

**CITY OF KAUKAUNA  
ELECTION INSPECTOR APPLICATION**



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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Explain briefly why you would like to become an Election Inspector. List any experience you feel may help you as an Inspector:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reasons for interest:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Availability / Preferences (full or half days/AM or PM/accommodations needed):**  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return to: City of Kaukauna Clerk, 144 W. Second Street, Kaukauna, WI 54130  
skenny@kaukauna.gov  
Questions? Call 920-766-6300