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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
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

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)

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 Novice Average Above Average Advanced

Are you comfortable using a laptop computer? 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

† 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.



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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



CAUTION: Due to the sensitive information required by this application, please **DO NOT EMAIL THIS FORM.**