



**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 EVER 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"/> Custodial	<input type="checkbox"/> Bus Driver
<input type="checkbox"/> Coach	<input type="checkbox"/> Cook / Server	<input type="checkbox"/> Mechanic	<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			

State any periods of unemployment or part-time work not listed:


**PERSONAL REFERENCES**  
*Do not list relatives or former employers*

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

Who advised you to seek employment with Concord Community Schools?

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

If not, indicate which ones you do not wish us to contact.

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

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his/her complete background. To assist us in finding the proper position for you at our school, use the space below to summarize any additional information necessary to describe your full qualifications.

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**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 sub-headings 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

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**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

# Form W-4 (2017)

**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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total 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 don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't 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 2017. 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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You're single and have only one job; or</li> <li>• You're married, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span> . . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	_____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note:</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	_____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$70,000 (\$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.</li> <li>• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.</li> </ul>	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	_____

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 <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; text-align: center;">2017</div>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input 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.
City or town, state, and ZIP code _____		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 _____
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$ _____
7 I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> 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.

<b>1</b>	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2017 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### 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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note:</b> If line 1 is <b>less than</b> 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.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2017. 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 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 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 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**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. 08-11)

## 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		▶ 2. Date of Birth	
▶ 3. Type or Print Your First Name, Middle Initial and Last Name		4. Driver's License Number or State ID	
Home Address (No., Street, P.O. Box or Rural Route)		▶ 5. Are you a new employee? <input type="checkbox"/> Yes If Yes, enter date of hire . . . . <input type="checkbox"/> No	
City or Town	State	ZIP Code	
6. Enter the number of personal and dependent exemptions you are claiming		▶ 6. <input type="text"/>	
7. Additional amount you want deducted from each pay (if employer agrees)		7. \$ <input type="text"/> .00	
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: _____			
<b>EMPLOYEE:</b> 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>	
<b>INSTRUCTIONS TO EMPLOYER:</b> 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 <span style="float:right">▶ Date</span>	
		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	
		▶ 11. Federal Employer Identification Number <input type="text"/>	

### 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 or you are a non-resident spouse of military personnel stationed in Michigan. Members of flow-through entities may not claim exemption from nonresident flow-through withholding. For more information on Renaissance Zones call (517) 636-4486. Full-time students that do not satisfy all of the above requirements cannot claim exempt status.

Visit the Treasury Web site at: [www.michigan.gov/taxes](http://www.michigan.gov/taxes)

**Direct Deposit  
Employee Signup Form**

<b>EMPLOYEE ~ Required Information</b> <i>PLEASE PRINT</i>
Full Name _____
SSN _____ - _____ - _____
Phone Number _____
Email for Checks: _____

<b>EMPLOYER INFORMATION</b>
Concord Community Schools PO Box 338 Concord, MI 49237

<b>Complete for DIRECT DEPOSIT</b>
<b>I would like my wages/salary deposited to the following bank account:</b> (only one (1) bank may be used)
Bank Name _____
<b>I wish to deposit:</b> (check one)
<input type="checkbox"/> _____ % of Net Pay OR \$ _____ into Checking
<input type="checkbox"/> _____ % of Net Pay OR \$ _____ into Savings
_____ Must Equal 100% of Net Pay
Please attach one of the following: (check one)
<input type="checkbox"/> Voided check
<input type="checkbox"/> Bank letter or specification sheet *
*See your local bank representative.

<b>PLEASE CALL OR VISIT YOUR FINANCIAL INSTITUTION TO COMPLETE THIS SECTION:</b> 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 08/31/2019

▶ **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	
<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>	
<p><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></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

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





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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**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 <div style="border: 1px solid black; width: 100%; height: 100%;"></div>		QR Code - Sections 2 & 3 Do Not Write In This Space <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
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.)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
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
--	---------------------------	---

**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
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		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. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
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				

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

Refer to the instructions for more information about acceptable receipts.

# 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

**AUTHORITY:** MCL 28.242  
**COMPLIANCE:** Voluntary; however, failure to complete this Agreement will result in denial of request.

## 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 <b>one</b> )? <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**





# Concord Community School District FINGERPRINT REQUEST FORM



If you have been Livescan fingerprinted since January 1, 2006 and the record is maintained at another school or ISD, please complete this form. There can be no separation of employment. If there is a separation of employment you must be fingerprinted again per state law.

