

## innovative by nature

## City of Rochester Hills, MI Election Inspector Application

Please be sure to complete BOTH SIDES of this application

CLE-00103-P/R v. 082014

Applicant Information			
Full Name of Applicant (first, middle, last)	Date of Birth	Registered in Precinct No.	
Street Address	City	State Zip Code	
		0.11.01	
Email Address	Home Phone Number	Cell Phone Number	
Political Party Affiliation: (State law requires you select a political party.)  Republican Democratic Libertarian U.S. Taxpayers Green Natural Law Working Class  Registered in: City or Township of Pct # County of:  Have you ever been convicted of a felony or election crime? Yes No Do you have transportation? Yes No			
Education Background (include highest grade completed or degrees held)			
	- B		
Employment Background (include current or last place of employment and type of work performed)			
Past experience as an election inspector, if any (include name of jurisdiction)			
Languages other than English that you speak (if any)			
Please rate your computer experience: None No	dea OAverage C	Ahaya Ayaya Ga Adyanaad	
Please rate your computer experience: None No	vice Average (	Above Average Advanced	
Are you comfortable using a laptop computer? OYes ONo			
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 define	ed to mean a person who 1) is	a delegate to the convention or an	

† 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.

Please be sure to complete BOTH SIDES of this application.

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



## City of Rochester Hills, MI **Election Inspector** Emergency Contact Form CLE-00117-P/ Rev. 082014

Election Inspector (please print legibly using black or blue ink)  Name	Social Security Number	
Emergency Contact Information (please print legibly using black or blue ink)  In the event of an accident or emergency, please contact:		
Name	Relationship	
Home Phone Number Cell Phone Number		
Signature of Election Inspector	Date	
How did you hear about us?		
☐ City Website ☐ Newspaper		
☐ Social Media ☐ Other:		
CAUTION: Due to the sensitive information required by this application, please DO NOT EMAIL THIS FORM.		
Office Use Only		
Access □ QVF □ Em		
Processed by:	Date:	