



# Bloomfield Township Election Inspector Application

According to State law, this form must be completed in your own handwriting in ink.

## Personal Information

Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
(First, Middle, Last)

Preferred Pronouns: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you a registered voter? Yes or No

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

## Political Party Affiliation

(REQUIRED; must be a recognized state party & may not be Independent or Non-Partisan.)

Circle One:

Republican    Democratic    Libertarian    U.S. Taxpayers    Green    Natural Law    Working Class

## Education and Experience Information

Education Background (include highest grade completed or degree held): \_\_\_\_\_

Current or last place of employment and type of work performed: \_\_\_\_\_

List any past experience as an election inspector, if any (include the name of the jurisdiction): \_\_\_\_\_

## Signature and Certification

I certify that I am not a member or a known 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 beliefs. By signing this application, I authorize Bloomfield Township to conduct a background check in relation to this application to serve as an election inspector and authorize all relevant agencies and entities to disclose information about me pertaining to criminal records and their content. I understand that Bloomfield Township may rely on this authorization to order additional background checks if I seek to serve as an election inspector in the future without asking for additional authorization. I also consent to Bloomfield Township using my likeness (e.g. video or photograph) in its print or social media materials.

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 ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT.

Return the application to the Clerk's Office at 4200 Telegraph Rd., Bloomfield Hills, MI 48302

Phone: 248-433-7702 Fax: 248-642-7610 Email Address: clerk@bloomfieldtpw.org