ELECTION INSPECTOR APPLICATION

(NAME OF CITY OR TOWNSHIP)
Must be completed in your own handwriting in ink)
ull Name
eate of Birth/Email Address
lome Address
hone #'s Home: Work: Cell:
tegistered in ☐ City or ☐Township of Pct # Ward #
county of
rolitical Party Affiliation (REQUIRED ; Other Party must be a recognized state party & may <u>not</u> be independent I Republican Party
lave you ever been convicted of a felony or election crime? Yes No
ducation Background (include highest grade completed or degrees held) Imployment Background (include current or last place of employment and type or work performed)
anguages other than English that you speak (if any)
lease rate your computer experience (data look-up, database processing, internet use specifically): 5 = very experienced, 1 = not experienced
O1 O2 O3 O4 O5
ast experience as an election inspector, if any (include name of jurisdiction)
o you have transportation? ☐ Yes ☐ No Will you work at any polling place? ☐ Yes ☐ No
CERTIFY THAT I am not a member or a known active advocate* of a political party other than the party dentified above. I FURTHER CERTIFY THAT the foregoing statements are true to the best of my nowledge 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 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.