

Election Inspector Application



Name

Address

City State Zip Code

Social Security Number

City of Zeeland
ATTN: City Clerk
21 S. Elm Street
Zeeland, MI 49464
Ph: (616) 772-6400
Email: clerk@cityofzeeland.com

Home Phone No.

Cell Phone No.

Political Party Affiliation (Must choose one):

- ☐ Republican
☐ Democratic

Email

Registered in: ☐ City
☐ Township
☐ Village Precinct #

County Of: Length of Residence in County

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

Educational Background (Include highest level of 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)

Do you have transportation? ☐ Yes ☐ No

Will you work at any polling location? ☐ 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:

Today's 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.