Welcome to Carman-Ainsworth Community Schools
Substitute Support Staff Application Packet

Application for Employment needs to be completed and the last page needs to be signed and dated.

At Will Form needs to be signed and dated.

I-9 Employment Eligibility Form Please completed ONLY SECTION 1 and sign and date. We will complete the rest of the form by copying your driver's license and social security card. Please note that you must bring us the originals and we will photocopy them.

Conviction Disclosure Form needs to be completed and signed and dated.

Fingerprinting/Criminal Records This is done at the Genesee Intermediate School District in Building 1. The cost is $60.00 and they do not accept cash. You will need to call and schedule an appointment and you will need to take your LiveScan Request Form with you to your appointment. They will not complete the fingerprinting without this form.

Release for Unprofessional Conduct Sign, list your social security number and date the form. List the names and complete addresses of two former employers; please note that you cannot indicate "see application".

Federal and State Withholding Tax Forms Complete both the federal and state tax forms in full. Complete the City of Flint tax form only if you live in the city limits of Flint. Be sure to sign and date each form.

Direct Deposit Form if you would like to participate in direct deposit please complete the form and sign and date.

Computer AUP Agreement Please read, sign and date. Even if you won't be working directly with the computers we still need a signed copy, because as an employee of the district you have access to the computers.

Bloodborne Pathogen Training This is an OSHA requirement for all school employees.

Emergency Record

Tb Test You must provide us with the results of a Tb Test within the last three (3) years. The test may be obtained at your doctor's office or you may contact any health department.

ALL PAPERWORK MUST BE COMPLETED BEFORE YOU CAN BEGIN WORKING !!!
**Carman-Ainsworth Community Schools**
G-3475 West Court Street, Flint, MI 48532

**Application For Employment**

The Carman-Ainsworth Community Schools does not discriminate on the basis of race, color, national origin, gender, age, disability, height, weight, religion or marital status in any of its programs, activities or employment. Inquiries regarding this policy and Section 504 should be directed to: Director of Human Resources, G-3475 West Court Street, Flint, MI 48532, Phone (810) 591-8241.

Please Print

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<tr>
<th>Last Name</th>
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<th>Middle Initial</th>
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<tr>
<th>Telephone Number</th>
<th>Social Security Number</th>
<th>Date of Application</th>
</tr>
</thead>
</table>

If you are under 18 years of age, can you provide required proof of your eligibility to work?  

- Yes ❑  No ❑

Have you ever filed an application with us before?  
If yes, give date ____________  

- Yes ❑  No ❑

Are you currently employed?  

- Yes ❑  No ❑

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
Proof of citizenship or immigration status will be required upon employment.

- Yes ❑  No ❑

Are you currently on "lay-off" status and subject to recall?  

- Yes ❑  No ❑

Can you travel if a job requires it?  

- Yes ❑  No ❑

Have you been convicted of, or pled guilty to, or pled nolo contendere (no contest) to any civil infraction or criminal offense (including traffic violations)?  
Conviction will not necessarily disqualify an applicant from employment.

- Yes ❑  No ❑

If yes, please explain ____________________________________________________________

- Yes ❑  No ❑

Are there any felony charges pending against you?  

- Yes ❑  No ❑

If yes, please explain ____________________________________________________________

On what date would you be available to work? ____________

Are you available to work: □ Full-Time  □ Part-Time  □ Temporary  □ Shift Work

---

H.R. Form #CAAPP1003  
Revised Oct. 2003
<table>
<thead>
<tr>
<th>Education</th>
<th>Name - City/State</th>
<th>Course of Study</th>
<th>Date Graduated</th>
<th>Diploma/Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary School</td>
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<tr>
<td>High School</td>
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<tr>
<td>Undergraduate</td>
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<td>College</td>
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<tr>
<td>Graduate Professional</td>
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<tr>
<td>Other (Specify)</td>
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</tbody>
</table>

Describe any specialized training, apprenticeship, extra-curricular and foreign language skills. (If applicable)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe any job-related training received in the United States Military. (If applicable)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List professional, trade, business or civic activities and offices held. (If applicable)
You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer: ___________________________ Phone: ___________________________
Address: ___________________________ Job Title: ___________________________
Supervisor: ___________________________ Dates Employed
From: ___________ To: ___________ Hourly Rate/Salary
Reason for Leaving: ___________________________
Work Performed: ___________________________

