any business with the Solomon Islands Electoral Office in terms of procurement and supply chain management requirements?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have answered yes to any question in the section please give details			
H. REFEREE CONTACT DETAILS			
REFEREE 1		REFEREE 2	
Name:		Name:	
Title:		Title:	
Organization:		Organization:	
Address:		Address:	
Phone		Phone	

Email:

Email:

I. DECLARATION

I hereby declare that all information in this application form is true, complete, and correct to the best of my knowledge and belief, and I have in no way misled the selection team,

Signature: _____

(Type name if submitting Electronically)

Date: _____

Tick the box to confirm required documents to make your application complete are attached in the following order:

- Highest level education certificate
- Curriculum Vitae (CV)
- Cover Letter Response to position key selection
Criteria (Election Manger, Returning Officer, Assistant
Returning Officers Positions)
- 2 written references not more than 12mths old