



2023 & 2024 ELECTION INSPECTOR APPLICATION

CHARTER TOWNSHIP OF DELTA CLERK'S OFFICE
7710 West Saginaw Highway, Delta Township, MI 48917
(517) 323-8500

PLEASE PRINT!

Please check box for elections you are available to work:

2023 May 2nd August 8th November 7th

2024 February 27th OR March 12th (TBD) May 7th August 6th November 5th

PLEASE CHECK WHICH POSITION YOU ARE APPLYING FOR:

PRECINCT:

- Chairperson Inspector Electronic Poll Book Inspector (Computer) Help Desk Inspector

ABSENT VOTER COUNTING BOARD:

- Absent Voter Counting Board Chairman Absent Voter Counting Board Inspector

CLERK'S OFFICE ELECTION NIGHT:

- Receiving Board Team Inspector

PERSONAL INFORMATION:

Full Name: _____ Date of Birth: _____

Home Address: _____
Street City Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____ Social Security No.: _____

Registered in City or Township of _____ Registered in Precinct #: _____ County of: _____

Political Party Affiliation: (***REQUIRED*** must be a recognized state party & may NOT be Independent.

Please select only one party.):

- Republican Democrat Green Libertarian Natural Law
 U.S. Taxpayer Working Class

Have you ever been convicted of a felony or election crime? YES NO Name of any family member also working elections for Delta Township? _____

EDUCATION AND EXPERIENCE INFORMATION:

Educational Background (highest grade completed or degree(s) held) _____

Employment Background (include current or last place of employment and type of work performed) _____

Languages other than English that you speak (if any) _____

APPLICATION CONTINUED ON BACK SIDE

Please rate your computer experience (data look-up, database processing, creating .pdfs, etc.): 1= not experienced, 5= very experienced 1 2 3 4 5

Past experience as an election inspector, if any: (Include name of county, city or Twp.) _____

Do you have transportation? Yes No Will you work at any polling place: Yes No If not, explain:

SIGNATURE AND CERTIFICATION:

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 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.

ANY FALSE STATEMENTS ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT.