City of Walled Lake



ELECTION INSPECTOR APPLICATION

	(Must be completed in your	own handwriting in ink)			
Name in Full					
	E-Mail Addres				
Home Address		Telephone	#		
	Work				
Length of Residence in C	tity, Township, Village, or Sch	nool District			
Registered in Precinct #					
Political Party Affiliation	(to be eligible for appointment	nt you MUST check one)		
Republican Party 🛛	Democratic Party	Libertarian 🗆	U.S	S. Tax Pa	yer 🗆
Green 🗆	Natural Law	Working Class 🗆			
Have you ever been conv	icted of a felony or election cr	rime?Yes 🗆 No 🗆			
Educational Background	– (include highest grade comp	oleted or degrees held)			
Employment Background	l – (include current or last plac	ce of employment and ty	pe of y	work perf	formed)
Past experience as an elec	ction inspector, if any (include	e name of jurisdiction)			
Do you have transportation	on? Yes \square No \square W:	ill you work at any polli	ng plac	ce? Yes	□ No □
Would you like to work	Full Day 🗆 Half Day 🗆				
I CERTIFY THAT I am I	not a member or a known activ	ve advocate* of a politic	al part	y other th	an the
party identified above. I	FURTHER CERTIFY THAT	the foregoing statement	s are ti	rue to the	best of my
knowledge and belief.					
		Da	te	/	/

Signature of applicant
ANY FALSE STATEMENTS ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT

Approved by State Director of Elections

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 election inspector. *"Documented public statements" means statements reported by the news media or written statements with a clear and unambiguous attribution to the applicant.

PLEASE RETURN APPLICATION TO THE CITY CLERK'S OFFICE AT THE ADDRESS BELOW.

1499 E. West Maple Road ~ Walled Lake MI 48390 ~ 248.624.4847 Phone ~ 248.624.1616 Fax