



City of Hudson Election Inspector Application

FOR OFFICE ONLY
Election Cycle: _____

Part A: Applicant Information			
1. Full Name of Applicant: _____			
2. Home Address (no PO Box) _____			
3. County _____	4. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		
5. Mailing Address (if different from physical address) _____			
6. City _____	7. State _____	8. Zip Code _____	
9. Applicant Phone _____	10. Applicant Email _____		

Part B: History	
1. Have you served as an election inspector in the State of Wisconsin in the past 6 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you served as an election inspector in the City of Hudson in the past 6 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you served as Chief Election Inspector in the State of Wisconsin in the past 6 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If you have served as an election inspector in the past 6 years, please briefly describe where you served, how many elections you've worked, and what duties you've completed:	

Part C: Affiliation	
The State of Wisconsin dictates the process of appointing election inspectors. Every two years, each major political party nominates people to be election inspectors by submitting a list to the City of Hudson. A third list of unaffiliated nominees is compiled with names of people wishing not to associate with either major political party and who want to be election inspectors. Each list is submitted to the Common Council who approves or denies each person nominated.	
1. Have you been nominated by one of the major political parties to serve as an election inspector for the City of Hudson?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a. If yes, which political party? <input type="checkbox"/> Republican Party of St. Croix County <input type="checkbox"/> Democratic Party of St. Croix County	
1b. If no, do you wish to be nominated as an unaffiliated election inspector?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part D: Qualifications	
1. Are you a qualified elector of St. Croix County?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you available to serve at all elections in the two-year cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Will you fulfill all required training?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part E: Preferences	
<p>On election day, we have one central count location and three polling locations. Prior to election day, we have multiple skilled nursing facilities to serve along with occasional in-person absentee voting needs. Check all locations that interest you. <i>(Note: this does not guarantee placement in the indicated spots.)</i></p>	
<u>Election Day Locations</u>	<u>Before Election Day</u>
<input type="checkbox"/> Central Count (City Hall)	<input type="checkbox"/> Skilled Nursing Facilities (Special Voting Deputy)
<input type="checkbox"/> Faith Community Church	<input type="checkbox"/> In-Person Absentee Voting (City Hall)
<input type="checkbox"/> United Methodist Church	
<input type="checkbox"/> Hudson Fire Department (Fire Hall)	
1. Please check an election day shift preference: <input type="checkbox"/> Opening Shift <input type="checkbox"/> Closing Shift <input type="checkbox"/> All Day	
2. Do you have interest in becoming a Chief Election Inspector? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part F: Attestation	
<p>By signing below, I attest all information is true and correct. I understand that completing and submitting this application does not guarantee me a position as an election inspector for the City of Hudson.</p>	
Signature	Date
Name (Last, First, M.I.)	

Part G: For City Use Only	
Date application was filed with clerk	Date Approved by Common Council