

City of Burton, Michigan Election Inspector Application

APPLICANT INFORMATION:				
Full Name of Applicant (first, middle, last)	Date of Birth	Reg	Registered in Precinct #	
Street Address	City	State	Zip Code	
Email Address	() Home Phone Number	()(Cell	Phone Number	
POLITICAL PARTY AFFILIATION: (State law requires you to select a political party.)				
O Republican O Democ				
Have you ever been convicted of a felony or election crime? O Yes O No Do you have transportation? O Yes O No Will you work at any polling place? O Yes O No				
Education Background (include highest grade completed or degrees held)				
Employment Background (include current or last place of employment and type of work performed)				
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Past experience as an election inspector, i	f any (include name of jurisdiction	on or precinct #)		
Languages other than English that you spe	eak (of any)			
Please rate your computer experience: None Novice Average Above Average Advanced				
Are you comfortable using a laptop compu	ter? O Yes O No			
I certify that I am not a member or a known I further certify that the foregoi	active advocate* of a political part ng statements are true to the best			
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 candidate 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.