Employer: ___________________________ Phone: ___________________________
Address: ___________________________ Job Title: ___________________________
Supervisor: ___________________________ Dates Employed
From: ___________ To: ___________ Hourly Rate/Salary
Reason for Leaving: ___________________________
Work Performed: ___________________________

Employer: ___________________________ Phone: ___________________________
Address: ___________________________ Job Title: ___________________________
Supervisor: ___________________________ Dates Employed
From: ___________ To: ___________ Hourly Rate/Salary
Reason for Leaving: ___________________________
Work Performed: ___________________________

If you need additional space, please continue on a separate sheet of paper.
Additional Information

Other Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience.


Special Skills
Check Skills/Equipment Operated (if applicable)

[ ] Word Processing
[ ] Presentation Software
[ ] Fax Machine

[ ] Spreadsheets
[ ] Publication Software
[ ] Copy Machine

[ ] Database
[ ] Web Page
[ ] Telephone Console

[ ] Internet
[ ] E-Mail

State any additional information you feel may be helpful to us in considering your application.


NOTE TO APPLICANTS: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is available.

[ ] YES
[ ] NO
Important Notice

If you or your spouse are self-employed and participate in a Keogh or IRA retirement plan, employment in a school district could affect your eligibility for these programs. Please check with your tax consultant if you have questions concerning this area.

State names of relatives and friends working for us other than your spouse.

Signature:

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Signature
At Will Employee
Condition of Employment

I understand that as an employee in the Carman-Ainsworth Community School District I am defined as an at will employee.

I understand further that my employment as an employee provides me no guarantee or implied right to regular employment under any bargaining unit contract.

Finally, I understand that my employment as an employee may be terminated for any or no reason.

No employee of the district has the authority to make representation contrary to the above statements.

_________________________  ________________________
Date                          Signature
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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<th>City</th>
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<tr>
<th>Home Telephone Number</th>
<th>Cell Phone Number</th>
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<tr>
<th>Email Address (only if you check on a regular basis)</th>
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Please **only** check areas in which you actually will accept assignments!

### Secretarial-Clerical Assignments
- _______ Elementary
- _______ Middle School (6th, 7th, 8th Grade)
- _______ High School (9th, 10th, 11th, 12th Grade)
- _______ Media Center (Library)
- _______ Guidance Office (H.S or M.S.)
- _______ Attendance Office (H.S. or M.S.)

### Special Education Paraprofessionals

### Miscellaneous Assignments
- _______ Hall Monitor (H.S. or M.S.)
- _______ Responsibility Room Monitor
  *Elementaries
- _______ In School Suspension Monitor
  *H.S. or M.S.

Please indicate the days you are normally available to accept assignments:

Monday _______ Tuesday _______ Wednesday _______ Thursday _______ Friday _______

Do you have any building or assignment preferences?  

If so, please indicate

---

**Carman-Ainsworth Community Schools**  
Attn: Bonnie Crist - Human Resources  
G-3475 W. Court Street  
Flint, MI 48532  
(810) 591-3212  
bcrist@earmanainsworth.org

Revised 06-16-15
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

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

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

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

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (If any)</th>
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<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
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<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
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I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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

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

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

1. Alien Registration Number/USCIS Number: ____________________________

OR

2. Form I-94 Admission Number: ____________________________

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

- Foreign Passport Number: ____________________________
- Country of Issuance: ____________________________

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

<table>
<thead>
<tr>
<th>Signature of Employee:</th>
<th>Date (mm/dd/yyyy):</th>
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

<table>
<thead>
<tr>
<th>Signature of Preparer or Translator:</th>
<th>Date (mm/dd/yyyy):</th>
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<th>First Name (Given Name)</th>
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<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
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Form I-9 03/08/13 N
Section 2. Employer or Authorized Representative Review and Verification

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

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<td>Document Title:</td>
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<td>Expiration Date (if any)(mm/dd/yyyy):</td>
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<td>Expiration Date (if any)(mm/dd/yyyy):</td>
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<td>Expiration Date (if any)(mm/dd/yyyy):</td>
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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 documentation appears 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.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

