



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize EDUStaff (hereafter "Company") to initiate automatic deposits to my account at the financial institution (hereafter "Bank") named below. I also acknowledge that the company is allowed to reverse and ACH/Direct Deposit credit entry made in error.

Further, I agree not to hold the company responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until EDUStaff and its payroll provider receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the payroll department.

Employee – Required Information

Employee Name / ID: Kevin T Clark / 631149

Primary Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: ☐ Checking ☐ Savings
Percent (%) ☐ Flat Dollar (\$) _____

Deposit Amount: ☐ _____

Secondary Deposit Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: ☐ Checking ☐ Savings _____

TFG Visa® Debit Card

☐ I prefer to receive my wages via the TFG Visa® Debit Card

- Free Retail Purchase (Point of Sale/PIN & Signature Based, including cash back)
- Free Monthly Maintenance Fee
- ATM Withdrawal (Domestic, \$1.90)

Signature

Authorized Signature: _____ Date: 09/18/2015
Rev. 06/22/2011



3330 Broadmoor Ave SE
Suite A
Grand Rapids, MI 49512

P: 877.97.GOEDU
F: 877.974.6339
www.edustaffonline.com

**EMPLOYEE REFERENCE CHECK FORM**

Michigan Law: PA 189 (1996) Section 380.1230(b)

The following individual has applied for a position with EDUStaff, LLC. Pursuant to PA 189 (1996); EDUStaff is requesting completion of the "Previous Employer Statement" of this form and copies of any existing relevant unprofessional conduct documentation.

Attn: Human Resources Dept.

PCMI

140 Kent St

Portland, MI 48875

EDU Applicant: Kevin T Clark**Maiden Name:****Date of Birth:** 07/10/1990**SSN (Last 4):** 0003

APPLICANT STATEMENT: As a condition for employment with EDUStaff, LLC, to be contracted within an educational entity, pursuant to 1996 Public Act 189, I authorize my current and former employer(s) to (1) disclose to EDUStaff any unprofessional conduct by me, and (2) make available to EDUStaff copies of all documents in my personnel record relating to that unprofessional conduct.

I release my current and former employer(s), and their employees acting on their behalf, from any liability for providing the information described above.

I waive any written notice required under section 6 of the Bullard-Plawecki Employee Right to Know Act, MCLA 423.506, in connection with the provision of such information.

Unprofessional Conduct Definition: Public Act 189 defines "unprofessional conduct" as one or more acts of misconduct, one or more acts of immorality, moral turpitude, inappropriate behavior involving a minor, or commission of a crime involving a minor. A criminal conviction is not an essential element of determining whether or not a particular act constitutes unprofessional conduct.

Applicant Signature: _____ **Date:** _____

(PREVIOUS) EMPLOYER STATEMENT: Please check one of the following statements.

_____ I certify that no documentation of unprofessional conduct exists within the above person's personnel file.

_____ I offer and attach documentation relating to "Unprofessional Conduct" as defined above from the designated person's personnel file. (Attach supporting documentation)

Employer: _____

Signature: _____ **Date:** _____

Please send this form (and supporting documentation) to EDUStaff using the address, email address or fax number listed below.

EDUStaff, LLC

Attn: PA 189 Processing

3330 Broadmoor SE Suite A

Grand Rapids MI 49512

Email: documents@edustaff.org

Fax: 1-877-974-6339

Please feel free to contact us at 1-877-974-6338



LIVESCAN FINGERPRINT REQUEST

AUTHORITY: MCL 28.214, MCL 28.273 & MCL 28.162; **COMPLIANCE:** Voluntary, however failure to complete this form will result in denial of request.

After fingerprinting, return signed and completed form to employer or licensing agency.

I. Fingerprint Reason					
1. Code SE - Michigan School Employment (Adam Walsh Act)					
2. Requestor/Agency ID 1498A		3. Agency Name Riverview Community Schools			
II. Applicant Information: Type or clearly print answers to all fields before going to be fingerprinted.					
1a. Last Name Clark		1b. First Name Kevin		1c. Middle Initial T	1d. Suffix
2. Any Alternative Names, Last Names, or Aliases (Optional)					
3. Place of Birth (State or Country)		4. Date of Birth 07/10/1990		5. Social Security Number (Optional)	
6. Driver License State		7. Driver License Number C2342345523124432			
8. Address 3813 Ravine Wood Cir SE					
9. City Grand Rapids		10. State MI		11. ZIP Code 49508	
12. Sex Male	13. Race Caucasian/White	14. Height (Ft. & In)	15. Weight (Lbs)	16. Eye Color	17. Hair Color
III. Live Scan Information: Type or clearly print answers to all fields at the fingerprinting site.					
1. Date Printed			2. Picture ID Type Presented		
3. TCN			4. Live Scan Operator		

I understand the personal information and fingerprints submitted by live scan are used to search against criminal identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above.

