City of Mount Clemens One Crocker Boulevard Mount Clemens, MI 48043

ELECTION INSPECTOR APPLICATION

Full Name:	Date of Birth:/
Home Address:	
Street	City and Zip
Email Address:	Telephone #:
Length of Residence in City/Twp:	Registered to Vote in:
Political Party Affiliation: (To be eligible for appointment you <u>MUST</u> check one. Must	be a recognized state party and may <u>not</u> be Independent)
Republican Democrat Libertarian	U.S. Taxpayers Green Natural Law
Will you work at any Polling Place? Yes _	No
Do you have transportation? Yes	No
Have you ever been convicted of a felony or election c	rime? Yes No
Educational Background (include highest grade com	pleted or degrees held) :
Employment Background (include current or last pla	ce of employment and type of work performed):
	3 4 5
Election Inspector Experience , if any: Number of	Elections
In what Jurisdiction	Position/Job
	known active advocate* of a political party other than RTIFY THAT the foregoing statements are true to the
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 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 elections 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.