Section 3. Reverification and Rehires

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial | [To be completed and signed by employer or authorized representative]

B. Date of Rehire (if applicable) (mm/dd/yyyy): [ ]

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

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Document Number:</th>
<th>Expiration Date (if any)(mm/dd/yyyy):</th>
</tr>
</thead>
</table>

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

Signature of Employer or Authorized Representative: Date (mm/dd/yyyy): Print Name of Employer or Authorized Representative:
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

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

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

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

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

Name (Please Print) ___________________________ School District ___________________________ Position ___________________________

Pursuant to the Public Act 138 of 2005, I represent that (initial whichever applies):

_____ I have not been convicted of; pled guilty or nolo contendere (no contest) to, or am the subject of a finding of guilt by a judge or jury of any crime.

-or-

_____ I have been convicted of, pled guilty or nolo contendere (no contest) to, or am the subject of a finding of guilt by a judge or jury for the following crimes (explain the criminal offense, date, court, city, state, circumstances surrounding the conviction and the disposition of charges; attach a separate sheet of paper if needed):

Felony Conviction(s): ____________________________________________________________

__________________________________________________________

Misdemeanor Conviction(s): ________________________

__________________________________________________________

In signing this form, I understand and agree that:

I am regarded as a conditional employee until the criminal history report is received and reviewed by the employing school/district. If the criminal history report does not reflect my representation(s) above, my employment may be terminated at the discretion of the school/district.

Applicant Signature ___________________________ Date _____/_____/20
Procedure for Criminal History Check

Fingerprinting is done at the Genesee Intermediate School District, 2413 W. Maple Avenue, Flint, MI 48507. Please ensure that you take the completed LiveScan form to your fingerprinting appointment. That form is included in the application packet provided by Human Resources. You must have the form with you for your appointment or they cannot complete the fingerprinting.

By appointment only: Please call (810) 591-4400

Wednesday 7:30 a.m. ~ 11:30 a.m.
Thursday 1:00 p.m. ~ 5:00 p.m.

You will need to take a personal check or money order made payable to the Genesee Intermediate School District for $60.00. This fee includes an FBI Criminal History Check, and a state of Michigan check. This charge is the responsibility of the employee. You will also need to take a valid government/state-issued photo identification, e.g. driver license.

After you have been fingerprinted, return the completed and signed LiveScan form to Carman-Ainsworth Community Schools Human Resources department.

This process must be completed prior to your first day of work.

All employment is conditional upon receipt of this history check.

Effective date of criminal history check is 08/01/1995.
LIVESCAN FINGERPRINT REQUEST

AUTHORITY: MCL 28.214, MCL 28.273 & MCL 28.152; COMPLIANCE: Voluntary, however failure to complete this form will result in denial of request.

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

I. Fingerprint Reason

<table>
<thead>
<tr>
<th>1. Code:</th>
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<tbody>
<tr>
<td><strong>X</strong> SE – School Employment (Adam Walsh Act)</td>
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<tr>
<td>CPE – Child Protection Employment</td>
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<td>CPV – Child Protection Volunteer</td>
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<tr>
<th>2. Requesting Agency ID</th>
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<tbody>
<tr>
<td>13445M</td>
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<table>
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<tr>
<th>3. Agency Name</th>
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<tbody>
<tr>
<td>Carman-Ainsworth Community Schools</td>
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II. Applicant Information: Type or clearly print answers to all fields before going to be fingerprinted.

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<th>1a. Last Name</th>
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<th>1c. Middle Initial</th>
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<tr>
<th>2. Any Alternative Names, Last Names, or Aliases (Optional)</th>
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<table>
<thead>
<tr>
<th>3. Place of Birth (State or Country)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>4. Date of Birth</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Social Security Number (Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>6. Drivers License State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Driver License Number</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>8. Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>9. City</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>10. State</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>11. Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>12. Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. Race</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Height (Ft. &amp; In.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. Weight (Lbs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>16. Eye Color</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>17. Hair Color</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

III. Live Scan Information: Type or clearly print answers to all fields at the fingerprinting site.

<table>
<thead>
<tr>
<th>1. Date Printed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Picture ID Type Presented</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>3. TCN</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>4. Live Scan Operator</th>
</tr>
</thead>
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<tr>
<td></td>
</tr>
</tbody>
</table>

