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	V	- 100 - 1 00 - 10
Full Name		
Date of Birth/ Email Address		
Home Address		
Phone #'s Home: Work:	Cell:	
Registered in City or Township of	Pct # Ward	#
County of		
Political Party Affiliation (REQUIRED ; must be a recognized state ☐ Republican ☐ Democratic ☐ Libertarian ☐ U.S. Taxpayers ☐		
Have you ever been convicted of a felony or election crime? education and experience information	☐ Yes ☐ No	
Education Background (include highest grade completed or degree h		
Employment Background (include current or last place of employme	ent and type or work perform	ed)
Languages other than English that you speak (if any) Please rate your computer experience (data look-up, database proce 1 = not experienced, 5 = very expe	essing, creating .pdfs, etc.):	
Past experience as an election inspector, if any (include name of juri		
Do you have transportation?		
signature and certification I CERTIFY THAT I am not a member or a known active advocate* of a porabove. I FURTHER CERTIFY THAT the foregoing statements are true to the statement are true to the statements are the statements are true to the statements are		•
Signature of Applicant	Date	valvening and and an angular
* A "known active advocate" of another political party is defined to mean a person who another party; 2) is affiliated with another party through an elected or appointed gove statements specifically supporting by name another political party or its candidates in the person will some as an inspector. "Decumented public statements" magnetic telegraphy.	rnment position or; 3) has made doc the same calendar year as the election	umented public n at which the

with a clear and unambiguous attribution to the applicant.

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

Approved by State Director of Elections (August 2017)