

City of Mount Clemens
One Crocker Boulevard
Mount Clemens, MI 48043

ELECTION INSPECTOR APPLICATION

(Must be completed in your own handwriting in ink)

Name in Full _____ Date of Birth ____/____/____

Home Address _____
Street *City and Zip*

In the County of _____ Telephone # _____

Length of Residence in City/Township _____ Registered to Vote in Precinct # _____

Political Party Affiliation (To be eligible for appointment you **MUST** check one):

Republican _____ **Democrat** _____ **Other (Please specify Party)** _____

Will you work at 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 _____ Position/Job _____

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