



NEW STAFF PAPERWORK



Date: _____

Name _____
First Middle Last

Maiden/Previous Name(s): _____

Phone#:(HOME) _____
(CELL) _____

Birthdate: ____/____/____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Email Address: _____@_____

POSITION HIRED FOR: ☐Custodian ☐Aide ☐Bus Driver ☐Secretary ☐Coach

☐Cook/Server ☐Teacher ☐Volunteer ☐Administrator: (position) _____

STATUS: ☐Regular Employee (Full or part-time) ☐Substitute Employee

CHECKLIST

- ☐Application
- ☐Authorization/Release form for Pre-Employment Investigation
- ☐W-4's (State and Federal)
- ☐Direct Deposit Form-Mandatory for Employment
- ☐Blank Voided Check
- ☐Copy of Driver's License
- ☐Copy of Social Security Card
- ☐Copy of High School Diploma/GED
- ☐I-9 Form –New Hire Reporting Form
- ☐Criminal History Conviction Statement
- ☐Insurance Forms, Notice of Marketplace, Waiver, or Enrollment Form
- ☐Michigan Waiver Agreement and Statement
- ☐Fingerprinting done right away (see attached)-**Livescan Form must be turned back in**

PROFESSIONAL STAFF REQUIREMENTS

- ☐Transcript ☐Teaching Certificate (original needed) ☐MTTC Test Scores

PLEASE NOTE THAT ALL PAPERWORK MUST BE RETURNED BEFORE YOUR FIRST DAY OF WORK
ALL PAPERWORK IS TO BE RETURNED TO THE SUPERINTENDENT'S OFFICE

CONCORD COMMUNITY SCHOOLS

Application for Employment

*Please print clearly OR type and FILL OUT COMPLETELY.
This application will be retained for a maximum period of 12 months.*

PERSONAL INFORMATION

NAME (Last Name, First, Middle)			Date
NAME(S) USED DURING PREVIOUS ACADEMIC and/or WORK EXPERIENCE:			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE ()	CELL PHONE ()	SOCIAL SECURITY NUMBER	
DO YOU HAVE ANY RELATIVES WORKING FOR THE SCHOOL DISTRICT? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes: Name:		Relationship:	Position:
I AM INCLUDING THE FOLLOWING ITEMS:			
<input type="checkbox"/> letter(s) of reference *	<input type="checkbox"/> resume*	<input type="checkbox"/> applicant release for pre-employment investigation form*	
<input type="checkbox"/> teaching certificate(s) +	<input type="checkbox"/> school transcript(s) +	<input type="checkbox"/> license(s)	<input type="checkbox"/> other
* Documents required for all positions + Additional documents required for teaching and administrative positions			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, indicate the type of conviction, date, and court where the conviction occurred:			
HAVE YOU VER BEEN CONVICTED OF A MISDEMEANOR? (excluding a minor traffic offense) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, indicate the type of conviction, date, and court where the conviction occurred:			

EMPLOYMENT DESIRED

RANK YOUR POSITION INTERESTS (1, 2, 3, etc.):			
<input type="checkbox"/> Teacher	<input type="checkbox"/> Administrator	<input type="checkbox"/> Secretary	<input type="checkbox"/> Teacher Aide/Para-Pro
<input type="checkbox"/> Coach	<input type="checkbox"/> Cook / Server	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Custodial
<input type="checkbox"/> Bus Driver			
<input type="checkbox"/> Other, please describe:			
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
HAVE YOU EVER WORKED FOR THE CONCORD COMMUNITY SCHOOL DISTRICT BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes: When:		Position:	

Concord Community School does not discriminate in any of its educational programs and services, activities, or employment practices, on the basis of race, color, religion, national origin or ancestry, age, sex, height, weight, marital status, sexual preference, disability, or English speaking ability. Direct inquiries to Superintendent of Concord Community Schools, PO Box 338, Concord, MI 49237. 517-524-8850

EDUCATIONAL HISTORY

Type of School	Name	Address	Years Attended	Date Graduated	Degree Attained	Major / Minor
HIGH SCHOOL						
COLLEGE						
GRADUATE SCHOOL						
BUSINESS OR TRADE						
OTHER						

CERTIFICATION DATA

(Complete this section if applying for teaching or administrative position)

