



CHARTER TOWNSHIP OF INDEPENDENCE - Township Clerk
6483 Waldon Center Drive - Clarkston, Michigan 48346
Phone: (248) 625-5113; Fax: (248) 625-2585

STUDENT ELECTION INSPECTOR QUALIFICATIONS & INFORMATION

ELECTION INSPECTOR QUALIFICATIONS:

- ★ Students **MUST** be at least 16 years of age;
- ★ Students **MUST** declare a recognized political party affiliation; may not list *Independent*;
- ★ Students 18 years of age **MUST** be a registered voter in the State of Michigan;
- ★ Students **MUST** complete a *Student Election Inspector Application & I-9 Form* with acceptable identification* (*Complete page 1 of 3 of the I-9 Instructions and Form Packet*), and Minors age 16 or 17 must obtain a yellow CA-7 Form from their school's office to complete with proper signatures**;
- ★ Students **MUST** attend mandatory "paid" training;
- ★ Students **MUST** not have a felony record or have been convicted of an election crime.

***Acceptable Identification for I-9 Form:** Michigan Election Law requires verification of identity and eligibility to vote, which requires verification of United States citizenship. Because "original" documents must be presented when an employer accepts the I-9 form, student election inspectors must personally submit their application with documents in person so that the original document can be examined for authenticity. The most common documents used for verification are: 1. Driver's license and social security card; 2. Driver's license and birth certificate; **OR** 3. U.S. Passport. See Page 3 of the I-9 form for other acceptable documents.

****Work Permit is required for Minors 16 and 17 years of age:** Michigan Law requires all Minors age 16 and 17 to complete a CA-7 State of Michigan Work Permit/Age Certificate. The Minor obtains a yellow CA-7 form from their school's Issuing Officer and completes Section I of the form. Then the Minor submits the CA-7 form along with the Student Election Inspector Application and proper identification to the Township Clerk's Office. The Clerk completes Section II of the CA-7 form and immediately returns the CA-7 form to the Minor to take back to the school for the Issuing Officer's signature and date in Section III. Once signed, the student returns the CA-7 permit to the Township Clerk's Office before applicant can begin work.

ELECTION INSPECTOR WAGES:

- ★ Election Inspector = \$150.00
- ★ Electronic Poll Book Inspector = \$160.00
- ★ Training = \$20.00 per required class



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STUDENT ELECTION INSPECTOR APPLICATION

<u>IMPORTANT:</u>	<ul style="list-style-type: none"> • Work Permit required for minors 16 or 17 years of age • Must present ORIGINAL I-9 acceptable documents in person when submitting application • Must be completed in your own handwriting in black or blue ink
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Full Name: _____ Date of Birth: _____

Home Address: _____ City, St: _____ Zip: _____

Mailing Address: _____ City, St: _____ Zip: _____
(if applicable)

Email Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

If 18 years of age, registered to vote in: _____ Pct #: _____
(Name of Jurisdiction)

Political Party Affiliation: **REQUIRED:** Must be a recognized State party and may NOT be "Independent."

- | | | | |
|-------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Democratic | <input type="checkbox"/> Green | <input type="checkbox"/> Libertarian | <input type="checkbox"/> Natural Law |
| <input type="checkbox"/> Republican | <input type="checkbox"/> U.S. Taxpayers | <input type="checkbox"/> Working Class | |

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

Educational Background: – (Include highest grade completed &/or degrees held): _____

Employment Background: – (Insert current or last place of employment or retired and type of work performed): _____

Do you have previous experience working as an Election Inspector in another jurisdiction? Yes No
If yes, Name of Jurisdiction: _____

Rate your computer experience: (NO EXPERIENCE) 1 2 3 4 5 (HIGH EXPERIENCE)

Do you have experience using a laptop computer? Yes No

Do you have reliable transportation? Yes No Will you work at any polling location? Yes No

Do you wish to receive Chair/Co-Chair training? Yes No

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

Signature of Parent or Guardian if under 18 years of age

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



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.