

# ELECTION INSPECTOR APPLICATION BLANK

Date of Application \_\_\_\_\_

Interviewed By \_\_\_\_\_

Date Interviewed \_\_\_\_\_

NAME OF CITY, VILLAGE, TOWNSHIP OR SCHOOL DISTRICT \_\_\_\_\_

(Type or print the following answers in ink)

Name in Full \_\_\_\_\_ (As Registered) Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(Street and No. or Rural Route)

Length of Residence in City, Village, Township or School District \_\_\_\_\_

Registered in Ward \_\_\_\_\_ Precinct \_\_\_\_\_ Political Party Preference \_\_\_\_\_ Democrat \_\_\_\_\_

Will you work in any Precinct? Yes  No  Republican \_\_\_\_\_

Do you have use of an Automobile? Yes  No  Other \_\_\_\_\_

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

Social Security Number \_\_\_\_\_

(Answer the following in your own handwriting, in ink)

Educational Qualifications \_\_\_\_\_

Election Board Experience, if any: Number of Elections \_\_\_\_\_ In what Communities \_\_\_\_\_

Place of Employment \_\_\_\_\_

Type of Work you do \_\_\_\_\_

Other experience which you believe will qualify you as an Inspector \_\_\_\_\_

\_\_\_\_\_

Physical Disabilities, if any \_\_\_\_\_

Give a Local Reference \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_

Date \_\_\_\_\_

I DECLARE THE FOREGOING STATEMENTS TO BE TRUE \_\_\_\_\_  
Signature

ANY FALSE STATEMENTS MADE ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT.

**NOTE:** All Cities, Villages and Townships **Must** require the foregoing information and **May** require additional information from each applicant before he may be appointed as an Election Inspector.