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

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

Signature: ___________________________ Date: ___________________________

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

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

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

Rev. January 2014
APPLICANT AUTHORIZATION AND RELEASE
OF PERSONNEL RECORD INFORMATION

1. Pursuant to MCL 380.1230(b) and MCL 423.506, the undersigned hereby authorizes my current and/or former employer(s) to disclose to the Carman-Ainsworth Community Schools information contained within my personnel record, including but not limited to information concerning unprofessional conduct by me as that term is defined in MCL 380.1230(b) — misconduct of any kind: any act of immorality, moral turpitude or inappropriate behavior involving a minor; information of a crime involving a minor.

2. I further authorize the school district to obtain disciplinary reports; letters of reprimand; records of disciplinary action; performance evaluations; placement on any program of improvement; and any other documents, records or information contained within my personnel record.

3. I hereby give my current and/or former employer(s), including agents and individuals thereof, my permission to release the above identified personnel record information without requiring my current and/or former employer to contact me or to give me written notice before disclosing the information to the requesting school district, currently required by MCL 423.506.

4. Pursuant to MCL 380.1230(b), and common law, I hereby release for myself, and my Family, heirs, successors, and assigns, my current and/or former employer(s), including but not limited to board members, superintendents, administrators, personnel directors, employees, officers, agents and attorneys, successors, and assigns there of and from any and all claims, demands, causes of action, suits and any liability whatsoever, including but not limited to claims for slander, defamation, libel negligence, invasion of privacy, interference with contractual relations, breach of contract, discrimination claims, intentional infliction of emotional distress or any other statutory, governmental or common law claim that I may have as a result of my current and/or former employer(s) disclosure of personnel record information to the requesting school district to which I have applied for employment, including but no limited to personnel record information concerning any unprofessional conduct.

5. I understand and agree that if I refuse to sign the Authorization and Release authorizing release of information regarding any unprofessional conduct by me in my current and/or former employment, the school district is prohibited by law from hiring me, pursuant to MCL 380.1230(b).

6. I understand that my employment with the school district is conditioned upon the school district’s receipt and review of the personnel record information herein provided for and the school district’s determination that nothing therein constitutes a sufficient basis to deny my employment. The school district has the sole authority and discretion to determine if employment shall be denied.

(Signature of Applicant)       (Social Security Number)       (Date)

(Please Print The Name & Address Of A Former Employer)

(Please Print The Name & Address Of A Former Employer)
Form W-4 (2016)

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 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

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

---

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

| A | Enter "1" for yourself if no one else can claim you as a dependent. |
| B | Enter "1" if: |
| C | Enter "1" for your spouse. But, you may choose to enter "0-0" if you are married and have either a working spouse or more than one job. (Entering "0-0" may help you avoid having too little tax withheld.) |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above). |
| F | Enter "1" if you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.). |

**Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- 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.
- 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.

Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)

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.

---

**Employee's Withholding Allowance Certificate**

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.

<table>
<thead>
<tr>
<th>1</th>
<th>Your first name and middle initial</th>
<th>2</th>
<th>Your social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Single</td>
<td>Married</td>
<td>Married, but withheld at higher Single rate.</td>
</tr>
<tr>
<td>4</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Additional amount, if any, you want withheld from each paycheck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here. |

---

Employee's signature

(This form is not valid unless you sign it.)

Date

---

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10200G Form W-4 (2016)
### Deductions and Adjustments Worksheet

**Note:** Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

1. Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, and medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 1, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over $311,300 and you are married filing jointly or if you are a qualifying widow(er), $295,400 if you are head of household, $279,000 if you are single and not head of household or a qualifying widow(er), or $155,650 if you are married filing separately. See Pub. 505 for details.

2. **Enter:**
   - $12,600 if married filing jointly or qualifying widow(er)  
   - $8,300 if head of household  
   - $6,300 if single or married filing separately

3. Subtract line 2 from line 1. If zero or less, enter "-0-".

4. Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505).

5. **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2016 Form W-4 worksheet in Pub. 505.)

6. Enter an estimate of your 2016 nonwage income (such as dividends or interest).

7. Subtract line 6 from line 5. If zero or less, enter "-0-".

8. Divide the amount on line 7 by $4,050 and enter the result here. Drop any fraction.

9. Enter the number from the Personal Allowances Worksheet, line H, page 1.

10. **Add** lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.

