

ELECTION INSPECTOR APPLICATION

NAME OF CITY, TOWNSHIP, VILLAGE OR SCHOOL DISTRICT

PAYROLL #: _____

(Must be completed in your own handwriting in ink)

Name in Full _____ Date of Birth _____ / _____ / _____

Home Address _____ In the County of _____

Telephone # _____ Social Security # _____ - _____ - _____

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

Registered in Precinct # _____ Ward # _____

Political Party Affiliation (to be eligible for appointment 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 completed or degrees held) _____

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

Election inspector experience, if any: Number of elections _____ In what 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.

X _____ 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 elections 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