# State of Michigan Election Inspector Application

(Complete in your own handwriting and return to your local City/Township Clerk - find your local Clerk at mi.gov/vote)

## personal information

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Email Address</th>
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Date of Birth ________/________/_______  Home Address ________________________________________________________________________

Phone #'s Home: _____________________ Work: ____________________ Cell: ___________________

Registered in ☐ City or ☐ Township of _________________________  Pct # _______  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  ☐ Working Class

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

## education and experience information

Education Background (include highest grade completed or degree 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

☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5

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  If not, explain:  _________________________________

_________________________________________________________________________________________

## 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.

_________________________________________________________________________________________

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.

Approved by State Director of Elections (August 2017)