



**ELECTION INSPECTOR APPLICATION  
CITY OF ST. CLAIR SHORES**

(Must be completed in your own handwriting in ink)

Name in Full \_\_\_\_\_ Date of Birth \_\_\_\_\\_\_\_\_\\_\_\_\_

Home Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Length of Residence in City, Township, Village or School District \_\_\_\_\_

Registered in Precinct # \_\_\_\_\_ Ward # \_\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

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

- Republican Party       Democratic Party       Other Party

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

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Educational Background – (include highest grade completed or degrees held) \_\_\_\_\_

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

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Past experience as an election inspector, if any (include name of jurisdiction) \_\_\_\_\_

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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 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

Feb. 1996

Approved by State Director of Elections

ALL APPLICANTS FOR ELECTION PRECINCT WORKER:

PLEASE READ THIS STATEMENT THOROUGHLY BEFORE SIGNING.

I, \_\_\_\_\_, fully understand that I will swear to uphold the election  
(PLEASE PRINT YOUR FULL NAME)

laws of the State of Michigan, and the City of St. Clair Shores to the best of my ability, and I

further understand that as an Election Inspector and/or Captain, the following conditions may be required:

1. Report to my appointed precinct station at 6:00 a.m. or before, if requested.
2. To remain at the appointed precinct station until all prescribed voting procedures have been completed and the Captains have indicated that my duties have been completed.
3. To attend a workshop/seminar/lecture/school conducted by the City Clerk's office prior to any scheduled election. (These sessions generally last from 1 to 2 hours).
4. To report (in writing) any irregularities that you have knowledge of to the City Clerk as soon as possible.
5. To appear, if requested, before the Board of Canvassers to answer any questions they might have regarding areas of your responsibility.
6. That any false statements made on any part of this application will disqualify the applicant.

\_\_\_\_\_  
(SIGNATURE)

PLEASE BE ADVISED THAT ANY AND ALL INFORMATION CONTAINED HEREIN MAY BE RELEASED, UPON WRITTEN REQUEST, UNDER THE FREEDOM OF INFORMATION ACT OF 1976.

WHEN COMPLETED, RETURN THIS APPLICATION TO:

ATTENTION: MARY A. KOTOWSKI, CITY CLERK  
CITY OF ST. CLAIR SHORES  
27600 JEFFERSON CIRCLE DRIVE  
ST. CLAIR SHORES, MI 48081