



# CITY OF BATTLE CREEK

## CITY CLERK

Thank you for your interest in serving the City of Battle Creek as an Election Inspector. The City has 21 precincts and an Absentee Counting Board that serve 39,000 voters. Duties of an Election Inspector include assisting voters at the polls, checking registrations, entering names in Poll Books, setting up voting stations, etc.

To be an Election Inspector, the following conditions must be met:

- ✓ 16 to 18 years of age and a resident of the State of Michigan **or**
- ✓ 18 years of age, U. S. Citizen and a registered voter in the State of Michigan
- ✓ Attend an Election Inspector 2 Year Certification training session
- ✓ Ability to work at any Polling location
- ✓ Ability to work from 6:00 AM on Election Day until the polls close and final balancing is completed (Partial shifts may be available)
- ✓ Available to complete additional balancing at the Calhoun County Board of Canvassers as necessary (the week of the election and the following week).
- ✓ **Cannot have ever been convicted of a Felony or Election Crime ever**

Inspectors normally work a 16 hour day beginning at 6:00 A.M. and are paid \$11 per hour. Chairpersons are paid \$13 per hour and Electronic Poll Book operators are paid \$12 per hour.

Please complete the enclosed application documents and return them to the City Clerk's Office, along with a copy of your driver's license or ID and your Social Security card. Your application cannot be processed without identification and SS information.

Sincerely,

*Victoria L. Houser*

Victoria L. Houser  
City Clerk

By signing below you acknowledge that you understand and meet the above requirements to be an Election Inspector.

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Date:

10 NORTH DIVISION SUITE 111 P.O. BOX 1717 BATTLE CREEK MICHIGAN 49016-1717

PHONE (269) 966-3348 FAX (269) 966-3555 WEB: [WWW.BATTLECREEKMI.GOV](http://WWW.BATTLECREEKMI.GOV)

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**APPLICANT STATEMENT**

I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions – verbal or written – may disqualify me from further consideration for employment and may result in discipline or dismissal, at the City’s discretion, if discovered at a later date.

I authorize a thorough investigation of all statements and references contained in this application and of my employment, educational and criminal history, including discipline and attendance records, and agree to cooperate in such investigation. I release from all liability and responsibility all persons and entities requesting or supplying such information and waive any right to notice of such disclosure.

I understand that employees of the City who are not represented by a collective bargaining unit, are employed on an at-will basis, and are subject to termination at any time, with or without notice, discipline, or warning, for any or no reason. No person other than the City Manager, or his designee, has authority to offer employment for any specified period or to make any different agreement. No such agreement will be enforceable unless it is in writing, pertains specifically to me, and is signed by the City Manager, or his designee. Without limiting the foregoing, I further understand that I am required to abide by all rules and regulation of the City and to work the hours, days and shifts (either day or night) scheduled by the management of the unit in which I am employed.

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**Employee Signature**

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**Print Name**

**ACKNOWLEDGEMENT OF  
TEMPORARY EMPLOYMENT**

I understand I am being employed by the City of Battle Creek in a temporary capacity only and for such time as my services are required. I understand that this temporary employment does not entitle me to any special consideration for permanent employment. I further understand that my temporary employment is “at-will” and may be terminated by either party at any time without resort to any disciplinary procedures set forth for permanent employees. I also understand that I am not eligible to participate in any fringe benefit program, retirement program, or any other programs available to permanent employees (unless required by law) and in the event I am allowed participation in any benefit or program, then my continued participation may be voluntarily withdrawn or terminated by the City of Battle Creek at any time.

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**Employee Signature**

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**Date**

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**Print Name**

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# State of Michigan Election Inspector Application

(Complete in your own handwriting and return to your local City/Township Clerk - find your local Clerk at [mi.gov/vote](http://mi.gov/vote))

## personal information

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

Phone #'s Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Registered in  City or  Township of \_\_\_\_\_ Pct # \_\_\_\_\_ Ward # \_\_\_\_\_

County of \_\_\_\_\_

Political Party Affiliation (**REQUIRED**; must be a recognized state party & may not be Independent):

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

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

## education and experience information

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

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

Languages other than English that you speak (if any) \_\_\_\_\_

Please rate your computer experience (data look-up, database processing, creating .pdfs, etc.):

1 = not experienced, 5 = very experienced

1  2  3  4  5

Past experience as an election inspector, if any (include name of jurisdiction) \_\_\_\_\_

Do you have transportation?  Yes  No

Will you work at any polling place?  Yes  No If not, explain: \_\_\_\_\_

## signature and certification

I CERTIFY THAT I am not a member or a known active 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 belief.

\_\_\_\_\_  
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 MADE ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT.

Approved by State Director of Elections (August 2017)

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