

208 Jarvis Street | Suite A | Ridgeway, WI 53582

Election Inspector Application

First Name:	Last Name:		
Address:	City:	State:	Zip:
Daytime Phone:	Cell Phone:		•
Email Address:	, ,	Yes 🛛 No	
	If no, enter date of birth:		<u> </u>
Are you currently a <u>registered member</u> of a political party?			
If yes, please indicate: Democratic Republican Other			
Any special requests or accommodations?			

Preferred Shift:

Preferred Shift:	Which elections are you available to work?		
□ 1 st shift (6:30 am – 1:30 pm)	(Check all that apply)		
 2nd shift (1:30 pm – close of polling station) Either shift Double shift (6:30 am – close of polling station) 	Spring Primary (3 rd Tuesday in February, every year)		
	□ Spring Election (1 st Tuesday in April,		
	every year)		
	Fall Primary (2 nd Tuesday in August of even-numbered years)		
	General Election (1 st 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

www.ridgewaywi.gov | Phone: (608) 924 - 5881 | info@ridgewaywi.gov