



YPSILANTI  
TOWNSHIP

# CHARTER TOWNSHIP OF YPSILANTI

## ELECTION INSPECTOR APPLICATION

**The Election Inspector application must be submitted in person** at the Ypsilanti Township Clerk's Office and you will be required to show your Michigan Driver's License or State ID card **AND** your Social Security Card or Birth Certificate.



(Application must be completed in your own handwriting, in ink)

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(If different, note this is where all correspondence including election checks will be mailed.)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Length of residence in City, Township or School District: \_\_\_\_\_

Have you been convicted of a felony or election crime? **YES**  **NO**

Political Party Affiliation (To be eligible for appointment, you must check one.)

Republican \_\_\_\_\_ Democratic \_\_\_\_\_

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

\_\_\_\_\_

Election Inspector experience, if any Include names of jurisdiction: \_\_\_\_\_

\_\_\_\_\_

Please list computer experience you have, including software you have worked with (if any): \_\_\_\_\_

\_\_\_\_\_

Do you have transportation? \_\_\_\_\_ Are you willing to work at any polling location? \_\_\_\_\_

I certify that I am not a member or a known active advocate of a political party other than the party listed above. I further certify that the foregoing statement are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicate

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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 office of another party; (2) is affiliated with another party through an elected or appointed government position; (3) has made documented, public statements specifically supporting by name another political party or its candidates in the same calendar year at the election which the person will serve as an election inspector. "Documented public statements reported by the news media or written statements with a clear and unambiguous attribution to the applicant".

**STATE AND FEDERAL TAX INFORMATION**

**NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE #'s HOME:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**I ELECT TO HAVE STATE AND FEDERAL TAX WITHHELD FROM MY PAY**

\_\_\_\_\_ **Yes** (withholding forms must also be completed and returned with application)

\_\_\_\_\_ **No**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Withholding forms needed:**

**Employee's Withholding Certificate** W-4 2023

**W4**

**Employee's Michigan Withholding Exemption  
Certificate State of Michigan – Department of  
Treasury** MI-W4 Rev. 12-20

**MI-W4**

**\*\*Employment Eligibility Verification ... Form I-9**

**I-9 Form**

**DO NOT COMPLETE SECTION 2 – EMPLOYER OR  
AUTHORIZED REPRESENTATIVE REVIEW  
AND VERIFICATION**

**Section 2** will be completed by an Ypsilanti Township HR  
Department when you submit your application in person.