## **ELECTION INSPECTOR APPLICATION**

	(NAME OF CITY OR TO	OWNSHIP)		
(Must be completed in y	our own handwriting in ink)			
Full Name				
Date of Birth/	/ Email Address	S		_
Home Address			· .	
	Work:			
Registered in ☐ City or	□Township of	Pct #	Ward #	
County of				
Political Party Affiliation	(REQUIRED; Other Party must be	a recognized state part	y & may <u>not</u> be Inc	lepend
☐ Republican Party	Democratic Party	☐ Other Party		
Have you ever been con	victed of a felony or election crime	? 🗆 Yes 🗖 No		
				····
Languages other than E	nglish that you speak (if any)			
	ter experience (data look-up, datab 5 = very experienced, 1 = r	pase processing, interne	.*	
	<b>1 1 2 3</b>	<b>1</b> 4 <b>1</b> 5	. •	
Past experience as an e	lection inspector, if any (include na	ame of jurisdiction)		· .
Do you have transportat	ion? 🗆 Yes 🗆 No - Will you	work at any polling pla	ce? ☐ Yes ☐	No
	on. Broo Broo Willyou			
I CERTIFY THAT I am n identified above. I FURT knowledge and belief.	ot a member or a known active ad THER CERTIFY THAT the foregoin	vocate* of a political pa ng statements are true t	rty other than the potential of the best of my	oarty
identified above. I FURT	ot a member or a known active ad	ng statements are true t	rty other than the potential of the best of my	

\* 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.

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