### Two-Earners/Multiple Jobs Worksheet (See Two earners or multiple jobs on page 1.)

1. Enter the number from line H, page 1 or from line 10 above if you used the Deductions and Adjustments Worksheet.

2. Find the number in **Table 1** below that applies to the LOWEST paying job and enter it here. **However,** if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "34".

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not use the rest of this worksheet.**

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

4. Enter the number from line 2 of this worksheet.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

7. Find the amount in **Table 2** below that applies to the HIGHEST paying job and enter it here.

8. Multiply line 7 by line 6 and enter the result here. This is the additional withholding needed.

9. Divide line 8 by the number of pay periods remaining in 2016. 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 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

---

**Table 1**

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If wages from LOWEST paying job are</strong></td>
<td><strong>Enter on line 2 above</strong></td>
</tr>
<tr>
<td>$0</td>
<td>$6,600</td>
</tr>
<tr>
<td>6,001 - 14,000</td>
<td>1</td>
</tr>
<tr>
<td>25,001 - 27,000</td>
<td>3</td>
</tr>
<tr>
<td>35,001 - 50,000</td>
<td>5</td>
</tr>
<tr>
<td>55,001 - 65,000</td>
<td>7</td>
</tr>
<tr>
<td>75,001 - 80,000</td>
<td>9</td>
</tr>
<tr>
<td>100,001 - 115,000</td>
<td>11</td>
</tr>
<tr>
<td>130,001 - 140,000</td>
<td>13</td>
</tr>
<tr>
<td>150,001 and over</td>
<td>15</td>
</tr>
</tbody>
</table>

**Table 2**

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If wages from HIGHEST paying job are</strong></td>
<td><strong>Enter on line 7 above</strong></td>
</tr>
<tr>
<td>$0</td>
<td>$75,000</td>
</tr>
<tr>
<td>75,001 - 135,000</td>
<td>1,010</td>
</tr>
<tr>
<td>135,001 - 205,000</td>
<td>1,130</td>
</tr>
<tr>
<td>205,001 - 350,000</td>
<td>1,340</td>
</tr>
<tr>
<td>350,001 - 405,000</td>
<td>1,420</td>
</tr>
<tr>
<td>405,001 and over</td>
<td>1,600</td>
</tr>
</tbody>
</table>

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**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)(1)(A) 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 non-tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.
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 License Number

5. Are you a new employee?
   - Yes
   - No

6. Enter the number of personal and dependent exemptions you are claiming

7. Additional amount you want deducted from each pay
   (if employer agrees)

8. I claim exemption from withholding because (does not apply to nonresident members of flow-through entities - see instructions):
   a. [ ] A Michigan income tax liability is not expected this year.
   b. [ ] Wages are exempt from withholding. Explain:
   c. [ ] 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.

INSTRUCTIONS TO EMPLOYER:

Employers must report all new hires to the State of Michigan. Keep a copy of this certificate with your records. If the employee claims 10 or more personal and dependent exemptions or claims a status exempting the employee from withholding, you must file their original MI-W4 form with the Michigan Department of Treasury. Mail to: New Hire Operations Center, P.O. Box 65010; Lansing, MI 48906-65010.

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.

6. Employee's Signature

Date

Employer: Complete lines 10 and 11 before sending to the Michigan Department of Treasury.

10. Employer's Name, Address, Phone No. and Name of Contact Person

11. Federal Employer Identification Number

INSTRUCTIONS TO EMPLOYEE

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

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

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

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

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

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

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

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

Web Site
Visit the Treasury Web site at: www.michigan.gov/business_tax
**Form FW-4 Instructions**

**Purpose:** Complete form FW-4 so your employer can withhold the correct amount of city income taxes from your pay.

**Dependents:** To qualify as your dependent (line 4 below), a person
(a) Must receive more than one-half of his or her support from you for the year, and
(b) Must have less than $600 gross income during the year (except your child who is a student or who is under 19 years of age, and
(c) Must not be claimed as an exemption by such person’s husband or wife, and
(d) Must be a citizen or resident of the United States, and
(e) Must have your home as his/her principal residence and be a member of your household for the entire year, or Must be related to you as follows: Your son or daughter, grandchild, step-son/daughter, son/daughter-in-law, father, mother, grandparent, step-father/mother, father/mother-in-law, brother, sister, stepbrother/sister, half brother/sister, brother/sister-in-law, uncle, aunt, nephew, or niece (but only if related by blood).

