

# Town of Dekorra

## Application for Election Inspectors

First Name:	Last Name:		
Address:	City:	State:	Zip:
Daytime Phone:	Cell Phone:		
Email Address:	Are you age 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, enter date of birth: _____		
Are you currently a <b>registered member</b> of a political party? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Other _____			
Any special requests or accommodations?			

(Check all that apply)

- I wish to work as an Election Official for the January 1, 2020 - December 31, 2021 term.
- I would like to attend the Chief Inspector core training.

### **Preferred Shift:**

- 1<sup>st</sup> shift (6:30 am – 2:00 pm)
- 2<sup>nd</sup> shift (1:45 pm – close of polling station)
- Either shift
- Double shift (6:30 am – close of polling station)

### **Which elections are you available to work? (Check all that apply)**

- Spring Primary (3<sup>rd</sup> Tuesday in February, every year)
- Spring Election (1<sup>st</sup> Tuesday in April, every year)
- Fall Primary (2<sup>nd</sup> Tuesday in August of even-numbered years)
- General Election (1<sup>st</sup> Tuesday after first Monday in November of even-numbered years)

### **APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date