



**ELECTION INSPECTOR APPLICATION**

(Must be completed in your own handwriting in ink)

Name in Full \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ Telephone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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

Registered in Precinct # \_\_\_\_

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) \_\_\_\_\_

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

Would you like to work Full Day  Half Day

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

*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