

# State of Michigan Election Inspector Application

(Complete in your own handwriting and return to your local City/Township Clerk)

## personal information

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

Phone #'s Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Registered in  City or  Township of \_\_\_\_\_ Pct # \_\_\_\_\_ Ward # \_\_\_\_\_

County of \_\_\_\_\_ Social Security # \_\_\_\_\_

Political Party Affiliation (**REQUIRED**; must be a recognized state party & may not be Independent):

Republican  Democratic  Libertarian  U.S. Taxpayers  Green  Natural Law

Have you ever been convicted of a felony or election crime?  Yes  No

## education and experience information

Education Background (include highest grade completed or degree held) \_\_\_\_\_

Employment Background (include current or last place of employment and type or work performed)

Languages other than English that you speak (if any) \_\_\_\_\_

Please rate your computer experience (data look-up, database processing, creating .pdfs, etc.):

1 = not experienced, 5 = very experienced

1  2  3  4  5

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 If not, explain: \_\_\_\_\_

## signature and certification

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.

\_\_\_\_\_  
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 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.

# ELECTION INSPECTOR APPLICATION ADDENDUM

All election inspectors must be able to perform several essential job functions, including but not limited to:

- The ability to move, lift and assemble voting booths, ballot bags, and voting equipment with weights occasionally exceeding 30 pounds;
- The visual ability to read precinct lists, application to vote, ballots, as well as other clerical work assigned by the Chairperson;
- The ability to deal with the public in a courteous, patient, and efficient manner;
- The ability to sustain long periods of sitting and standing throughout the day, as the demands of voters may require;
- The ability to give direction and answer general questions from voters regarding the voting process.

Additionally, all election inspectors must be registered voters in the state of Michigan and must be willing to **remain inside the polling room from 6:00 a.m. until dismissed by the chairperson when work is completed after the 8:00 p.m. poll closing.**

\*\*\*\*\*

I have read the above job requirements and believe I can perform all required duties.

\_\_\_\_\_

Date	Name	Signature
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There are four potential elections dates available per year as prescribed by law. Please indicate your availability below by circling your interest(s):

All    March    May    August    November    November even years only

Are you related to anyone holding or running for public office?    YES    NO

If so, who? \_\_\_\_\_

By law a relative of a political candidate may not work as an election inspector in a polling location with that candidate on the ballot. Please notify us if this conflict arises.

Please tell us about your computer experience. \_\_\_\_\_

\_\_\_\_\_