I further understand MSP and the FBI may also retain the submitted information and fingerprints as permitted by the Privacy Act of 1974, 5 USC § 552a, for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety.

Signature: _____ Date: _____

NOTE: A signed copy of this form must be submitted to EDUStaff prior to being fingerprinted.

Phone: 877-974-6338 Fax: 877-974-6339 Email: contact@edustaff.org

28 CFR §16.34- Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

**** ENSURE THAT THE CORRECT FINGERPRINTING REASON CODE AND AGENCY ID ARE USED. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT CODES. ****

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**PUBLIC ACT 68 OF 1993 AND PUBLIC ACT 83 OF 1995
AUTHORIZATION FOR RELEASE OF CRIMINAL RECORDS CHECK FROM LOCAL SCHOOL DISTRICT**

The undersigned is a candidate for employment with the Howell Public School District and has indicated that a criminal records check was completed through the employment process at your school district. The candidate is requesting that this information be released to Howell Public Schools.

READ CAREFULLY – THIS DOCUMENT CONTAINS A RELEASE

Print Name: Kevin T Clark Male ☒ Female ☐

Social Security #: XXX-XX- 0003 Date of Birth: 07/10/1990

I hereby authorize _____ and its employees and agents to forward a copy of my criminal records check for the purpose of evaluating my qualifications as a candidate for employment with the Howell Public School District. I do hereby release the school district, its individual board members, employees, and agents, past and present, from any and all claims and/or liability whatsoever for any damages or consequences which may result from the pre-employment investigation, including the criminal records check, related to my consideration for employment. Send the copy of the criminal records check to:

Howell Public Schools
Personnel Department
411 N. Highlander Way
Howell, MI 48843

Dated: _____

Kevin T Clark
Print Full Name of Candidate

Candidate Signature

Dated: _____

Liza M. Kelly, J.D., PHR
Executive Director for Labor Relations and Personnel

Liza M. Kelly
Executive Director Signature

Labor Relations and Personnel

411 N. Highlander Way • Howell MI • 48843 • p. 517-548-6241 • f. 517-548-6229

Challenger Elementary • Huddings Elementary • Northwest Elementary • Southeast Elementary • Southwest Elementary • Three Firs Elementary
Voyager Elementary • Highlander Way Middle School • Parker Middle School • Howell High School



"Innovative Substitute Staffing Solutions For a Better Classroom"

CONVICTION DISCLOSURE FORM

<u>Kevin T Clark</u>	<u>Caucasian/White</u>		
Name	Race		
	<u>07/10/1990</u>	<u>M</u>	<u>0003</u>
Maiden Name	DOB	Gender	SSN
<u>C2342345523124432</u>	<u>Behavior</u>		
Driver's license #	Position		

- ☒ I have not been convicted of, nor pled guilty or nolo contendere (no contest) nor am the subject of a finding of guilt by a judge or jury of any misdemeanor or felony.
- ☐ I am awaiting disposition of a pending criminal case as indicated below (use separate sheet if necessary).
- ☐ This is my initial disclosure. I have been convicted of, or pled guilty or nolo contendere (no contest), or am the subject of a finding of guilt by a judge or jury for the following:

YEAR	TYPE (M/F, P = PENDING) & CONVICTION OR ARRAIGNMENT EXPLANATION

In signing this form, I understand and agree that:

- If I have been convicted of a Listed Offense, my employment shall be terminated. I also understand that if I have been convicted of a felony other than a listed offense, the superintendent or chief administrator and the board or governing body of the district(s) where I work must each approve my work assignment in writing.
- Until the criminal history report is received and reviewed by the employing school district, I am regarded as a conditional employee and if the criminal history report is not the same as my representation(s) above, my employment is voidable at the option of the employer.
- By signing this document, I acknowledge that any district where I work or intend to work has the authority to run a criminal conviction history check at any time while I am employed by EDUStaff.

Signature

Date



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Grand Rapids, MI 49512

P: 877.974.6338
F: 877.974.6339
www.EDUStaff.org

CONVICTION DISCLOSURE FORM
(may be discarded if blank)

YEAR	TYPE (M/F, P = PENDING) & CONVICTION OR ARRAIGNMENT	EXPLANATION
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Signature

Date