

# ELECTION INSPECTOR APPLICATION BLANK

NAME OF CITY VILLAGE TOWNSHIP OR SCHOOL DISTRICT \_\_\_\_\_

(Must be completed in your own handwriting in ink)

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

Home Address \_\_\_\_\_ Telephone No \_\_\_\_\_

In the County of \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

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

Political Party Affiliation Republican  Democrat  Other Party  \_\_\_\_\_

(To be eligible for appointment you **MUST** check one)

Will you work in any Polling Place? Yes  No

Do you have transportation? Yes  No

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) \_\_\_\_\_

Election Inspector Experience, if any: Number of Elections \_\_\_\_\_ In what Jurisdiction: \_\_\_\_\_

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 elections 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.

ANY FALSE STATEMENTS ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT

