CITY OF SALINE ELECTION INSPECTOR APPLICATION

Application must be completed in your own handwriting in ink.

| Name in Full | |
|---|---|
| Home Address | City |
| Date of Birth// | Social Security Number XXXX-XXX |
| Home Phone () | Cell or Work Phone () |
| Registered in County of | City/Township/ Village of |
| Precinct Number Ward Number | Email Address |
| Political Party Affiliation (to be eligible for appoir Democratic Repub | ntment you MUST check one) lican Other Party |
| Have you ever been convicted of a felony or elec | tion crime?Yes No |
| Past experience as an election inspector, if any (i | nclude name of jurisdiction) |
| Willing/able to work: Full day (6 am to approx. 9 Half day (6 am to 2 pm) (2 pm to close, app | opm)YesNo YesNo prox. 9 pm)YesNo |
| Do you have transportation Yes No | Will you work at any precinct? Yes No |
| Education Background (include highest grade cor | mpleted or degrees held) |
| Employment Background (include current or last | place of employment and type of work performed) |
| | ctive advocate* of a political party other than the party identified tatements are true to the best of my knowledge and belief. |
| Signature of Applicant | Date |

ANY FALSE STATEMENTS MADE ON THIS APPLICATION WILL DISQUALIFY THE 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.