



# 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 23 precincts 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:

- ✓ A U. S. Citizen
- ✓ 16 to 18 years of age and a resident of the State of Michigan **or** 18 years of age and a registered voter in the State of Michigan
- ✓ **Form CA-7 Work Permit is required from your school and parent/guardian if you are under 18 years of age and limited to 10 hours in one day (Complete attached yellow form)**
- ✓ 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
- ✓ 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 and E-Poll Book Operators receive additional pay

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. 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)

**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**

# 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 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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

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

County of \_\_\_\_\_ Social Security #: \_\_\_\_\_

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**

# CITY OF BATTLE CREEK AUTHORIZATION FOR AUTOMATIC DEPOSITS

The undersigned hereby authorizes the City of Battle Creek to make deposits from time to time in the account identified below and authorizes the institution to accept such deposits. It is agreed that these deposits may be made electronically and under the Rules of the Michigan Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the City.

*If you are participating with only one institution, you only need to fill in the "Net Check" section.*

*If you wish to send your pay to more than one institution, please specify amounts for each and the institution for your net check.*

*If you close your account at your institution, you must complete another authorization form, removing your closed account.*

New      Bank Name \_\_\_\_\_  
 Same      A.B.A. Number/ / / / / / / / / /       Checking       Savings  
 Change  
 Delete      Account No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

New      Bank Name \_\_\_\_\_  
 Same      A.B.A. Number/ / / / / / / / / /       Checking       Savings  
 Change  
 Delete      Account No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

New      Bank Name \_\_\_\_\_  
 Same      A.B.A. Number/ / / / / / / / / /       Checking       Savings  
 Change  
 Delete      Account No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

New      Bank Name \_\_\_\_\_  
 Same      A.B.A. Number/ / / / / / / / / /       Checking       Savings  
 Change  
 Delete      Account No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

**NET CHECK**

New      Bank Name \_\_\_\_\_  
 Same      A.B.A. Number/ / / / / / / / / /       Checking       Savings  
 Change  
 Delete      Account No. \_\_\_\_\_

Your Direct Deposit will begin 2 pay periods from date of receipt.

Signature \_\_\_\_\_  
 Date \_\_\_\_\_ Clock No. \_\_\_\_\_

**State of Michigan  
 Combined Offer of Employment and Work Permit/Age Certificate  
 CA-7 for minors 16 and 17 years of age**

Permit Number for School Use (optional)
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**Employer Information:**

- The employer must have a completed front and back yellow work permit form on file **before** a minor begins work.
- The employer or an employee who is 18 years of age or older must provide competent adult supervision at all times.
- The employer of the minor must comply with federal, state, and local laws and regulations including nondiscrimination against any applicant or employee because of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status, or disability.
- The employer must return the work permit to the issuing officer upon termination of the minor's employment.

**Directions: Please type or print using black ink pen. ALL FIELDS MUST BE COMPLETED. Back of this form must have summary of requirements.**

**Section I: Each Box *must be* Completed by Minor Applicant and Parent/Guardian**

Name of Minor:		Address:		City:	ZIP:
Age:	Date of Birth Month/Day/Year:	Last Four Digits of Social Security Number:		Contact Telephone Number for Minor:	
Name of School (present or last attended):		Address:		City:	ZIP:
<b>Last Grade Completed:</b> School Status (check one): <input type="checkbox"/> in school <input type="checkbox"/> home school <input type="checkbox"/> online/Cyber/Virtual school <input type="checkbox"/> not attending school				Type of Business (i.e., fast food, manufacturing):	
Signature of Minor: (x)		Name of Parent/Guardian (circle one):		Parent/Guardian Telephone:	

