PUTNAM TOWNSHIP

Election Inspector Application

Form must be printed and filled out, by hand, in ink. When completed and signed, form can be scanned and returned via email to deputy clerk@putnamtwp.us or dropped off at the Township Hall.

Full name:
Date of birth: Email address:
Home address:
Home phone: Cell phone:
Registered in (check one):City <i>OR</i> Township of:
Precinct: County of:
Political party affiliation. (REQUIRED; must be a recognized state party and may <i>not</i> be Independent.) Check one:
Republican Party Democratic Party Green Party Libertarian
Natural Law US Taxpayers Working Class
Have you ever been convicted of a felony or election crime?YesNo
Education background (include highest grade completed or degrees held):
Employment background (include current or last place of employment and type of work performed):
Languages other than English that you speak (if any):
Please rate your computer experience (specifically, data look-up, database processing, internet use). $5 = \text{very}$ experienced, $1 = \text{not experienced}$ (check one): 1 2 3 45
List any past experience as an election inspector, if any. Include name of jurisdiction.
Do you have transportation?YesNo
Will you work at any polling place?YesNo If not, explain:
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.

Approved by State Director of Elections (August 2017)