

State of Michigan Election Inspector Application

(Complete in your own handwriting and return to your local City/Township Clerk - find your local Clerk at mi.gov/vote)

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 _____ SS# _____

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.

CITY OF TRENTON

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

<u>Financial Institution</u>	<u>Bank Routing Number</u>	<u>Bank Account Number</u>	<u>Savings/Checking</u>	<u>Flat Amount or Percentage</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I am requesting direct deposit of payroll to my account. I authorize the City of Trenton to make deposits to the above account or accounts until I cancel the authorization and City of Trenton has time to act on it. If funds are mistakenly deposited into my account, I authorize City of Trenton to deduct the amount of error from my account or from future payments. It is agreed that these deposits and adjustments may be made electronically and under the rules of the National Automated Clearing House Association. I WILL ALLOW City of Trenton THIRTY (30) DAYS TO SET UP AND/OR PERFORM MAINTENANCE TO THE DIRECT DEPOSIT I HAVE REQUESTED. I FURTHER AGREE TO NOTIFY CITY OF TRENTON IN ADVANCE OF ANY AND ALL CHANGES THAT I WISH TO TAKE EFFECT.

I UNDERSTAND THAT MY FIRST PAYCHECK AFTER THIS REQUEST WILL BE IN THE FORM OF A PAPER CHECK.

_____	_____	_____	_____
Last Name of Employee	First Name	M.I.	Phone Number

_____	_____
Signature of Employee	Date