**Section II: Each Box *must be* Completed by the Employer - Offer of Employment**

Name of Business :		Address:		City:	ZIP:
Earliest Starting Time 6:00 a.m. No earlier than 6:00 am No earlier than 6:00 am	Latest Ending Time 10:30p.m. No later than 10:30 pm(Sun-Thurs) No later than 11:30 pm (Fri-Sat)	Hours per Day: <b>No more than 8</b>	Number of Days per Week: <b>No more than 6 per week</b>	Total Hours of Employment: <b>No more than 24 when school in session; No more than 48 when school not in session</b>	
Applicant's Job Title:	Hourly Wage:	Name Job Duties/Tasks to be Performed by Minor:		Name Equipment/Tools to be Used by Minor:	
Will the minor be working under an hours deviation granted by the Michigan Department of Education? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach the Individual Application for Hours Deviation for 16 and 17 Year Old Minors along with this original yellow CA-7 and mail to: <b>MDE/OCTE P.O. Box 30712, Lansing, Michigan 48909</b> , for approval					
Signature of Employer: (x)		Title:		Telephone:	Date:

**Section III: Each Box *must be* Completed by School's Issuing Officer – Must be Signed by the Issuing Officer to be Valid**

This is to certify that: (1) the minor personally appeared before me, (2) this form was properly completed, (3) listed job duties are in compliance with state and federal laws and regulations, (4) listed hours are in compliance with state and federal laws and regulations, (5) this form was signed by student and employer, and I authorize the issuance of this work permit.	Evidence of Age Confirmed by (issuing officer checks one):		Number of Work Hours per Week, when School is in Session:
	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Certificate of Arrival in the U.S.	<b>No more than 24 hours per week</b>
	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Hospital Record of Birth	Number of Work Hours while school is not in session (Summer, Spring, Xmas vacation):
	<input type="checkbox"/> School Record	<input type="checkbox"/> Baptismal Certificate	<b>No more than 48 hours per week</b>
	<input type="checkbox"/> Other (describe)		
Name of School District:	Printed Name of Issuing Officer:		Title:
Address:	Signature of Issuing Officer:  (x)		Issue Date:
City, State, ZIP:			
Telephone Number:			

## Summary of Requirements CA-7 MICHIGAN WORK PERMIT AND AGE CERTIFICATE

The **Minimum Age for Employment is 14 years** except that a minor 11 years of age or older may be employed as a youth athletic program referee or umpire for an age bracket younger than his/her own age or as a golf or bridge caddy; 13 years of age or older may be employed to perform services which entail setting traps for formal or informal trap, skeet and sporting clays shooting events or in some farming occupations described in section 4(3) of the Youth Employment Standards Act 90 of 1978. ***Adult supervision is required, at all times.***

**Who Needs a CA-7 Yellow Work Permit?** A 16 or 17 year old minor attending any type of schooling (***including but not limited to home school – cyber school – online school – virtual school***) or not attending school or is an out of state resident and not specifically exempt from the Youth Employment Standards Act (P.A. 90 of 1978) sections ***409.116; 409.117; 409.118; 409.119***. This completed (all sections I, II, III) yellow CA-7 work permit allows a minor to be employed, only by the employer at the location, listed in Section II; therefore, ***minor shall not begin*** employment in an occupation regulated by this act until the person proposing to employ the minor procures and keeps on file at the place of employment a completed original yellow CA-7 which is valid ***until minor turns 18 or graduates***, as long as the minor works for the same employer.

**Who Issues the Work Permit?** A State of Michigan issuing officer is the chief administrator of a school district, intermediate school district, public school academy, or nonpublic school, or a person authorized by that chief administrator in writing to act on his/her behalf.

**Employment of Minors:** A minor under 18 years of age shall not be employed in, about, or in connection with an occupation that is hazardous or injurious to minor's health or personal well-being or which is contrary to standards established by state and federal acts, (i.e., construction, slicers, motor vehicle operation, power-driven machinery).

### **Instructions for Completing and Issuing:**

1. The Minor obtains the yellow CA-7 from a State of Michigan Issuing Officer of the school district and completes Section I.
2. The Minor takes the yellow CA-7 to the Person/Employer proposing to employ the minor to complete Section II.
3. The Employer/Person gives the yellow CA-7 back to the minor to return to the State of Michigan Issuing Officer who verifies age of minor (using best available evidence ***409.105 of Public Act 90 of 1978***) and ensures compliance with state and federal laws and regulations.
4. The State of Michigan Issuing Officer, after reviewing all information in Sections I, II and III then sign and date in Section III.
5. The State of Michigan Issuing Officer makes copy of CA-7 and place copy in minor's permanent school file and returns original to the minor.
6. The Minor gives completed original yellow CA-7 Work Permit to the Employer/Person listed in Section II **before** beginning work.

