

**SAGINAW COUNTY
ELECTION INSPECTOR APPLICATION**

(Complete in ink and your own handwriting)

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

Home Address _____ Telephone No. _____

Length of Residence in City, Township, Village or School District _____

Registered in Precinct # _____ Social Security No. ____-____-____

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

Democratic Party [] Republican Party [] Other [] _____

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

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

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) _____

Do you have transportation? Yes [] No [] 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 ____/____/____

ANY FALSE STATEMENTS ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT.

*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 election inspector. "Documented public statements" means statements reported by the news media or written statements with a clear and unambiguous attribution to the applicant.