Do you possess a valid teaching certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	State	Date Granted	Expiration Date
Type:			
Do you possess a valid administrator certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	State	Date Granted	Expiration Date
Type:			
In what areas do you hold certification?			
<input type="checkbox"/> Full <input type="checkbox"/> Temporary <input type="checkbox"/> Annual <input type="checkbox"/> Emergency			
HAVE YOU EVER HAD A TEACHING CERTIFICATE SUSPENDED OR REVOKED IN MICHIGAN OR ANY OTHER STATE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the date and what state suspended or revoked your certificate:			

CLERICAL POSITION

(Complete this section if applying a clerical position)

Name office machine(s) you can operate:			
If you type or take dictation, state approximate words per minute.	Type words per minute:		Dictation words per minute:
	Driver's License Number	What State	Date License Expires
			# of Points on License

OCCUPATIONAL DATA

FORMER EMPLOYERS (LIST MOST RECENT EMPLOYER FIRST)

Name of School or Firm		Position Held	
Address		Phone Number ()	
Supervisor and Title	Employed From	Employed To	Salary
Description of Duties			
Reason for Leaving			
Name of School or Firm		Position Held	
Address		Phone Number ()	
Supervisor and Title	Employed From	Employed To	Salary
Description of Duties			
Reason for Leaving			
Name of School or Firm		Position Held	
Address		Phone Number ()	
Supervisor and Title	Employed From	Employed To	Salary
Description of Duties			
Reason for Leaving			

Do not list relatives or former employers

NAME and OCCUPATION	ADDRESS (Street, City, State, Zip)	TELEPHONE DURING DAY
1.		()
2.		()
3.		()

Is Concord Community Schools granted permission to check all information and references given? ☐ Yes ☐ No

If offered employment, how many days before you could report?

[illegible]

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE: _____

APPLICANT'S SIGNATURE: _____

CONCORD COMMUNITY SCHOOLS

APPLICANT ACKNOWLEDGMENT, AUTHORIZATION, CONSENT, AND RELEASE FOR PRE-EMPLOYMENT INVESTIGATION

PLEASE READ CAREFULLY. THIS DOCUMENT CONTAINS A RELEASE.

I, _____ [PLEASE PRINT FULL NAME] the undersigned applicant for employment with the Concord Community Schools, (the "District:") acknowledge, authorize, and give my voluntary consent to a pre-employment investigation to be conducted by the District's employees or agents for the purpose of confirming and verifying the contents of my application for employment, resume, and/or letter of interest submitted by me and/or to confirm or verify any verbal representations made or to be made by me with respect to my consideration for employment with the District.

I understand and agree that until that report is received and reviewed by the school, I am regarded as a conditional employee.

References

Further, I authorize and give my voluntary consent to the District's investigating employees or agents to contact any or all of my personal references, current and former employer(s), current and previous educational institution(s) attended, and any other person(s) and organization(s) as deemed necessary by the District's investigating employees or agents for the purpose of making pre-employment inquiries and obtaining information concerning my character, reputation, certification, licensure, academic and/or work record and experience.

Further, I acknowledge, understand and agree that an investigation may be made whereby information is obtained through personal interviews or other contact with my neighbors, friends, or others with whom I am or have been associated or acquainted or who may have knowledge of the above information regarding me. Those inquiries may include, as appropriate, information regarding my character, reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request of the District, within a reasonable period of time, to receive additional and detailed information about the nature and scope of such investigation.

Disclosure of Information

Further, I authorize and give my voluntary consent to the disclosure of any information, written or verbal, and/or any documentation regarding my character, reputation, work and work experience record(s), disciplinary record(s) (including, but not limited to, records of unprofessional conduct), and academic record(s), from any entity or person, including my current and former employer(s) and current and previous educational institution(s) attended, upon the request of the District's employees or agents conducting the pre-employment investigation.

Child Protection, Law Enforcement, Judicial Authorities

Further, I authorize and give my voluntary consent to the District's investigating employees or agents to contact any child protection agencies or registries, law enforcement authorities, and/or judicial authorities and to make pre-employment inquiries and to obtain any information and/or records related to me to determine if I have committed or have been convicted of any crimes and if there are any felony charges pending against me, including the nature of the crimes committed and/or the pending felony charges.

