## 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				
Full Name		Last 4 SSN#		
Date of Birth//				
Home Address				
Phone #'s Home:				
Registered in 🗖 City or 🗆 Township of _				
County of				
Political Party Affiliation (REQUIRED; mu			arty & may no	ot be independent):
🗖 Republican 🗇 Democratic 🗖 Liberta	rian 🗖 U.S. Taxpa	yers 🗖 G	reen 🗖 Nati	ıral Law 🗖 Working Class
Have you ever been convicted of a felon	v or election crim	e?	☐ Yes ☐	J No
education and experience information				
Education Background (include highest gra	ade completed or o	degree he	ld)	
Employment Background (include current				
Languages other than English that you spe			0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Please rate your computer experience (date $1 = not \epsilon$	ta look-up, databa experienced, 5 = ve			.pdfs, etc.):
□ 1	<b>□</b> 2 <b>□</b> 3	<b>4</b>	<b>□</b> 5	
Past experience as an election inspector, if	f any (include nam	e of juriso	liction)	<u> </u>
Do you have transportation?		xplain:		
Signature and certification I CERTIFY THAT I am not a member or a know		of a polit	ical party othe	or than the party identified
above. I FURTHER CERTIFY THAT the foregoi				

\* 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.