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"Innovative Substitute Staffing Solutions For a Better Classroom"

Applicant Information

Applicant Name: Kevin T Clark

Employee ID: 631149

Email: kclark03@localhost.com

Phone: 234-234-1324

Meeting Information

Location: No Meeting

Date/Time:

Meeting Note:

Bring the Following

- 1) Form(2) of Identification
Passport/Passport Card

- 2) Educational Documents
Copy of official undergraduate transcripts indicating 90+ credit hours earning at least a 2.0 GPA from an accredited college or university.

** Also, be sure to bring any document you were required to print and sign during the application process.*

District/Employee Type Selection:

District:

Livingston ESA - Howell Public Schools

Wayne RESA - Riverview Community Schools

Employee Type(s):

Substitute Teacher

Behavior

Criminal History (If Applicable)

Written changes to this packet:

Signature



"Innovative Substitute Staffing Solutions For a Better Classroom"

Criminal Records Release: I authorize EDUStaff, the ISD, and participating School Districts to secure a criminal history record from the appropriate law enforcement agency, consistent with current EDUStaff and school board policies and the State of Michigan regulations. I also authorize EDUStaff and the appropriate school district(s) to release information about my criminal history record information the school district(s) received concerning me to any employee of a non-public school or other school district to whom I choose for positional services. I understand this information is required in evaluating my suitability for employment consistent with Public Act 68 (1993) and Public Act 83 (1995). I fully release EDUStaff and chosen school districts to the maximum extent permitted by law from any liability whatsoever in connection with either the release or the use of the report obtained from the Michigan Department of State Police and the F.B.I.

Information Release: I understand that other information concerning my employment must be legally disclosed to a District, ISD, the State of Michigan, and other governmental entities. According to the social security number (SSN) privacy act (act 2004 PA 454.MCL 445.881et seq.,) no EDUStaff employee shall intentionally obtain, save, dispense or dispose of any individual's social security number. In connection with my employment with EDUStaff, I authorize the release of my personal information, criminal history background information, unprofessional conduct information, teaching certificate information, and any legitimately requested employment application or verification information requested by an ISD, a participating school district, the Department of Education, or other government entity.

Acceptable Use Policy: The use of contracted site technology is a privilege and not a right. Depending upon location, a school district/ISD may require the contracted employee to sign a site specific technology agreement policy. The district/ISD may deny, restrict, revoke or suspend specific user accounts at any time. The use of technology is intended for educational purposes only and is limited to job specific functions. Personal use of district/ISD technology is prohibited. Any account user must preserve the privacy and personal safety of the students. EDUStaff and the contracted site has the right, but not the obligation, to examine the content of users' documents or email or track websites visited by users. Any violation of the acceptable use policy will be subject to disciplinary action up to and including termination.

Certification & Truthfulness: I certify that the information I have provided with this application is accurate, complete, and truthful to the best of my knowledge. I acknowledge that any information found to be false, misrepresented, or not disclosed in connection with this application is grounds for denial of my application for employment, offer for employment, and potentially future termination of my employment. I authorize EDUStaff and its representatives the right to contact my previous employers, references, public agencies, and educational entities to verify the information I have provided with this application. I hereby waive any and all rights and claims I may have regarding EDUStaff for contacting, gathering, and using truthful and non-defamatory information, in a lawful manner, in connection with analyzing my employment credentials and other employment related eligibility.

Michigan Retirement:

If I retired from a Michigan Public School after July 1, 2010, I recognize that it is my responsibility to contact the Michigan Office of Retirement Services as it pertains to ORS "Core Services" rules that may affect my retirement benefits based on the Public Act 75 (2010).

APPLICANT ACKNOWLEDGEMENT & SIGNATURE:

By signing this applicant statement, I certify that I have read, acknowledge, and agree to all of my supplied application information and the applicant acknowledgements:

Signature

Date



"Innovative Substitute Staffing Solutions For a Better Classroom"

APPLICANT ACKNOWLEDGEMENTS:

Equal Opportunity Employer: It is the policy of EDUStaff to prohibit unlawful discrimination in its personnel practices. This includes all personnel practices, without regard to race, color, religion, sex, age, national origin, veteran status, disability, (or other) protected status or activity, according to applicable law. If an employee feels that he/she has been subjected to or witnessed any discrimination, he/she is to report this immediately to EDUStaff or a supervisor. Any complaint will be appropriately investigated. When a complaint is made, no retaliation shall occur for the good faith complaint. When it is found that an employee has violated this policy, appropriate action will be taken, up to and including termination. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify EDUStaff, LLC within 182-days after the need is known (the 182-day limit on accommodation is pursuant to Michigan law but does not apply to federal law).