Criminal History Background Check

Further, I acknowledge and understand that according to Michigan law, a criminal history background check is required and give my voluntary consent to the District and its investigating employees or agents to conduct this check in cooperation with state and federal law enforcement agencies. I also give my voluntary consent to the District and its investigating employees or agents to receive copies of any criminal history background report previously obtained regarding me in connection with my application for employment with any other Michigan public school or non-public school.

Further, I release the District, its investigating employees and agents and the sources of such criminal history background reports regarding me from any liability in connection with the disclosure of receipt of such information for purposes of processing my application for employment with the District. I further acknowledge and understand that any offer of

employment to be is contingent upon the receipt, review and evaluation by the District of my criminal history background report.

Legal Authorization to Work in the United States

Further, I acknowledge and understand that according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and their legal authorization to work in the United States. As a consequence, I acknowledge and understand that any offer of employment to me is contingent on my ability to produce the required documentation within the time period required by law.

Personnel File/False or Misleading Statements

Further, I acknowledge, understand and agree that if the District should employ me, my application for employment and other related information, as deemed appropriate retention, will become a permanent part of my personnel file.

Further, I acknowledge, understand and agree that any representations, omissions, or statements made by me during the pre-employment application and screening process which are subsequently discovered to be false or misleading, upon the discovery thereof will result in my discharge.

Waiver/Release of Written Notice of Disclosure

Further, I waive written notice of the disclosure of any disciplinary reports, reprimands, and/or personnel actions from my current and former employer(s). This waiver shall be inclusive of a waiver of rights under Section 6(3) of the Bullard-Plawecki Employee Right to Know Act.

Further, I release any person or entity providing information and/or documents concerning my character, reputation, work and work experience record(s), disciplinary record(s) (including, but not limited to, record(s) of unprofessional conduct), academic record(s) to the District's investigating employees or agents pursuant to the pre-employment investigating, from any and all claims and/or liability whatsoever for any damages and/or consequences which may result.

Further, I release the District, its individual Board members, administrators, other employees, and/or agents from any and all claims and/or liability whatsoever for any damages or consequences which may result from the pre-employment investigation related to my consideration for employment with the District which I authorize by my signature below.

I further acknowledge, understand and agree that the subheadings of this document are not intended to limit or otherwise restrict or expand interpretation of this document.

READ CAREFULLY. THIS DOCUMENT CONTAINS A RELEASE.

Dated: _____, 20 _____

(Full name – please print)

Signature of Applicant

IF APPLYING FOR BUS DRIVER POSITION ONLY, PLEASE READ THE FOLLOWING AUTHORIZATION AND SIGN BELOW.

I authorize my current and former employers listed on my application to disclose to Concord Community Schools information during the two years prior to the date of this request regarding (a) alcohol tests with a result of 0.04 or higher alcohol concentration; (b) verified positive drug tests; (c) refusals to be tested (including verified adulterated or substituted drug test results); (d) other violation of DOT agency drug and alcohol testing regulations; and (e) with respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirement (including follow-up tests).

Dated: _____, 20 _____

(Full name – please print)

Signature of Applicant

MI-W4

(Rev. 12-20)

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

This certificate is for Michigan income tax withholding purposes only. Read instructions on page 2 before completing this form.

Issued under P.A. 281 of 1967.

			▶ 1. Full Social Security Number		▶ 2. Date of Birth	
▶ 3. Name (First, Middle Initial, Last)			4. Driver's License Number or State ID			
Home Address (No., Street, P.O. Box or Rural Route)			▶ 5. Are you a new employee?		(mm/dd/yyyy)	
			<input type="checkbox"/> Yes If Yes, enter date of hire.....			
City or Town			State		ZIP Code	
			<input type="checkbox"/> No			
6. Enter the number of personal and dependent exemptions (see instructions)					▶ 6.	
7. Additional amount you want deducted from each pay (if employer agrees)					7. \$.00	
8. I claim exemption from withholding because (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. See additional instructions on page 2.						
Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number I am allowed to claim. If claiming exemption from withholding, I certify that I do not anticipate a Michigan income tax liability this year.						
9. Employee's Signature					▶ Date	

