

ELECTION INSPECTOR APPLICATION

| LAST NAME: | FIRST NAME: | M.I |
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| ADDRESS: | | |
| DAY PHONE: | EVENING PHONE: _ | |
| E-MAIL ADDRESS: | | - |
| currently serving a sentence including disqualified from voting.) Have you ever been convicted of convicted | t of Milwaukee or Ozaukee County, at ling probation or parole for a felony con | nviction, and not otherwise |
| (Note: State of WI Constitution, Artic Inspectors.) | cle XIII, §3(2) does not allow convicted | felons to serve as Elections |
| Have you ever been an Election Ins | pector? YES NO | |
| Hours available to work: | | |
| FULL DAY: 6:30a.m. to 8:15p.m. | | |
| SHIFT: 6:30a.m. to 11:30a.m. | 11:15 a.m. to 5:00p.m. | 4:45p.m. to 8:15p.m. |
| APPLICANT'S SIGNATURE: | DAT | E: |
| Please provide a copy of your c | urrent driver's license. | |
| For more information, contact: | Return to: Village of Bays | ide . |

Lynn Galyardt Tel: 414-351-8813 Fax: 414-351-8819

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