**Changes in exemptions:** You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases for any of the following reasons:
(a) Your wife/husband for whom you have been claiming exemption is divorced or legally separated, or claims her/his own exemption on a separate certificate.
(b) The support of a dependent for whom you claimed exemption is taken over by someone else.
(c) You find that a dependent for whom you claimed exemption will receive $600 or more income of his/her own during the year (except your child who is a student and who is under 19 years of age).

**Other Decreases:** Such as the death of a wife, husband, or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

**Change of Residence:** You must file a new certificate within 10 days after you change your residence from or to a taxing city.

**Employee:** File this form with your employer. Otherwise your employer must withhold City of Flint income tax from your earnings without exemptions.

**Employer:** Keep this certificate with your record. If the information submitted by the employee is not believed to be true, correct and complete the City of Flint must be advised.

---

**FORM FW-4**

<table>
<thead>
<tr>
<th>EMPLOYEE’S WITHHOLDING CERTIFICATE FOR CITY OF FLINT INCOME TAX</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] City Resident or [ ] Non-City Resident</td>
</tr>
<tr>
<td>Full Name: (First, Middle and Last Name)</td>
</tr>
<tr>
<td>City:</td>
</tr>
</tbody>
</table>

1. Exemptions for yourself:
   - [ ] Yourself [ ] age 65 or over [ ] Blind

2. Exemptions for your spouse:
   - [ ] Yourself [ ] age 65 or over [ ] Blind

3. Enter Total number of boxes checked in 1 & 2:

4. Other Exemptions:
   - Number of exemptions for your children
   - Number of exemptions for your other dependents

5. Enter total number of Other Exemptions in box 4 below:

6. Add the number of exemptions which you have claimed in box 3 & 5 and write the total below:

7. Write the additional amounts you want withheld from each paycheck, if any:

Employer’s Name and Address:

I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief.

SIGNATURE: DATE:
IMPORTANT PAYROLL INFORMATION

In a continuing effort to operate our District most effectively and efficiently, we provide payroll information online, rather than printing paper documents. Pay stub information is available online via EmployeeWeb. EmployeeWeb is an encrypted, secure Internet application that uses the same Internet security level as banks and financial institutions world-wide. You have unique ID and PIN numbers and can access your payroll information through the Carman-Ainsworth website and EmployeeWeb. Complete instructions on accessing and navigating EmployeeWeb are enclosed. **You will receive your web ID and PIN number with your first paycheck.**

This capability offers several advantages to you and to the district, some of which are:
- Elimination of the security risk of having paper documents in circulation
- Elimination of time spent at each building searching for misplaced checks
- Elimination of time spent by each building to pick up and distribute paychecks
- Reduction of time spent printing, sorting, and sealing check stubs
- Reduced postage expenses by eliminating the need to mail all stubs during breaks
- Reduced supply costs for check stock and special toner
- Access to your information anytime, from inside the District and from your home
- Access to your pay on payday without worry about mail delivery or being out of town
- Ability to print your pay stubs whenever you need them
- Allows district time and resources to be spent on more critical tasks

All employees are encouraged to participate in direct deposit. Please complete the enclosed authorization form to initiate direct deposit to any financial institution **EXCEPT** the Flint Area School Employees' Credit Union (FASE CU). Return the completed authorization form to the Business Office at the Administration Building. It takes one pay cycle after you submit your authorization before your funds are deposited. **To deposit at the FASE CU, please contact them directly to initiate the process.** They will then authorize us to deposit your pay. A paycheck will be issued during the setup period, and you will receive your web ID and PIN number with that check.

**IF YOU OPT OUT OF DIRECT DEPOSIT,** a paycheck will be mailed to your home on the day before the pay date. **Please be aware that we must allow one full week from date of mailing before a check lost in the mail can be reissued.**

For questions, concerns, or assistance, please contact Barbara Owens in the Business Office by email at bowens@carman.k12.mi.us or by phone at 591-8212.
DIRECT DEPOSIT ENROLLMENT FORM

Direct deposit is available to all employees. Please complete this form and return it to the Payroll Office in the Administration Building.

