



# CHARTER TOWNSHIP OF SHELBY

52700 Van Dyke Ave., Shelby Township, MI 48316 • 586-731-5100 • shelbytwp.org

## ELECTION INSPECTOR APPLICATION

NOTE: THIS FORM MUST BE UPDATED EVERY TWO YEARS

### PERSONAL INFORMATION

NAME \_\_\_\_\_  
LAST FIRST M.I.

ADDRESS \_\_\_\_\_  
STREET ADDRESS APARTMENT/UNIT #

CITY STATE ZIP CODE

PRIMARY PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ POLITICAL PARTY (required) \_\_\_\_\_

EDUCATIONAL BACKGROUND \_\_\_\_\_

EMPLOYMENT BACKGROUND \_\_\_\_\_

PAST EXPERIENCE AS AN ELECTION INSPECTOR,  
IF ANY (include name of jurisdiction) \_\_\_\_\_

ARE YOU COMFORTABLE USING A COMPUTER/  
DATABASE AND WORKING WITH PDFS? (not required) \_\_\_\_\_ DO YOU HAVE  
TRANSPORTATION? \_\_\_\_\_

CAN YOU WORK AT ANY POLLING LOCATION? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR AN ELECTION CRIME? YES NO

### EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_  
LAST FIRST M.I.

ADDRESS \_\_\_\_\_  
STREET ADDRESS APARTMENT/UNIT #

CITY STATE ZIP CODE

PRIMARY PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

I CERTIFY THAT I am not a member of 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

Please fill out form and print to sign and 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 to 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 election 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 ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT.