

**Election Inspectors Application
City of Detroit**

(Must be completed in applicant's OWN handwriting in INK. PLEASE PRINT CLEARLY)

Last Name _____ First Name _____

Home Address _____

City _____ Zip _____ Date of Birth _____

Best Telephone Number (Cell) to contact you: _____

Email Address: _____

Social Security Number: _____

Political Party Affiliation (To be eligible for appointment you MUST check one):
_____ Republican Party _____ Democratic Party _____ Other (Indicate)

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

Educational Background (Include highest grade completed or degree held):

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

Past experience as an Election Inspector, if any (Include name of jurisdiction)

Do you have your own reliable transportation?
_____ Yes _____ No

Are you able to work at any polling site?
_____ Yes _____ No

I CERTIFY THAT I am not a member of a known active advocate* of a political party other than the party identified on this application. 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 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 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

DO NOT WRITE BELOW THIS LINE

Position: _____

Location: _____

Pay Rate: _____