

# ELECTION INSPECTOR APPLICATION

## City of St. Clair, Michigan

Name in Full	<input type="text"/>	Date of Birth	<input type="text"/>
Home Address	<input type="text"/>	Telephone #	<input type="text"/>

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

Registered In Precinct #  Ward #  Social Security #

Political Party Affiliation (to be eligible for appointment you MUST check one):  Republican Party  Democratic 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 and last place of employment and type of work performed)

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

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 extent of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\* A "known active advocate" of another political party is defined to mean a person who 1) is a delegate to the convention 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 election inspector.

"Documented public statements" means statement 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 the State Director of Elections**