

MACOMB TOWNSHIP ELECTION INSPECTOR APPLICATION
(PLEASE COMPLETE BOTH SIDES OF FORM)

Applicant Information

Full Name of Applicant (first, middle, last)	Date of Birth	Registered in Pct. #	
Street Address	City	State	Zip Code
Email Address	Home Phone Number	Cell Phone Number	

Political Party Affiliation (to be eligible for appointment, you MUST choose one)

- | | | | |
|-------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Republican | <input type="checkbox"/> Democratic | <input type="checkbox"/> Libertarian | <input type="checkbox"/> U.S. Taxpayers |
| <input type="checkbox"/> Green | <input type="checkbox"/> Natural Law | <input type="checkbox"/> Working Class | |

Registered in: City or Township of _____ County: _____

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

Education Background (*include highest grade completed or degrees held*)

Employment Background

Past Experience as an Election Inspector, if any (*include name of jurisdiction*)

Languages other than English that you speak (*if any*)

Please Rate your Computer Experience:

- None Novice Average Above Average Advanced

Are you Comfortable Using a Laptop? 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	Social Security Number	Date
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*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.

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|--|------------------------------|-----------------------------|
| Are you comfortable standing or sitting for long periods of time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you interested in becoming a Chairperson or Co-Chairperson? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have transportation to and from the polling location? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you willing to work at any polling location? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you proficient in speaking and reading English? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you capable of working well with others and following directions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you capable of maintaining a positive attitude with co-workers and the public? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you related to any of the candidates on the ballot? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Election Inspector Rate of Pay

Precinct Supervisor: \$275	Precinct Chairperson: \$250	Precinct Co-Chairperson: \$200
Counting Board Chairperson: \$250	Counting Board Co-Chairperson: \$200	Precinct Inspector: \$160
Electronic Poll Book Worker: \$50 + Rate	Mandatory Training: \$25	

I am available for the following elections:

- March 10th, 2020 August 4th, 2020 November 3rd, 2020

Please return this form to:

Kristi Pozzi, Clerk
54111 Broughton Road
Macomb, MI 48042
586-992-0710 extension 3
elections@macomb-mi.gov