ELECTION INSPECTOR APPLICATION

(NAME OF CITY.	. TOWNSHIP OR VILLAGE)	

Full Name	
Date of Birth/	Email Address
Home Address	
Home Phone #	Work Phone #
Registered in City City Township of Village	Precinct # Ward #
County of	Length of Residence in County
Political Party Affiliation (to be eligible for appointment y Republican Party Democratic Party Have you ever been convicted of a felony or election crim	Other Party
Trave you ever been convicted or a relong of election erm	105 110
Education Background (include highest grade completed Employment Background (include current or last place of	remployment and type or work performed)
Languages other than English that you speak (if any)	
Past experience as an election inspector, if any (include na	ame of jurisdiction)
	Vill you work at any polling place? Yes No
I CERTIFY THAT I am not a member or a known active identified above. I FURTHER CERTIFY THAT the fore belief.	advocate* of a political party other than the party going statements are true to the best of my knowledge and
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.

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