ELECTION INSPECTOR APPLICATION

	(NAME OF	CITY OR TO	DWNSHIP)			
(Must be completed in you	r own handwriting in	ink)				
Full Name						
Date of Birth/_	/ En	nail Address				
Home Address						
Phone #'s Home:	Wo	rk:		Cell:		
Registered in ☐ City or ☐	Township of			Pct #	Ward #	
County of						
Political Party Affiliation (R ☐ Republican Party	EQUIRED ; Other Par ☐ Democratic P	-	•		& may <u>not</u> be	
Have you ever been convid	cted of a felony or ele	ection crime?)	es 🗆 No		
Education Background (inc	clude highest grade c	completed or	degrees he	eld)		
Employment Background (include current or las	st place of er	nployment a	and type or w	ork performed	(k
Languages other than Eng	lish that you speak (i	f any)				
Please rate your computer	experience (data loc 5 = very experie				use specifical	ly):
	1 2	□ 3	4	5		
Past experience as an elec	ction inspector, if any	(include na	me of jurisdi	ction)		
Do you have transportation	n? ☐ Yes ☐ No	Will you	work at any	polling place	e? 🗖 Yes	□ No
I CERTIFY THAT I am not identified above. I FURTH knowledge and belief.						
			_ Da	ite	<i></i>	
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 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.