

State of Michigan Election Inspector Application

Return this form by mail to Kalamazoo County Clerk's Office, 201 W Kalamazoo Ave., Kalamazoo, MI 49007 or by email to elections@kalcounty.com

personal information

Full Name _____

Date of Birth ____/____/____ Email Address _____

Home Address _____

Phone #'s Home: _____ Work: _____ Cell: _____

Registered in City or Township of _____ Pct # _____ Ward # _____

County of _____

Political Party Affiliation (**REQUIRED**; must be a recognized state party & may not be Independent):

Republican Democratic Libertarian U.S. Taxpayers Green Natural Law Working Class

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

education and experience information

Education Background (include highest grade completed or degree held) _____

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

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

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 jurisdiction) _____

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 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.

Approved by State Director of Elections (August 2017)



ELECTION INSPECTOR APPLICATION ADDENDUM

Please return this form to the **Kalamazoo County Clerk's Office**

201 W Kalamazoo Avenue, Kalamazoo, MI 49007 or by email at **elections@kalcounty.com.**

ESSENTIAL JOB FUNCTIONS

All election inspectors must be able to perform several essential job functions, including:

- ✓ the ability to move, lift and assemble voting booths, ballot bags, and voting equipment with weights occasionally exceeding 30-pounds;
- ✓ the visual ability to read precinct lists, applications to vote, ballots, as well as other clerical work assigned by the Chairperson; and
- ✓ the ability to deal with the public in a courteous, patient, and efficient manner; and the ability to sustain long periods of sitting and standing throughout the day, as the demands of voters may require.

Additionally, all election inspectors must be registered voters in the State of Michigan and must be willing to **remain inside the polling room from 8:00 a.m. until dismissed by the Chairperson when work is completed after the 5:00 p.m. poll closing.**

1. Are you able to perform the essential functions listed above without reasonable accommodations?

Yes No

If a reasonable accommodation is needed, please provide the type of accommodation you may request.

ADDITIONAL QUESTIONS

1. I'm available (check all that apply).

weekends weekdays 2/17-2/27 7/27-8/6 10/26-11/5

2. If not currently a chairperson, do you have desire to be or be developed into one? Yes No

3. Preferred method of communication (please circle one)

Home Phone Cell Phone Email By mail

4. Have you ever been an employee of Kalamazoo County? Yes No

If yes, what year(s) did you work for the County? _____

5. Are you related to anyone holding public office? Yes No

If so, who? _____

NOTE: By law a relative of a political candidate may not work as an election inspector in a polling location with that candidate on the ballot. Please notify us if this conflict arises.

EMERGENCY CONTACT

1. Name _____

2. Relationship to you: _____

3. Phone: _____

4. Phone Type: _____

HUMAN RESOURCES ONLY

Position #: _____

Position Title: _____

Employee #: _____

Copy of Social Security Card received

Rate of Pay: _____

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