## **ELECTION INSPECTOR APPLICATION**

## CITY OF LITCHFIELD

(NAME OF CITY OR TOWNSHIP)

(Must be completed in your own h	andwriting in ink)				
Full Name					
Date of Birth/_	/ Email Addre	ess			
Home Address					
Phone #'s Home:	Work:		_ Cell:		
Registered in ☐ City or ☐Townsh	nip of	Pct	.#	Ward #	_
County of					
Political Party Affiliation (REQUIR Republican Party				may <u>not</u> be Indepe	
Have you ever been convicted of	a felony or election crim		□ No		
Education Background (include his					==
Employment Background (include	current or last place of			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Languages other than English that					_
Please rate your computer experie	ence (data look-up, data - very experienced, 1 =		, internet u	se specifically):	
a ·	□2 □3	<b>4 5</b>	5		
Past experience as an election ins	pector, if any (include r	name of jurisdiction	on)		-
Do you have transportation?   Y	es 🗆 No Will yo	u work at any po	lling place?	Yes No	-
I CERTIFY THAT I am not a memidentified above. I FURTHER CEI knowledge and belief.					
		Date	1		_
Signature of Appli	cant				•

\* 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 (June 2013)