ELECTION INSPECTOR APPLICATION – WATERFORD TOWNSHIP

(Must be completed in your own handwriting in ink. You must be 16 years or older)

_____

Last Name **First Name** **Middle Name**

_____

Date of Birth: MM/DD/YY **Registered to vote in:** **Home Precinct #**

_____

Home Address, City, State and Zip Code

_____/_____/_____

Phone Number(s): Home **Cell** **Work**

_____

E-Mail

Party Affiliation (you must check one). Please remember that polls must be balanced politically.

Democratic Party ☐ Republican Party ☐ Other Party ☐ _____

*Please note that we are not allowed, by law, to assign a person without a party designation

Are you interested in being a PCT Chairperson? Yes ☐ No ☐

Are you willing to work at any polling location? Yes ☐ No ☐

We cannot guarantee your same location every time.

Have you ever been convicted of a felony or election crime? Yes ☐ No ☐

Education/Employment Background (include highest grade completed or degrees held):

_____

_____

Past experience as an election inspector, if any (include name of jurisdiction) _____

Do you have transportation? 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.

_____

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 election at which the person will serve as an inspector. "Documented public statements" mean statements reported by the news media or written statements with a clear and unambiguous attribution to the application.

ANY FALSE STATEMENS MADE ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT