



Office of the City Clerk

ELECTION INSPECTOR APPLICATION

Name in Full _____ Date of Birth ____/____/____

Home Address _____ City _____ State ____ Zip _____

Home # _____ Work # _____ Mobile # _____

E-mail Address _____ Currently registered to vote? Yes No

Political Party Affiliation (to be eligible for appointment you MUST check one):

- Republican Party Democratic Party

Education Background (include highest grade completed or degrees held) _____

Employment Background (include current or last place of employment and type of work performed)

Please rate your computer experience (data look-up, database processing, creating .pdfs, etc.):
1=not experienced, 5=very experienced

- 1 2 3 4 5

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

Will you work at any polling place? 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" 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.