The failure or refusal to issue a work permit by the school may be appealed by the minor in accordance with Public Act 306 of 1969.

**Employer's Responsibilities:** The issuance of a work permit ***does not authorize*** employment of minors contrary to state or federal laws and regulations.

- Must have a valid (front and back) and completed original yellow CA-7 Work Permit form **before** a minor begins work.
- Shall keep the original yellow work permit form and any approved deviation with parental consent on file at the place of employment.
- Must provide competent adult supervision, at least 18 years of age or older, at all times.
- Must comply with federal, state, and local laws and regulations including nondiscrimination against any applicant or employee because of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status, or disability.
- Records required by Public Act 90 of 1978, as amended, must be maintained and made available for inspection by an authorized representative of the department.
- Must return the work permit to the issuing officer upon termination of the minor's employment.
- Must post all required work place poster at work site/work location; "Posting Requirement" may be downloaded at [www.michigan.gov/rmde](http://www.michigan.gov/rmde).

**Issuing Officer's Responsibilities:** A copy of the CA-7 and any Michigan Department of Education deviation forms shall be filed in the minor's permanent school file. Work permits shall not be issued if the work is hazardous or injurious, information is incomplete, or if the minor's employment is in violation of state or federal laws and regulations.

### **Minors 16 or 17 Years of Age Work Hours:**

1. No more than 6 days in one (1) week.
2. No more than a weekly average of 8 hours in one (1) day.
3. No more than 10 hours in one (1) day.
4. No more than 24 work hours in one (1) week when school ***is in*** session ***regardless*** of the number of school hours.
5. No more than 48 work hours in one (1) week when school ***is not*** regularly in session (Christmas, Spring or Summer vacation, etc.)
6. Not more than 5 hours continuously without a documented and uninterrupted 30 minutes or more meal or rest period.
7. Sunday - Thursday between the hours of 6:00 a.m. and 10:30 p.m.
8. Friday - Saturday between the hours of 6:00 am and 11:30 p.m., and not regularly attending school (i.e., summer vacation, etc).

**Hours Deviations:** At any time an employer may apply through the Office of Career and Technical Preparation for a General Hours or an Individual Application for Hours Deviation allowing the minor to work beyond the legal hours of employment allowed by the act (***409.120(2)***).

**Michigan Youth Employment Standards Act (P.A. 90 of 1978):** For information about the law, rules, and regulations contact the Office of Career and Technical Preparation, PO Box 30712, Lansing, MI, 48909, phone 517/373-3373, [www.michigan.gov/octp](http://www.michigan.gov/octp) and click on 'Career Preparation System', then select 'Work Based Learning Guide For Risk Management' and go to section 6.

**Federal Fair Labor Standards Act:** For information about federal child labor provisions contact the U.S. Department of Labor, Wage and Hour Division, at 1-866-4USWAGE or [www.youthrules.dol.gov](http://www.youthrules.dol.gov).

**Revocation of Permit:** A permit may be revoked by the school issuing officer if: (1) poor school attendance results in a level of school work lower than that prior to beginning employment or (2) the Michigan Department of Education/U.S. Department of Labor informs the school of an employer's violations of state or federal laws or regulations. Any minor who has a permit revoked shall be informed of the appeal process by the school.

**THIS DEVIATION IS NOT VALID WITHOUT ORIGINAL FRONT AND BACK YELLOW WORK PERMIT**

**INDIVIDUAL APPLICATION FOR HOURS DEVIATION  
FOR 16 AND 17 YEAR OLD MINORS**

Michigan Department of Education  
Office of Career and  
Technical Education

**Mailing Address:**

P.O. Box 30712  
Lansing, MI 48909  
Telephone#: (517) 335-6041  
Facsimile#: (517) 373-8776  
www.michigan.gov/mde

**FOR OFFICE USE ONLY**

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

Expiration Date: *Minor's 18<sup>th</sup> birth date  
and/or graduate*

Authority: Act 90, Public  
Acts of 1978 as amended

MDE is an equal opportunity employer/program. Auxiliary aids, services, and other reasonable accommodations are available, upon request, to individuals with disabilities. Call (517) 335-6041 to make your needs known to this agency.

