ELECTION INSPECTOR APPLICATION

NAME OF CITY OF TOWNSHIP

(Complete in your own handwriting and return to your local City/Township Clerk) Personal Information
Fuli Name
Date of Birth// Email Address
Home Address
Phone #'s Home: Work: Cell:
City Registered in Township of Precinct # Ward # County of
Political Party Affiliation (REQUIRED; must be a recognized state party & may not be Independent):
🗌 Republican 🔲 Democratic 🔲 Libertarian 🗌 U.S. Taxpayers 🔲 Green 🔲 Natural Law
Have you ever been convicted of a felony or election crime? Yes No
Education and Experience Information
Education Background (include highest grade completed or degrees held)
Employment Background (include current or last place of employment and type of work performed)
Languages other than English that you speak (if any)
Please rate your computer experience (data look-up, database processing, creating .pdfs, etc.): 1 = not experienced, 5 = very experienced
Past experience as an election inspector, if any (include name of jurisdiction)
Do you have transportation?
Will you work at any polling place?
Signature and Certification
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 / /
* 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.