City of Farmington
Office of the City Clerk

ELECTION INSPECTOR APPLICATION

Name in Full _____Date of Birth _____/_____/_____

Home Address _____City _____State____ Zip _____

Daytime Phone _____

Length of Residence _____

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

_____ Republican Party _____ Democratic Party

Education 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.

_____ Date ____/____/____
Signature of 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 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 MADE ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT.

23600 Liberty Street, Farmington, Michigan, 48335, 248-474-5500 Phone, 248-473-7261 Fax