

ELECTION INSPECTOR APPLICATION
CITY OF PORTAGE

Name in Full _____

Are you 16 years or older? _____ Social Security # _____ - _____ - _____

Home Address: _____ City _____ Zip _____

BEST Phone # _____ Email Address: _____

Registered in City
 Township of _____ Precinct # _____ Ward# _____
 Village

County of _____ Length of Residence in County _____

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

Democratic Green Party Libertarian Natural Law Republican US Taxpayers

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

Education Background (include highest grade completed or degrees held)

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

Past experience as an election inspector, if any (include name of 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. "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.

Please complete both sides of application

