ELECTION INSPECTOR APPLICATION

(NAME OF CITY, TOWNSHIP, VILLAGE OR SCHOOL DISTRICT) (Must be completed in your own handwriting in ink) Name in Full Date of Birth _____/____ Social Security # _____-___ Home Address Home Phone # _____ Work Phone # _____ ☐ City Registered in Township of _____ Precinct # ____ Ward # ____ ☐ Village County of Length of Residence in County _____ Political Party Affiliation (to be eligible for appointment you **MUST** check one): ☐ Democratic Party ☐ Other Party _____ ☐ Republican Party Have you ever been convicted of a felony or election crime? \square Yes \square No Education Background (include highest grade completed or degrees held) Employment Background (include current or last place of employment and type or work performed) 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 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. Date _____/____ Signature of Applicant

* 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.