



Oakland County Elections Division
1200 N. Telegraph Rd. Dept. 417
Pontiac, MI 48341-0417

Election Inspector Application

Instructions: Please print. All fields are required. The application cannot be typed, State law requires it be completed in your own handwriting.

Name: _____ Date of Birth: _____
(First) (Middle) (Last) (MM/DD/YY)

Home Address: _____
(Street) (City) (Zip)

Phone Number: _____ Email: _____ Precinct #: _____

Political Party Affiliation (You **MUST** check one to be eligible for appointment):

- ☐ Democrat ☐ Republican ☐ U.S. Taxpayers ☐ Working Class ☐ Libertarian
☐ Green ☐ Natural Law

Are you a qualified and registered elector of this state?

☐ Yes ☐ No If No, are you 16 or 17 years of age? ☐ Yes ☐ No

Have you ever been convicted of a felony or election crime?

☐ Yes ☐ No

Are you willing to work in an Absent Voter Counting Board?

☐ Yes ☐ No

Are you, your spouse, or a relative within your household running for political office? (If Yes, please indicate the office, jurisdiction, and name of the individual)

☐ Yes, _____ ☐ No

Educational Background (include highest grade completed or degrees held):

Employment Background (include current or last place of employment and the type of work performed):

Election Inspector Experience, if any (include the name of the jurisdiction(s) and the date of the elections):

I certify that I am not a member of a known active advocate of a political party other than the party identified above. I further certify that the facts I have provided are true to the best of my knowledge and belief.

Applicant's Signature

Date

Please return this form via one of the methods below:

(mail) Oakland County Elections Division
1200 N. Telegraph Rd. Dept. 417
Pontiac, MI 48341-0417
(e-mail) elections@oaklandcountymi.gov
(fax) 248-858-1533