## PERSONAL INFORMATION

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

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

(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## REQUESTING FROM

ISD, SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

This signed Release authorizes fingerprint information to be forwarded to:

**Concord Community Schools**

**Attn: Laurie Sinden**

**PO BOX 338**

**405 S Main St**

**Concord MI 49237**

**EMAIL: [laurie.sinden@concordschools.net](mailto:laurie.sinden@concordschools.net)**

**Fax: (517)524-8613 – call first before faxing**

### Please fill in the following:

I, \_\_\_\_\_, authorize Concord Community Schools to obtain from the above stated school district (where prints are maintained), all information and reports about the criminal record check maintained by said school district pursuant to Public Act 99, amended by Public Act 68, I understand this information is required by P. A.99, amended by P.A. 68. I fully release the above stated school district (where prints are maintained) and Concord Community Schools to the maximum extent permitted by law from any liability whatsoever in connection with either release or use of the report required by P.A. 99, amended by P.A. 68.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



### JCISD FINGERPRINTING PROCEDURES

Fingerprinting is done at the Jackson County ISD building every Monday and Wednesday by appointment ONLY.

To make an appointment the applicant needs to call (517)768-5209 and speak with Jenny Dysert or Kara Klotz at the JCISD 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)
- Proper LiveScan Request form from the district with agency ID and fingerprint code (SE, CPE, CPV).

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

## LIVESCAN FINGERPRINT BACKGROUND CHECK REQUEST

**AUTHORITY:** MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273; **COMPLIANCE:** Voluntary. However failure to complete this form will result in denial of request.

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

<b>I. Authorizing Information:</b> Please ensure the correct fingerprinting reason code and agency ID are used. The Michigan State Police (MSP) will charge for second requests due to incorrect codes.											
1. Fingerprint Code			2. Requestor/Agency ID			3. Agency Name					
<b>II. Applicant Information:</b> 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 Identification 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			
<b>III. Livescan:</b> Must be completed by the Livescan operator at the time of fingerprinting. *After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Livescan operator must return a completed copy of the form to the applicant.											
1. Date Printed			Picture ID Type Presented			3. Transaction Control Number (TCN)			4. Livescan Operator		
<b>IV. Consent</b>											
<p>I understand that my personal information, and biometric data being submitted by Livescan, will be used to search against identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (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.</p> <p>During the processing of this application, and for as long as my fingerprints and associated information/biometrics are retained at the State and/or FBI, they may be disclosed without my consent as permitted by MCL 28.248 and the Federal Privacy Act of 1974, 5 USC § 552a, for all applicable routine uses published by the FBI, including the Federal Register and for the routine uses for the FBI's Next Generation Identification.</p> <p>Routine use includes, but is not limited to, disclosure to: governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitable determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p>											
Signature: _____						Date: _____					

**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)

## 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* \_\_\_\_\_



Good health. Good business. Great schools.

1475 Kendale Blvd., PO Box 2560
East Lansing, MI 48826-2560
Questions? Call 888.888.4167
Fax 517.203.2914
www.messa.org

Member Application for MESSA Benefits

Please PRINT clearly or TYPE

MEMBER INFORMATION

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM-DD-YYYY)

MALE FEMALE

MI LAST NAME

MAILING ADDRESS

APT # CITY STATE ZIP CODE

HOME PHONE ( )

E-MAIL

DEPENDENT INFORMATION

Please refer to your MESSA Plan Coverage Booklet at www.messa.org for complete eligibility guidelines. If necessary, include additional dependent information on a separate sheet of paper and attach to this application.

SPOUSE

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM-DD-YYYY)

GENDER MALE FEMALE

DEPENDENT

RELATIONSHIP TO MEMBER

DEPENDENT

RELATIONSHIP TO MEMBER

DEPENDENT

RELATIONSHIP TO MEMBER

COVERAGE INFORMATION

NOTE: To designate or change Life Insurance beneficiaries you must submit a Beneficiary Designation Form, available online at www.messa.org or by calling MESSA at 888.888.4167.

