9- DAY ELECTION INSPECTOR APPLICATION



ISABELLA COUNTY_

(Must be completed in your own handwriting in ink)

Home Address	_Registered in City of o		
Work Phone # Precinct # Ward #	Registered in City of o		
Precinct # Ward #		r Township of	
	Country of	Registered in City of or Township of	
Dolitical Darty Affiliation (to be aligible for annointma		Length of Residence in County	
ronucar rany Annauon (to be engible for appointme	nt you MUST check one	e):	
Republican Party Democratic Party	Have you ever been	convicted of a felony or election crime?	
Education Background (include highest grade complet	ed or degrees held)		
Employment Background (include current or last place	e of employment and typ	pe or work performed)	
	, or emproyment and typ		
Languages other than English that you speak (if any)_			
Past experience as an election inspector, if any (e-Poll	Book Experience)?		
Do you have transportation? Will you	work at any polling pla	ce?	
I CERTIFY THAT I am not a member or a known activ	ve advocate* of a politic	cal party other than the party identified above. I	
FURTHER CERTIFY THAT the foregoing statements	are true to the best of m	y knowledge and belief.	
	Dat	te / /	
Signature of 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.

ANY FALSE STATEMENTS MADE ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT. **NOTE: STATE LAW REQUIRES THAT EVERY ELECTION INSPECTOR ATTEND A MINIMUM OF 1 TRAINING CLASS EVERY 2 YEARS