

### ELECTION INSPECTOR APPLICATION

\*Note: This form must be updated every two years.

#### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Social Security: \_\_\_\_\_

Birth Date: / / \_\_\_\_\_ Political Party Affiliation: \_\_\_\_\_

Educational Background: \_\_\_\_\_

Employment Background: \_\_\_\_\_

Do you have transportation? \_\_\_\_\_ Will you work any polling place? \_\_\_\_\_

#### Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apt. Number*

\_\_\_\_\_ *City* *State* *ZIP Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship \_\_\_\_\_

I CERTIFY THAT I am not a member of 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 to 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 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.

**Return application to: Shelby Township Clerk's Office, 52700 Van Dyke, Shelby Twp, MI 48316**