

**ELECTION INSPECTOR APPLICATION
CITY OF COOPERSVILLE
OTTAWA COUNTY**



(Must be completed in your own handwriting in ink)

Full Name _____ Date of Birth ____/____/____

Home Address _____ Telephone No. (____) _____

Social Security Number ____-____-____ Length of Residency in the City _____

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

Republican Democrat Other _____

Will you work in any polling place? Yes No

Do you have transportation? Yes No

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

Educational background (include highest grade completed or degrees held) _____

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

Election Inspector Experience, if any: (include name of jurisdiction and number of elections) _____

I **certify** that I am not a member of 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 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

Please return this form to:
Clerk's Office - City of Coopersville
289 Danforth Street
Coopersville, MI 49404
616.997.9731 Voice - 616.997.6679 Fax