EMPLOYEE NAME (Please print):

EMPLOYEE SSN:

CHECK ONE: _____Start Deposit _____Change Deposit _____Stop Deposit

NAME OF FINANCIAL INSTITUTION:

DEPOSIT AMOUNT (for whole check write net):

ABA ROUTING NUMBER: ____________
(Nine digit number at bottom left of check)

ACCOUNT NUMBER: ____________

ACCOUNT TYPE: _____Checking _____Savings

I hereby authorize Carman-Ainsworth Community Schools to make deposits to the account identified here. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments may be made electronically and under the rules of the National Automated Clearing House Association. This authorization remains in effect until written notice of termination is submitted to Carman-Ainsworth.

_________________________________  __________________________
Signature                                      Date

ATTACH VOIED CHECK HERE

C:\Documents and Settings\bcris\My Documents\Forms\Direct Deposit Form.doc

9/3/2014
EmployeeWeb

EmployeeWeb is an internet module that has a seamless interface with our human resources system (HRS). EmployeeWeb uses 128-bit encryption for security, which is the same security level used by banks and financial institutions. EmployeeWeb is located on the C-A website under the Staff Menu. Browse to http://www.carmak12.mi.us, click on the Staff Menu > Click on EmployeeWeb, and then select either the Intra-district EmployeeWeb or Outside EmployeeWeb, if you are outside the district.

This will bring up the login page, where you will enter your 6-digit employee ID number that was included in this packet. Your PIN number is the last 4 digits of your social security number, unless you have already logged in and changed it. C-A recommends that you change your PIN to something unique that is more than 6 characters in length, using a combination of letters, numbers and/or symbols. If you forget your PIN, please contact Barb Owens at 591-8212 or Julie Tuck at 591-8215.

Once you have entered your ID and PIN, click the login button. This should take you to the Welcome screen below. The different areas of your employee record are listed along the left-hand side of the screen once you have logged in successfully. Click on the “Log Out” button when you are ready to exit the program.

To view your Employee Earnings Statement (check stub), click on the Payroll History button on the left-hand side of the screen. The screen will be divided into two sections. The top section will have all of the pay dates and check numbers and the bottom section is the check stub information of the most current paycheck. You may have to use the scroll bar to the right of that section to view the check stub information. If you would like to print the Earnings Statement, click the Print button located at the top right-hand side of the most recent pay information that is displayed on your screen.

If you need access to a computer, there are workstations available in the media centers of each school building.

NOTE TO AOL USERS: If you use AOL as your Internet Service Provider, you will need to establish your connection using AOL, minimize AOL and open Internet Explorer. Using IE, browse to www.carmak12.mi.us and log in. AOL users have problems with password authentication and have to use Internet Explorer to successfully log in.
Beneficiary Nomination Information

As an employee of Carman-Ainsworth Community Schools we encourage you to nominate a beneficiary for retirement purposes. This is usually a spouse, or family member.

If you are new to Michigan Public Schools, you will receive a welcome letter from the Office of Retirement Services that will include your personal membership identification number. If you are already a member of Michigan Public Schools you should have your membership number on the annual statement that you receive from the Office of Retirement Services.

Once you have your retirement membership number, you will be able to access the state’s secure website and submit and/or update your beneficiary information.

Log on to www.michigan.gov/ors. Click on the miAccount button. Here you will be able to access and update all personalized account information. If you have any questions regarding your miAccount membership identification number, please contact the Office of Retirement Services at 1-800-381-5111.
ABOUT YOUR 403(b) RETIREMENT PLAN

As an employee of Carman-Ainsworth Community Schools, you are permitted to participate in a 403(b) tax deferred retirement program as long as you contribute at least $200 annually.

What is a 403(b) plan?

A 403(b) plan is a tax-deferred retirement plan available to employees of educational institutions and certain nonprofit organizations. In this plan, you can make pre-tax and/or Roth (after-tax) contributions for retirement savings. Distributions generally are only available when you reach age 59 ½ or experience a severance of employment. However, distributions can also be available in the event of financial hardship, death, or disability. Short-term needs also can sometimes be met by non-taxable loans.