Offer of Employment: The completion of the application process, actions, and documentation does not constitute automatic employment with EDUStaff. I recognize that my interactions with EDUStaff during the group orientation meeting are part of the interview process and that EDUStaff may require additional interviewing and reference checks on top of any district required interviews and procedures prior to offers of employment. As there are several factors concerning employment offers within a "pooled dispatching" environment, I understand that there is no guarantee that my application for employment will be accepted.

Employment Relationship: I recognize that if an employment relationship is offered by EDUStaff, the employment relationship will be with EDUStaff, not the District or ISD. Furthermore, my employment relationship will be considered an "at will" employment relationship. This means there is no contractual relationship or promise made concerning my employment relationship beyond the specific relational definitions outlined in the EDUStaff Employee Policy Manual. Ultimately either I or EDUStaff can terminate the employment relationship with no cause and at any time.

District Approval & Removal: As listed on the first page of this application, I have selected district(s) and position(s) for potential placement. I recognize that each District has the final authority to grant or deny my access for placement within their district. Further, if I have been removed from a district, building, or program connected to previous employment or placement, these removals will remain intact and without question with an employment offer from EDUStaff.

Wages & Local Taxes: You may choose to receive payment of your wages by either direct electronic deposit or payroll debit card. If I have elected direct deposit, I authorize EDUStaff to initiate automatic deposits of my paycheck to my designated account(s) with my designated financial institution(s). I understand that funds will be available the morning of my assigned pay day, or the day following a banking holiday or closure. I further understand that a paycheck will not be mailed to me, but a copy of my check will be available on my EDUAccess website. I understand that EDUStaff is not responsible for any banking penalties or fees in the event of a direct deposit error based on either incorrect or incomplete information that I have provided or an error initiated by my financial institution. In the event of a payroll payment error, I authorize EDUStaff to make additional credits or withdrawals from my designated account equal to the specific payroll error. My selection of Direct Deposit will remain in effect throughout the duration of my EDUStaff employment until I initiate a direct deposit change or choose to receive my wages via payroll debit card. If I have elected to receive my wages via payroll debit card, I acknowledge that I have received and understand the cardholder fees associated with the payroll debit card. If I have elected tax withholdings for a local taxing municipality, I authorize EDUStaff to withhold my tax payment at the municipality residency rate. I further allow EDUStaff to pay this withholding upon my behalf as well as any earnings reporting required by the taxing municipality.

EDUStaff Policies & Procedures: As a part of the EDUStaff application process, I acknowledge the EDUStaff Employee Policies and Procedures Manual is available online and/or given to me personally at a Workshop. I also recognize that the Company reserves the right to change the policies and procedures set out therein. By initialing below I agree to become familiar with and abide by the policies and procedures of the manual. If there is anything I do not fully understand, I will initiate contact with EDUStaff for clarification.

Coaches' Code of Conduct: As part of the EDUStaff application process, I acknowledge that the Coaches Code of Conduct is available to me electronically in the EDUStaff Employee Policy Manual at www.edustaffonline.com. I agree to thoroughly read, become familiar with, and abide by the policies and procedures set forth in this manual. Furthermore, if there are any policies that I do not fully understand, I will initiate contact with an EDUStaff representative for clarification and assistance.

Initials _____

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H	_____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2015	
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial Kevin T		Last name Clark		2 Your social security number 000 00 0003	
Home address (number and street or rural route) 3813 Ravine Wood Cir SE City or town, state, and ZIP code Grand Rapids, MI 49508				3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5	0
6 Additional amount, if any, you want withheld from each paycheck				6	\$
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here				7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►				Date ►	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)				9 Office code (optional)	
				10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2015 nonwage income (such as dividends or interest)	6	\$	_____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	_____
8	Divide the amount on line 7 by \$4,000 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$
9	Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$

Table 1**Table 2**

Married Filing Jointly				All Others			
If wages from LOWEST paying job are—		Enter on line 2 above		If wages from LOWEST paying job are—		Enter on line 2 above	
\$0 - \$6,000	0			\$0 - \$8,000	0		
6,001 - 13,000	1			8,001 - 17,000	1		
13,001 - 24,000	2			17,001 - 26,000	2		
24,001 - 26,000	3			26,001 - 34,000	3		
26,001 - 34,000	4			34,001 - 44,000	4		
34,001 - 44,000	5			44,001 - 75,000	5		
44,001 - 50,000	6			75,001 - 85,000	6		
50,001 - 65,000	7			85,001 - 110,000	7		
65,001 - 75,000	8			110,001 - 125,000	8		
75,001 - 80,000	9			125,001 - 140,000	9		
80,001 - 100,000	10			140,001 and over	10		
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—		If wages from HIGHEST paying job are—	
\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
75,001 - 135,000	1,000	38,001 - 83,000	1,000
135,001 - 205,000	1,120	83,001 - 180,000	1,120
205,001 - 360,000	1,320	180,001 - 395,000	1,320
360,001 - 405,000	1,400	395,001 and over	1,580
405,001 and over	1,580		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

MI-W4

(Rev. 8-08)

**EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE
STATE OF MICHIGAN - DEPARTMENT OF TREASURY**

This certificate is for Michigan income tax withholding purposes only. You must file a revised form within 10 days if your exemptions decrease or your residency status changes from nonresident to resident. Read instructions below before completing this form.

