Kim Meltzer, Clerk
Charter Township of Clinton
40700 Romeo Plank Road
Clinton Township, MI 48038-2900

ELECTION INSPECTOR APPLICATION

(MUST be signed by the applicant)

Full Name:_____Date of Birth:_____

Home Address:_____City:_____, MI Zip:_____

E-Mail Address:_____ Last four of Social Security #:_____

Home Phone:_____Cell Phone: _____Work Phone:_____

Registered in the ☐City ☐Township of:_____Pct. #:_____Ward #:_____

Political Party Affiliation (**REQUIRED**; if Other Party, it must be a recognized state party and may **not** be independent):

☐ Republican Party ☐ Democratic Party ☐ Other Party_____

Have you ever been convicted of a felony or an 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):_____

_____

Past Experience as an Election Inspector, if any (Include name of jurisdiction):_____

_____

Please rate your computer experience (data look-up, database processing, creating .pdfs, etc.):
1 = not experienced, 5 = very experienced

☐1 ☐2 ☐3 ☐4 ☐5

Do you have transportation?: ☐ Yes ☐ No Will you work at any polling place?: ☐ Yes ☐ No

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.

*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 and 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

Signature of Applicant:_____Date:_____