ELECTION INSPECTOR APPLICATION

_____

NAME OF CITY, TOWNSHIP, VILLAGE OR SCHOOL DISTRICT

(Must be completed in your own handwriting in ink)

Name in Full _____ Date of Birth ____________

Home Address _____ Telephone # _____

Length of Residence in City, Township, Village or School District _____

Registered in Precinct # _____ Ward # _____ Social Security # _____-_____-_____

Political Party Affiliation (to be eligible for appointment you MUST check one):

Republican Party ☐ Democratic Party ☐

Have you ever been convicted of a felony or election crime? Yes ☐ No ☐

Educational Background - (include highest grade completed or degrees held) _____

_____

Employment Background - (include current or last place of employment and type of work performed _____

_____

Past experience as an election inspector, if any (include name of jurisdiction)_____

_____

Do you have transportation? Yes ☐ No ☐ Will you work at any polling place? Yes ☐ No ☐

I CERTIFY THAT I am not a member or a known active advocate* of a political party other than the party identified above. I FURTHER CERTIFY THAT the foregoing statements are true to the best of my knowledge and belief.

_____ Date ____________

SIGNATURE OF APPLICANT

* A "known active advocate" of another political party is defined to mean a person who 1) is a delegate to the convention or an officer of another party 2) is affiliated with another party through an elected or appointed government position or 3) has made documented public statements specifically supporting by name another political party or its candidates in the same calendar year as the election at which the person will serve as an election inspector. "Documented public statements" means statements reported by the news media or written statements with a clear and unambiguous attribution to the applicant.

ANY FALSE STATEMENTS ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT

Approved by State Director of Elections