Issued under P.A. 281 of 1967.

1. Social Security Number 000-00-0003			2. Date of Birth 07/10/1990		
3. Type or Print Your First Name, Middle Initial and Last Name Kevin T Clark			4. Driver License Number C2342345523124432		
Home Address (No., Street, P.O. Box or Rural Route) 3813 Ravine Wood Cir SE			5. Are you a new employee? <input type="checkbox"/> Yes If Yes, enter date of hire . . . <input type="checkbox"/> No		
City or Town Grand Rapids	State MI	ZIP Code 49508			
6. Enter the number of personal and dependent exemptions you are claiming			6. 0		
7. Additional amount you want deducted from each pay (if employer agrees)			7. \$		
8. I claim exemption from withholding because (does not apply to nonresident members of flow-through entities - see instructions): a. <input type="checkbox"/> A Michigan income tax liability is not expected this year. b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____ c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____					
EMPLOYEE: If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records.			<i>Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I anticipate that I will not incur a Michigan income tax liability for this year.</i>		
INSTRUCTIONS TO EMPLOYER: Employers must report all new hires to the State of Michigan. Keep a copy of this certificate with your records. If the employee claims 10 or more personal and dependent exemptions or claims a status exempting the employee from withholding, you must file their original MI-W4 form with the Michigan Department of Treasury. Mail to: New Hire Operations Center, P.O. Box 85010; Lansing, MI 48908-5010.			9. Employee's Signature _____ Date _____		
			Employer: Complete lines 10 and 11 before sending to the Michigan Department of Treasury.		
			10. Employer's Name, Address, Phone No. and Name of Contact Person EDUStaff, LLC 3330 Broadmoor Ave SE Grand Rapids, MI 49512		
			11. Federal Employer Identification Number 27-322904		

INSTRUCTIONS TO EMPLOYEE

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal and dependent exemptions or claimed a status which exempts you from withholding.

You MUST file a new MI-W4 within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent must be dropped for federal purposes.

Line 5: If you check "Yes," enter your date of hire (mo/day/year).

Line 6: Personal and dependent exemptions. The total number of exemptions you claim on the MI-W4 may not exceed the number of exemptions you are entitled to claim when you file your Michigan individual income tax return.

If you are married and you and your spouse are both employed, you both may not claim the same exemptions with each of your employers.

If you hold more than one job, you may not claim the same exemptions with more than one employer. If you claim the same exemptions at more than one job, your tax will be under withheld.

Line 7: You may designate additional withholding if you expect to owe more than the amount withheld.

Line 8: You may claim exemption from Michigan income tax withholding ONLY if you do not anticipate a Michigan income tax liability for the current year because all of the following exist: a) your employment is less than full time, b) your personal and dependent exemption allowance exceeds your annual compensation, c) you claimed exemption from federal withholding, d) you did not incur a Michigan income tax liability for the previous year. You may also claim exemption if your permanent home (domicile) is located in a Renaissance Zone. Members of flow-through entities may not claim exemption from nonresident flow-through withholding. For more information on Renaissance Zones call the Michigan Tele-Help System, 1-800-827-4000. Full-time students that do not satisfy all of the above requirements cannot claim exempt status.

Web Site

Visit the Treasury Web site at:
www.michigan.gov/businessstax



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name) Clark		First Name (Given Name) Kevin		Middle Initial T	Other Names Used (if any)	
Address (Street Number and Name) 3813 Ravine Wood Cir SE			Apt. Number	City or Town Grand Rapids		State MI
Zip Code 49508		Date of Birth (mm/dd/yyyy) 07/10/1990			U.S. Social Security Number 000-00-0003	
E-mail Address kclark03@localhost.com				Telephone Number 234-234-1324		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
- ☐ A noncitizen national of the United States (*See instructions*)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):		
Last Name (Family Name)			First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code	



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name	
		EDUStaff, LLC	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	Zip Code
3330 Broadmoor Ave SE, Suite A	Grand Rapids	MI	49512

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
--	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



efos1#c#eid=600155

eid
600155



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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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
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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 Fries 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>Maiden Name</u>	<u>07/10/1990</u>	<u>M</u>	<u>0003</u>
<u>C2342345523124432</u>	DOB	Gender	SSN
Driver's license #	Behavior		
	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



3330 Broadmoor Ave SE, Suite A
Grand Rapids, MI 49512

P: 877.974.6338
F: 877.974.6339
www.EDUStaff.org

(may be discarded if blank)

Date _____