EMPLOYER: Complete the below section.			
10. Employer's Name		▶ 11. Federal Employer Identification Number	
Address (No., Street, P.O. Box or Rural Route)		City or Town	State
			ZIP Code
Name of Contact Person		Contact Phone Number	
INSTRUCTIONS TO EMPLOYER: Keep a copy of this certificate with your records. All new hires must be reported to the State of Michigan. See www.mi-newhire.com for information.			
In addition, a copy of this form must be sent to the Michigan Department of Treasury if the employee claims 10 or more exemptions or claims they are exempt from withholding. Send a copy to: Michigan Department of Treasury Tax Technical Section P.O. Box 30477 Lansing, MI 48909			

Employee's Withholding Certificate

OMB No. 1545-0074

2021

- **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
► **Give Form W-4 to your employer.**
► **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		► Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ► ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ► \$		
	Multiply the number of other dependents by \$500 ► \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period .	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	► Employee's signature (This form is not valid unless you sign it.)		► Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

**Direct Deposit
Employee Signup Form**

PLEASE PRINT

Full Name _____

SSN ____ - ____ - ____

Phone Number _____

Email for Checks: _____

Concord Community Schools
PO Box 338
Concord, MI 49237

I would like my wages/salary deposited to the following bank account:
(only one (1) bank may be used)

Bank Name _____

I wish to deposit: (check one)

☐ _____ % of Net Pay OR \$ _____ into Checking

☐ _____ % of Net Pay OR \$ _____ into Savings

_____ Must Equal 100% of Net Pay

Please attach one of the following: (check one)

☐ Voided check

☐ Bank letter or specification sheet *

*See your local bank representative.

PLEASE CALL OR VISIT YOUR FINANCIAL INSTITUTION TO COMPLETE THIS SECTION:
PLEASE PRINT CLEARLY

BANK/CREDIT UNION NAME: _____ (one only)

CITY AND STATE: _____

BANK/CU TRANSIT ROUTING NUMBER: _____

ACCOUNT NUMBER: _____ (one only)

BANK OFFICIAL SIGNATURE: _____

(INCORRECT INFORMATION WILL DELAY THE START OF DIRECT DEPOSITING OF YOUR PAY)

EMPLOYEE

SIGNATURE **X** _____ DATE _____

RETURN THE ORIGINAL FORM TO THE BUSINESS OFFICE



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	<div>QR Code - Section 1 Do Not Write in This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's 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





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
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)				

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		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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		Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative	

CRIMINAL HISTORY CONVICTION STATEMENT

CONCORD COMMUNITY SCHOOLS CONCORD, MI 49237

Section 1230b of the Revised School Code, added by 1996 PA 189, requires all applicants for employment with a school district to sign the following Authorization and Release, authorizing the applicant's current and former employers to disclose any unprofessional conduct by the applicant and to make available to the school district copies of all documents in the applicant's personnel record relating to that unprofessional conduct. A school district is prohibited from hiring anyone refusing to sign such a statement.

Section 1230b defines "unprofessional conduct" as one or more acts of misconduct; one or more acts of immorality, moral turpitude, or 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.

- ___ 1. I have not committed unprofessional acts of misconduct, immorality, moral turpitude, inappropriate behavior involving a minor, or a crime involving a minor.
- ___ 2. I have committed acts of: misconduct, immorality, moral turpitude, inappropriate behavior involving a minor, or a crime involving a minor as follows:
- a) _____
- b) _____

APPLICANT AUTHORIZATION AND RELEASE

- (a) I authorize my current and former employers listed below to disclose to the Concord Community School District any unprofessional conduct by me and to make available to the Concord School District copies of all documents in my personnel record maintained by my current and former employers relating to that unprofessional conduct.
- (b) I release my current and former employers, and employees acting on behalf of my current or former employers, from any liability for providing the information described above in paragraph (a), and I waive any written notice required under section 6 of the Bullard-Plawecki Employee Right to Know Act, 1978 PA 397.
- (c) Until that report is received and reviewed by the school, I am regarded as a conditional employee; and
- (d) If the report received from my current or former employer(s) is not the same as my representation(s) above respecting either the absence of any unprofessional conduct, or any unprofessional conduct, my employment contract is voidable at the option of the school.

