ELECTION INSPECTOR APPLICATION

(NAME OF CITY, TOWNSHIP, VILLAGE OR SCHOOL DISTRICT)
Must be completed in your own handwriting in ink)
lame in Full
Pate of Birth Social Security #
lome Address
lome Phone # Work Phone #
City legistered in Township of Precinct # Ward # Village
county of Length of Residence in County
Republican Party Affiliation (to be eligible for appointment you MUST check one): Republican Party
ducational Background - (include highest grade completed or degrees held)
mployment Background - (include current or last place of employment and type of work performed
ast experience as an election inspector, if any - (include name of jurisdiction)
o you have transportation? Yes No Will you work at any polling place? Yes No CERTIFY THAT I am not a member or a known active advocate* of a political party other than the party identified
bove. 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

*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.