SOLOMON ISLANDS ELECTORAL COMMISSION

NATIONAL STADIUM BUILDING,
NHA FOOD COURT BUILDING, KING GEORGE VI DRIVE
PO BOX 1500, HONIARA,
SOLOMON ISLANDS

Phone: (677) – 21199 | (677) 7222200 Website: www.siec.gov.sb Email : info@siec.gov.sb

POLLING OFFICIALS APPLICATION FORM

Completed applications should be returned to: *1. Solomon Islands Electoral Office at the National Stadium, Food Court Building, King George VI Drive, Honiara*	***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? *(Check with the electoral office for Ward & Stations List – polling stations may change)*	*Constituency: Maringe Kokota*		
	Ward: Koviloko		
	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***
		Presiding Officer	*SIEO/032/26*
		PA Voter Verifier & Ballot Box Guide	*SIEO/034/26*
		Polling Assistant Ballot Paper Issuer	*SIEO/033/26*
		Queue Controller	*SIEO/035/26*
		Counting Officer	*SIEO/036/26*

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 Election Office or Solomon Islands Electoral Office at the National Stadium, Food Court Building, King George VI Drive, Honiara*

B. PERSONAL DETAILS	
Title	☐ Mr ☐ Mrs ☐ Miss ☐Ms
First Name:	
Middle Names:	
Surname:	
Male/ Female (Please tick)	☐ Male ☐ 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 (***Where are you currently living)***	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?	☐ Yes ☐ 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:

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

Are you presently employed	☐ Yes ☐ 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)	☐ Yes ☐ 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?

Have police charges ever been raised against you?	☐ Yes ☐ No - If yes please explain

F. EDUCATIONAL LEVEL

Please select your highest level of education

☐ Informal Education ☐ Primary School ☐ Form-1-3 ☐ Form 4-6

☐ Form 7 ☐ Vocational ☐ Certificate ☐ Diploma

☐ Degree / higher ☐ Masters / higher

G. DISCLOSURE FOR CONFLICT OF INTEREST

I declare that I am related to but not influenced by a family member of:

☐ SIEO or SIEC Staff Member ☐ Party Official ☐ Member of Parliament

☐ Provincial Assembly Member ☐Intending Candidate ☐ Temporary Election Officers

☐ HCC Councilors ☐ None

Have you been an office bearer of a political party or any entity or group with political aims during the last 5 years ☐ Yes ☐ 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? ☐ Yes ☐ 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:

Complete SIEC Application Form .(This Form). 2026 Version
Cover Letter - Any format

Curriculum Vitae - CV

Certified copy of the highest educational qualification, where applicable; and
At least two (2) reference letters