I represent that my current and former employers during the last _____ years are as follows:

Name of Current or Former Employer	Complete Address (street #/name, city, state, zip)	Dates of Employment

Applicant's Signature

Applicant's Name Printed

Date

Employee Acknowledgement for Notice of Marketplace

The Patient Protection and Affordable Care Act (ACA, or the federal law known as Health Care Reform) requires that you must be informed of the following information:

- About the existence of the Marketplace;
- That you may be eligible for premium tax credit or cost-sharing reduction if the employer's plan does not meet certain requirements;
- That if you purchase coverage through the Marketplace, that you may lose the employer contribution toward the cost of the employer-sponsored coverage and that all or a portion of the employer's contribution may be excludable for federal income tax purposes;
- Include contact information for the Marketplace and an explanation of appeals rights.

The Marketplace Notice must be given to all employees even if:

- You currently have employer-sponsored coverage;
- Waived coverage or have coverage elsewhere;
- If you are full-time, part-time, seasonal or variable hour;

You are hereby provided with a completed Marketplace Notice and support information to further your understand of the existence of the Marketplace.

If you have questions or concerns please contact Human Resources, (517)-524-8850.

By providing your signature below, you herby accept of receipt of the Marketplace Notice and supporting materials. In addition, you herby acknowledge awareness of the existence of the Marketplace as an alternative option for health care coverage.

Employee (Print Name)

Employee Signature

Date: _____

Concord Community Schools

Waiver of Health Insurance

This form must be completed by all eligible employees who are waiving health coverage through Concord Community Schools.

I, the undersigned, waive the right to enroll in the group health insurance plans offered by Concord Community Schools for the following reason (check one):

- ☐ I have other coverage through my spouse or other family member.
- ☐ I have other coverage through Medicare or as a retiree from another employer.
- ☐ I have individual coverage through another source that is not employer-sponsored or employer-paid.
- ☐ I have no other coverage but choose not to enroll in the plans offered by Concord Community Schools.

I acknowledge and understand the following:

- _____
Initial
- I cannot change my election until the next open enrollment period unless I experience certain family status changes recognized by the plan and I exercise my right to re-enroll within 30 days of my change in status.
- _____
Initial
- I understand that if I decline coverage for myself and/or my spouse and dependents because of other health insurance coverage, I may be able to enroll myself, my spouse, or my dependents in the plan, if I request coverage within 30 days after my other coverage ends, and meet required guidelines including supplying documented proof of discontinuation of other coverage.
- _____
Initial
- I understand that if I have a new dependent because of marriage, birth, adoption, or placement for adoption, I may be able to enroll my dependents and myself within 30 days after the marriage, birth, adoption, or placement for adoption, if I meet required guidelines.
- _____
Initial
- I understand that I must provide proof of other coverage by attaching a copy of my insurance card to this form in order to be eligible for the 2017 cash in lieu.

I am waiving group health coverage and I certify I have been given the opportunity to enroll in group health coverage through Concord Community Schools.

Employee Name _____
(Print)

Employee Signature _____

Date _____

MICHIGAN WAIVER AGREEMENT AND STATEMENT FOR SCHOOLS

An Individual Applicant's Request for a Fingerprint-Based Criminal History Record Information (CHRI) Background Check Result for a Qualified Entity in Accordance with the Michigan School Volunteer & Employee Criminal History Program

Pursuant to the National Child Protection Act (NCPA) of 1993, as amended by the Volunteers for Children Act (VCA), this form should be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity (i.e. school or management company) under these laws.

I hereby authorize (**enter name of Qualified Entity**) _____, to receive the results of my state and federal fingerprint-based CHRI background check result for the purpose of evaluating and determining my fitness to have responsibility for the safety and well-being of children or individuals with disabilities. Prior to submitting my fingerprints to the Michigan State Police to conduct a CHRI background check, I will complete, sign, and return this form and a Livescan Fingerprint Background Check Request form (RI-030). I understand the Qualified Entity will retain all required documentation for a period of time no less than prescribed by state or federal laws. By signing this Michigan Waiver Agreement and Statement, it is my intent to authorize the dissemination of any state and national CHRI that may pertain to me to the Qualified Entity with which I am, or am seeking to be, employed or to serve as a volunteer, pursuant to the NCPA VCA.

