State of Michigan Election Inspector Application (Complete in your own handwriting and return to your local City/Township Clerk - find your local Citerk at mi.gov/vote)

personal information						
Full Name						
Date of Birth/	_/	Email Address	s			
Home Address						
Phone #'s Home:	\	Vork:		Cell:		
Registered in ☐ City or ☐Town	ship of			Pct #	Ward#_	
County of						
Political Party Affiliation (REQUI	IRED; must be	e a recognized	l state par	ty & may <u>not</u> b	e Independe	ent):
☐ Republican ☐ Democratic ☐] Libertarian	🗖 U.S. Taxpa	/ers 🗖 Gr	een 🗖 Natural	Law 🗖 Wor	king Class
Have you ever been convicted o						
education and experience info						
Education Background (include hi	ighest grade c	ompleted or d	egree held	l)		
Employment Background (include	e current or la	st place of em	ployment	and type or wor	k performed)
		1. 1				
Languages other than English tha	t you speak (ii	any)		•		
Please rate your computer experi		ok-up, databas ienced, 5 = ve			fs, etc.):	
		2 🗆 3	4	5		
Past experience as an election ins	spector, if any	(include name	of jurisdie	ction)		
Do you have transportation? Will you work at any polling place			kplain:			
signature and certification						
I CERTIFY THAT I am not a member above. I FURTHER CERTIFY THAT ti						
above, Frontier Certifi Filler G	ine tot eBoiliB at		, 40 10 1110			
Signature of A	Applicant			D	ate	
* A "known active advocate" of another p another party; 2) is affiliated with another statements specifically supporting by nat person will serve as an inspector. "Docu	er party through as me another politic	n elected or appoir al party or its candi	ited government dates in the s	ent position or; 3) h ame calendar year a	as made documents the election at	ented public which the

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

with a clear and unambiguous attribution to the applicant.

Approved by State Director of Elections (August 2017)