## **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 Many a  |  |
| Full Name  |  |
| Date of Birth/ Email Address   |  |
| Home Address   |  |
| Phone #'s Home: Work:  |  |
| Registered in  City or Township of   | Pct # Ward #                               |
| County of  | Social Security No                         |
| Political Party Affiliation (REQUIRED; must be a recognized stat   | te party & may <u>not</u> be Independent): |
| ☐ Republican ☐ Democratic ☐ Libertarian ☐ U.S. Taxpayers   | ☐ Green ☐ Natural Law ☐ Working Class      |
| Have you ever been convicted of a felony or election crime?  | ☐ Yes ☐ No                                 |
| education and experience information   |  |
| Education Background (include highest grade completed or degre   | e held)                                    |
|  |  |
| Employment Background (include current or last place of employr  | ment and type or work performed)           |
| Languages other than English that you speak (if any)  Please rate your computer experience (data look-up, database pro               |  |
| 1 = not experienced, 5 = very ex   |  |
|  | 4 🗖 5                                      |
| Past experience as an election inspector, if any (include name of ju   | urisdiction)                               |
| Do you have transportation?  | n:   |
| signature and certification  |  |
| I CERTIFY THAT I am not a member or a known active advocate* of a above. I FURTHER CERTIFY THAT the foregoing statements are true to |  |
|  | / /  |
| Signature of Applicant   |  |

ANY FALSE STATEMENTS MADE ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT.

<sup>\*</sup> 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.

## **ELECTION INSPECTOR APPLICATION ADDENDUM**

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

| limited to:   |  |                 |                |                     |                         |                       |            |  |   |          |              |          |            |       |              |  |
|---|--|-----------------|----------------|---------------------|-------------------------|-----------------------|------------|--|---|----------|--------------|----------|------------|-------|--------------|--|
| ,   | <ul> <li>The ability to move, lift and assemble voting booths, ballot bags, and voting equipment with weights occasionally exceeding 30 pounds;</li> <li>The visual ability to read precinct lists, application to vote, ballots, as well as other clerical work assigned by the Chairperson;</li> </ul> |                 |                |                     |                         |                       |            |  |   |          |              |          |            |       |              |  |
| ) The visual abil   |  |                 |                |                     |                         |                       |            |  |   |          |              |          |            |       |              |  |
| 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 electi<br>be willing to remain i<br>when work is comple | nside th | ne polling i | room fro | m 6:00 a.m |       | _            |  |
|   |  |                 |                |                     |                         |                       |            |  | ***   | *****    | *****        | *****    | ******     | ***** | : <b>*</b> * |  |
| I have read the above   | job red  | uirements       | and bel        | ieve I can p        | erform all requ         | ired duties.          |            |  |   |          |              |          |            |       |              |  |
| Date  | Date Name  |                 |                | Signature           |                         |                       |            |  |   |          |              |          |            |       |              |  |
| There are four potent<br>your availability belov  |  |                 |                |                     | as prescribed b         | y law. Please         | indicate   |  |   |          |              |          |            |       |              |  |
|   | All  | March           | May            | August              | November                |                       |            |  |   |          |              |          |            |       |              |  |
| Are you related to an If so, who?   | yone ho  | olding or ru    | ınning fo      | r public offi<br>_  | ce? <i>YES</i>          | NO                    |            |  |   |          |              |          |            |       |              |  |
| By law a relative of a political ca notify us if this conflict arises.  | ndidate ma   | y not work as a | n election ins | spector in a pollin | g location with that ca | andidate on the ballo | ot. Please |  |   |          |              |          |            |       |              |  |
| Please tell us about y  | our com  | nputer exp      | erience.       |                     |                         |                       |            |  |   |          |              |          |            |       |              |  |
|   |  |                 |                |                     |                         |                       |            |  |   |          |              |          |            |       |              |  |
|   |  |                 |                |                     |                         |                       |            |  |   |          |              |          |            |       |              |  |