I understand that until the criminal history background check is completed, the Qualified Entity may choose to deny me unsupervised access to children or individuals with disabilities. I further understand that upon request the Qualified Entity will provide me a copy of the CHRI background results, if any, and that I am entitled to challenge the accuracy and completeness of any information contained in such results. I may obtain a prompt determination as to the validity of my challenge before the Qualified Entity makes a final decision about my status; as an employee, volunteer, contractor, or subcontractor.

Printed/Typed Name		Date of Birth	
Address	City	State	ZIP Code
What is your current or prospective status (check one)? <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor/Vendor			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide a description of the crime and the particulars of the conviction.			
I understand that I may be asked to assist with obtaining any and all official disposition documentation regarding my conviction.			
If you are an employee, prospective employee, or a volunteer of a public school academy, do you authorize release of your CHRI results to another qualified entity (i.e. school or management company) for a like purpose? If yes, indicate the name of the other qualified entity below. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Other Qualified Entity			
Signature		Date Signed	

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY



JCISD FINGERPRINTING PROCEDURES

Fingerprinting is done at the Jackson County ISD building every **Tuesday** and **Thursday by appointment ONLY**.

To **make an appointment** the applicant needs to call (517)768-5209 and ask the staff for available dates and times.

At the time of the appointment the applicant **MUST HAVE** the following with them:

- Valid United States driver's license or State issued ID
- \$50.00 Cash, Credit or Debit **ONLY** (No Personal Checks)
 - If the district is being invoiced, please have the district contact noted on the top of the Livescan form
- Proper LiveScan Request form **from the district** with agency ID and fingerprint code (SE, SV)

After the fingerprinting appointment the applicant **MUST** return the original LiveScan form to the District that requested their prints.

LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.

Instructions: See page two.

I. Authorizing Information							
1. Fingerprint Reason Code	2. Requestor/Agency ID 2139T	3. Agency Name Concord Community Schools				4. Individual ID (MNU-OA)	
II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.							
1a. Last Name		1b. First Name		1c. Middle Initial		1d. Suffix	
2. Any Alternative Names, Last Names, or Aliases				3. Social Security Number (Optional)			
4. Place of Birth (State or Country)		5. Date of Birth	6. Phone Number	7. Driver's License / State ID Number		8. Issuing State	
9. Home Address			10. City		11. State		12. ZIP Code
13. Sex	14. Race	15. Height	16. Weight	17. Eye Color		18. Hair Color	
III. Live Scan Information							
1. Date Printed		2. Picture ID Type Presented		3. Transaction Control Number (TCN)		4. Live Scan Operator*	
*When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.							
IV. Privacy Act Statement							
<p>Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.</p> <p>Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.</p> <p>Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p>							
V. Procedure to Obtain a Change, Correction, or Update 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. (28 CFR § 16.34)							
VI. Consent							
I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.							
Signature:						Date:	

INSTRUCTIONS

Section I:

Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

1. Fingerprint Code:

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

2. Requesting Agency Identification (ID):

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

3. Agency Name:

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

4. Individual ID (MNU-OA)

The Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

Section II:

Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

Section III:

Live Scan Information:

This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.



YOUR RETIREMENT PLAN ELECTION

Employees who first worked
on or after February 1, 2018

Your retirement journey begins today with an important first step—choosing your plan. The plan you choose will be your retirement plan throughout your entire career as a Michigan public school employee.



AFTER your
first payroll
end date



to **ELECT**
your plan

Choose between the **Pension Plus 2 plan** or the **Defined Contribution (DC) plan** within 75 days of your first payroll end date. If you make no election you'll become a participant in the DC plan.

YOUR NEXT STEPS

STEP 1



READ about your retirement benefit options at **PickMiPlan.org** and talk about your plan options with the people in your life affected by your decision.

STEP 2



RECEIVE a welcome letter containing your Member ID from the Office of Retirement Services.

STEP 3



ELECT your retirement plan anytime within the 75-day window by logging in to miAccount at **michigan.gov/orsmiaccount**. You'll need your Member ID to register.

Control Your Future

You have a short time to elect which plan is right for you, so be sure you don't miss the deadline. Once you submit your election or the deadline passes, your retirement plan election can't be changed. If the deadline passes, you'll be enrolled automatically in the DC plan.