

**ELECTION INSPECTOR APPLICATION**

\_\_\_\_\_  
(NAME OF CITY OR TOWNSHIP)

(Must be completed in your own handwriting in ink)

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

Phone #'s Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Registered in  City or  Township of \_\_\_\_\_ Pct # \_\_\_\_\_ Ward # \_\_\_\_\_

County of \_\_\_\_\_

Political Party Affiliation (**REQUIRED**; Other Party must be a recognized state party & may not be Independent):

Republican Party       Democratic Party       Other Party \_\_\_\_\_

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

Education Background (include highest grade completed or degrees 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, internet use specifically):

5 = very experienced, 1 = not 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

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 CENTER LINE

## Authority for Release of Information and Waiver of Liability

NAME	DATE OF BIRTH
SOCIAL SECURITY NUMBER:	PLACE OF BIRTH
DRIVER'S LICENCE NUMBER:	

I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by and to any duly authorized agent of the City of Center Line, whether the said records are public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records from educational, financial, or credit institutes, including records of deposits, withdrawals and balances of checking and savings accounts and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; any and all records of military service, employment and pre-employment records, including but not limited to background investigations, criminal/civil records, efficiency ratings, complaints or grievances filed by or against me, disciplinary reports, letters of reprimand, censure or other disciplinary action; salary records; results of polygraph examinations; use of sick leave; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records.

I reiterate and emphasize the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation which may provide pertinent data for the City of Center Line to consider in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Center Line and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of information cannot be revealed to me.

I hereby waive all actions, cause and cause of actions, damages, claims or demands of any kind or nature, and forever discharge the City of Center Line, and all members and employees, from any and all claims, demands, damages, and liabilities which may occur from, is cause by, or arises out of, or as a result of their investigation into my previous personal history, and their determination of my fitness to be employed by the City of Center Line.

A photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

PRINT NAME:	SIGNATURE OF APPLICANT:
CURRENT STREET ADDRESS	CITY:
STATE:	ZIP:

This document must be signed in the presence of a Notary Public:

State of Michigan  
County of Macomb

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My Commission expires \_\_\_\_\_, 20\_\_\_\_\_

Notary Public: \_\_\_\_\_