A HEALTH COVERAGE

All health coverage includes \$5,000 Basic Term Insurance, AD&D and major medical coverage.
PAK A PAK B PAK C OTHER PAK/BUNDLE Non-PAK HEALTH COVERAGE (see employer for plan choices)
MEMBER MEMBER & SPOUSE MEMBER & CHILD FULL FAMILY Do you, your spouse or dependents have dental coverage through another source? Yes No Who is covered? Self Spouse Dependents

B OPTIONAL LIFE COVERAGE

\$5,000 BASIC TERM LIFE INSURANCE AND AD&D Note: Available only if not enrolling in MESSA Health Coverage.
\$2,000 DEPENDENT LIFE INSURANCE ON SPOUSE & EACH ELIGIBLE CHILD
SUPPLEMENTAL TERM LIFE INSURANCE \$10,000 + AD&D \$20,000 + AD&D \$30,000 + AD&D \$40,000 + AD&D
Optional Note: Optional Insurance is not available at all school districts. Please contact your school business office to determine your eligibility to elect any optional insurance.

C GROUP SURVIVOR INCOME INSURANCE

MONTHLY BENEFITS FOR ELIGIBLE DEPENDENTS ARE \$400 FOR SPOUSE AND \$200 FOR CHILDREN.
Please refer to the back of this form for rates.

D OPTIONAL DISABILITY INCOME INSURANCE

SHORT TERM DISABILITY INCOME INSURANCE Weekly Benefit: \$ Benefit Begins: 8th Day 29th Day
LONG TERM DISABILITY INCOME INSURANCE Monthly Benefit: \$ Option 1 Option 2
Please refer to the back of this form for rates.

FOR EMPLOYER'S USE ONLY - EMPLOYER MUST COMPLETE FOR APPLICATION PROCESSING

Table with columns: LIFE Volume \$, AD&D Volume \$, DEPENDENT LIFE, OPTIONAL LIFE and AD&D Volume \$, STD Weekly Benefit \$, LTD, VISION: Single, Full Family, DENTAL COB? Yes No, JOB CODE, EMPLOYEE JOB TITLE, DATE OF HIRE, ACCUMULATED SICK DAYS, EMPLOYED FULL TIME, EMPLOYED PART TIME, HRS PER WEEK, ANNUAL SALARY, NEW ENROLLEE, REHIRE/REINSTATE, TRANSFER TO NEW JOB, EMPLOYER'S INITIALS & DATE, EMPLOYER'S STAMP OR GROUP NUMBER.

EFFECTIVE DATE TOTAL CONTRIBUTION \$ 0.00

Blue Cross and Blue Shield of Michigan issues the group major medical expense coverages under a group agreement with MESSA, 4 Ever Life Insurance Company of North America (LINA). Life Insurance Company of North America (LINA) insures all other listed coverages under group policy numbers with MESSA. I apply for the coverage elected herein for which I am eligible. I understand that any coverage elected is not effective until approved by MESSA's carriers and the first contribution for the cost of such coverage is paid. I further understand that it is my responsibility to notify MESSA of any change in my employment status or any dependent's eligibility for coverage. I consent to the release to and by BCBSM or 4 Ever Life Insurance Company of all medical, hospital and other information necessary for BCBSM or 4 Ever Life Insurance Company business purposes. I also consent to the release to and by MESSA of all medical, hospital and other information necessary for MESSA business purposes. A photographic copy of this application shall be as valid as the original.

SIGNATURE OF APPLICANT DATE (MM-DD-YYYY)

# Contribution Rates for Optional Coverages

All rates shown below are monthly rates.

The Group Dependent Life Insurance and/or the coverages below are available only in ADDITION to a MESSA health insurance plan OR the Group Basic Term Life Insurance

**A** Check with your employer's business office for this rate.

<b>Life Coverage</b>	MONTHLY RATE
\$5,000 Group Basic Term Life Insurance	\$2.36
\$2,000 Group Dependent Life Insurance	\$1.48

**Group Supplemental Life Insurance** *Age is determined as of previous July 1.*

MONTHLY RATE	MONTHLY RATE
<b>\$10,000 Life and AD&amp;D</b>	<b>\$20,000 Life and AD&amp;D</b>
Under age 40 \$1.50	Under age 40 \$3.00
Age 40 - 49 \$3.00	Age 40 - 49 \$6.00
Age 50 - 59 \$6.50	Age 50 - 59 \$13.00
Age 60 - 64 \$11.50	Age 60 - 64 \$23.00
Age 65 - 69 \$17.50	Age 65 - 69 \$35.00
Age 70 - 74 \$30.00	Age 70 - 74 \$60.00
Age 75 and older \$44.00	Age 75 and older \$88.00

