

Election Inspector Application

Name of City, County, Township or Village

Must be completed in your own handwriting in ink

Name in Full _____

Date of Birth ____ / ____ / ____ Social Security Number ____ - ____ - ____

Home Address _____

Home Phone Number (____) ____ - ____ Work Phone Number (____) ____ - ____

Registered Voter In City of _____, Pct. _____, Ward _____
 Township
 Village

Not Registered, but 16 or 17 Years of Age:

County of _____ Length of Residency in County _____

Political Party Affiliation (To be eligible you **MUST** check one)

Republican Party Democratic Party Other Party: _____

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

Educational Background (Include highest grade level completed or degrees held):

Employment Background (Include current or last place of employment and type of work)

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.

Signature of Applicant _____ Date: ____ / ____ / ____

* 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 political 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 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 MADE ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT.