



City of Albion

William L. Rieger Municipal Building
112 West Cass Street • Albion, Michigan 49224
(517) 629-5535 • Fax (517) 629-4168

ELECTION INSPECTOR APPLICATION

(Must be completed in your own handwriting in ink)

Full Name: _____

Date of Birth: _____ Email Address: _____

Home Phone # _____ Mobile # _____

To Work as a City of Albion Election Official you must live in Michigan.

Home Address (street, city) _____ Zip _____

Registered to vote in:

City/Township of _____ Village of _____

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

_____ Republican Party _____ Democratic Party

Have you ever been convicted of a felony or election crime Yes _____ No _____

Education background (high grade completed or degrees held): _____

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

Past Experience as an election inspector (if any) _____ jurisdiction _____

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. "Document 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.