MONTHLY RATE	MONTHLY RATE
<b>\$30,000 Life and AD&amp;D</b>	<b>\$40,000 Life and AD&amp;D</b>
Under age 40 \$4.50	Under age 40 \$6.00
Age 40 - 49 \$9.00	Age 40 - 49 \$12.00
Age 50 - 59 \$19.50	Age 50 - 59 \$26.00
Age 60 - 64 \$34.50	Age 60 - 64 \$46.00
Age 65 - 69 \$52.50	Age 65 - 69 \$70.00
Age 70 - 74 \$90.00	Age 70 - 74 \$120.00
Age 75 and older \$132.00	Age 75 and older \$176.00

**C** **Group Survivor Income Insurance**

MONTHLY RATE	MONTHLY RATE
Under age 30 \$3.18	<i>Age is determined as of previous July 1.</i>
Age 30 - 34 \$4.20	
Age 35 - 39 \$5.88	
Age 40 - 44 \$8.90	
Age 45 - 49 \$12.44	
Age 50 - 54 \$15.80	
Age 55 and older \$18.90	

**If you are eligible to continue Group Hospital Confinement Indemnity Insurance, please contact MESSA Group Services for rates at 888.888.4167.**

## D

### Group Short Term Disability Income Insurance

Benefits are reduced by other income. Waiting period must be satisfied regardless of cause. You may select any amount of weekly benefit in the table below as long as your contracted annual school salary is at least as great as the amount shown in the annual salary column.

Annual Salary	Weekly Benefit	8th Day	29th Day
\$ 1,300	\$ 20	\$ 2.00	\$ 1.40
2,600	40	4.00	2.80
3,900	60	6.00	4.20
5,200	80	8.00	5.60
6,500	100	10.00	7.00
8,000	120	12.00	8.40
9,500	140	14.00	9.80
11,000	160	16.00	11.20
12,500	180	18.00	12.60
14,000	200	20.00	14.00
15,500	220	22.00	15.40
17,000	240	24.00	16.80
18,500	260	26.00	18.20
20,000	280	28.00	19.60
21,500	300	30.00	21.00
23,000	320	32.00	22.40
24,500	340	34.00	23.80
26,000	360	36.00	25.20

  

Annual Salary	Weekly Benefit	8th Day	29th Day
\$ 27,500	\$ 380	\$ 38.00	\$ 26.60
29,000	400	40.00	28.00
30,500	420	42.00	29.40
32,000	440	44.00	30.80
33,500	460	46.00	32.20
35,000	480	48.00	33.60
36,500	500	50.00	35.00
38,000	520	52.00	36.40
39,500	540	54.00	37.80
41,000	560	56.00	39.20
42,500	580	58.00	40.60
44,000	600	60.00	42.00
45,500	620	62.00	43.40
47,000	640	64.00	44.80
48,500	660	66.00	46.20
50,000	680	68.00	47.60
51,500	700	70.00	49.00

### Group Long Term Disability Income Insurance

**IMPORTANT** — If you are enrolled in an employer-sponsored long term disability plan, you should know that enrollment in this plan may be of limited value. If you have any questions or concerns, be sure to contact your MESSA field representative.

You may elect one \$100 monthly benefit unit for each \$2,000 of annual school salary up to \$30,000. The monthly benefit elected can be less than the amount allowed based on your salary, but not more. You must also elect a Maximum Benefit Period. This plan has a 52 week waiting period.

**Option 1:** Benefits may be provided up to five years but not beyond the day before your 70th birthday.

**Option 2:** Benefits may be provided, but not beyond the day before your 70th birthday.

Benefits are payable for two years during any one period of disability due to a mental or nervous disorder, but not beyond the day before your 70th birthday.

Determine the unit rate below at your attained age for the option selected. Multiply the rate times the number of \$100 units you elect. Example: If you are age 35, earn \$18,200 in annual school salary and elect the maximum benefit allowed of 9 units (\$900 monthly benefit) and also elect Option 2, your contribution rate is \$2.70 (9 units at \$.30 per unit). Age is determined as of previous July 1.

Monthly Rate for each \$100 Monthly Benefit Unit	Option 1	Option 2
Under Age 40	\$ .20	\$ .30
Age 40 - 49	.50	.80
Age 50 and Older	1.40	2.10



**MICHIGAN OFFICE OF RETIREMENT SERVICES**  
*Big Plans. Small Steps.*



## 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 **www.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.