**EMPLOYER INFORMATION**

**IMPORTANT:** Deviation of hours cannot be granted unless this form is completed and returned for review and approval. If approved by the Department, the deviation is valid for the purpose indicated. ***An adult supervisor must be present during the period of time during which the minor works.***

Business Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Corporate Name: \_\_\_\_\_ Federal Tax ID# 38-6004523

Corporate Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**MINOR DUTIES/RESPONSIBILITIES TO BE PERFORMED:**

Location where minor will work the deviated hours if approved by the Department:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

- **During the period the employee attends school, the business listed above requests approval to employ the named employee before the hour of 6:00 a.m. or after the hour of 10:30 p.m. as follows:**

**Sunday through Thursday:** \_\_\_\_\_ **Friday & Saturday:** \_\_\_\_\_

- **The business requests approval to employ the named employee, not attending school, during the following hours before 6:00 a.m. or after 11:00 p.m.:**

\_\_\_\_\_

**EMPLOYEE INFORMATION**

Minor's Name (Please Print) \_\_\_\_\_ Last Four Digits of Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PLEASE COMPLETE OTHER SIDE**

# STATEMENT OF SCHOOL ATTENDANCE

**NOTE: This section must be signed and dated by school's representative and minor's original front and back work permit must attached to this form.**

The named minor attends school \_\_\_\_\_ hours per week.

\_\_\_\_\_  
Name and Address of School Attended by Minor

\_\_\_\_\_  
Signature of School Representative

\_\_\_\_\_  
Date

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## PARENTAL/LEGAL GUARDIAN PERMISSION STATEMENT

I give my permission for \_\_\_\_\_ to work the deviated hours indicated on this application (***not to exceed 24 work hours in one (1) week when minor is in school and school is in session or 48 work hours when school is not in session***).

\_\_\_\_\_  
Signature of  Parent OR  Legal Guardian (**Check appropriate Box**)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Parent or Legal Guardian

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Signature of Employer or Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name of Employer or Representative

\_\_\_\_\_  
Date Application Signed

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**By signing this form the employer certifies that all statements in this application are true and that:**

1. Records will be maintained on the premises where the minor is employed, certifying that **work hours do not exceed 24 in one (1) week if minor is a student in school and school is in session OR 48 work hours when school is not in session** (effective October 18, 2011)
2. The employment of all minors at this establishment will comply with the provision of Act 90.
3. Records required by Act 90 will be maintained and made available for inspection by an authorized representative of the department.

**Any minor employed under the provisions of this deviation shall not be employed:**

1. More than six (6) days in one (1) week.
2. An average of 8 hours per day in one (1) week.
3. Ten (10) hours in one (1) day.
4. Subject to subdivision (e), 48 work hours in one (1) week when school is **not** in session.
5. 24 work hours in one (1) week, **if minor is a student in school and school is in session** (effective October 18, 2011).
6. Not more than 5 hours continuously without a full and documented 30 minute meal or rest break.
4. In violation of any of the Department's standard.

**A Parent or Guardian may deny or revoke approval for the minor to work the deviated hours requested.**

The Director or their representative of the Department of Education may **deny or revoke** a deviation when the employer is in violation of any standard of the Department, or **modify** a deviation to comply with a related state or federal standard.

An employer may request a hearing to review a modification or denial by submitting written notice to the department. Upon receipt of the written appeal, a hearing will be scheduled before an administrative law judge, providing the employer an opportunity to justify the deviation.

**THIS APPROVAL DOES NOT APPLY IF FEDERAL LAW OR A MUNICIPAL ORDINANCE ESTABLISHES A MORE RESTRICTIVE HOURS STANDARD.**