Why contribute to a 403(b)?

Participating in your plan can provide a number of benefits, including:

- **LOWER TAXES TODAY.** If your 403(b) contributions are made on a pre-tax basis, your current income tax bill can be greatly reduced. For example, if your federal marginal income tax rate is 25%, and you contribute $100 a month to a 403(b) plan, you’ve reduced your federal income taxes by roughly $25 a month. In effect, your $100 contribution costs you only $75. The tax savings can grow with the size of your 403(b) contribution.

- **LOWER TAXES TOMORROW.** If your 403(b) contributions are made as Roth deferrals, they will be subject to income tax and FICA at the time they are made, but will not be treated as taxable income to you when they are distributed, provided that you follow the IRS rules applicable to Roth 403(b) accounts. Roth 403(b) contributions may provide tax advantages if you believe that your marginal tax rates will be higher at the time you wish to take a distribution of your 403(b) deferrals.

- **TAX-DEFERRED GROWTH.** Your account in the 403(b) plan is tax-deferred. This means that your account can grow tax-free until time of withdrawal.

- **ENHANCED RETIREMENT.** Other sources of retirement income, including state pension plans and, if applicable, Social Security, often do not adequately replace a person’s salary upon retirement. A 403(b) plan can provide a healthy supplement to an employee’s retirement income.

How do I get more information?

Visit the Carman-Ainsworth website at www.carman.k12.mi.us. See “Employees”, “Forms & Links”, “Tax-Sheltered Annuities”, and “403b Plan Information” for additional details. The list of approved vendors and the compensation reduction agreement are also available under “Tax-Sheltered Annuities”. To obtain more information about how to start a 403b, or how to change your current 403b, contact Barbara Owens at 591-8212.

Need Information about your current 403(b) account?

We currently have a Third Party Administrator handling 403(b) account transfers, loans, eligible rollover distributions, and/or hardship withdrawals. If you need information about any these services please contact TSA Consulting Group at 1-888-796-3786.

Not intended as tax or legal advice. Neither your employer nor the investment providers offering savings products under the plan can provide you with tax or legal advice.
To: All C-A Employees
From: Steve Tunnicliff Ph.D., Superintendent
Date: July 1, 2015
Re: Computer Acceptable Use Agreement

As a user of the district computer network and other technologies, you need to be knowledgeable of Board of Education policy and regulations governing access to and use of the network.

Please read the attached regulations and complete the accompanying Acceptable Use Agreement (AUP). This signed agreement must be on file before you access or use the district network.

Please return the completed forms to Bonnie Crist in Human Resources.
INSTRUCTION

Instructional Resources and Materials

Acceptable Use of Computer Network Resources

Use of the computer network is a privilege, not a right. The fundamental rule for use of district computer network resources is that all use must be consistent with the district's educational goals and behavior expectations. Because electronic communications are so varied and diverse, these rules do not attempt to list all required or prescribed behavior by system users. Users are expected to use common sense and adhere to the norms of behavior in the school community. In particular, users should:

1. Be polite and courteous in all communications and language.
2. Assist others in the use of the system and help others who are looking for ideas or information.
3. Always use the network as a resource to further their own education and that of others.
4. Be mindful of network security and immediately report any bugs, errors or security problems to the system administrator.

Users may not:

1. Use the district equipment for anything contrary to law or to solicit others to break any law.
2. Illegally copy, send or distribute any copyrighted software, work or other material.
3. Send, publish, download, access or retrieve any communication or material which may be defamatory, abusive, obscene, profane, sexually explicit, threatening, racially or ethnically offensive, harassing or illegal, or anything which violates or infringes on the rights of any person.
4. Use the network for any commercial purpose and/or financial gain.
5. Use the network for any advertisement or solicitation without approval from the superintendent.
6. Use the network to disrupt the use of the network by others; hardware or software shall not be destroyed, modified or abused in any way.
7. Use an account of someone other than the registered holder.
8. Make any attempt to harm or destroy the data of any other user or any system on the network, including or sending computer viruses or similar computer code.
9. Use electronic mail to send unsolicited, bulk, chain, harassing, anonymous or other messages which are commonly considered an annoyance to recipients or degrade system performance.
10. Attempt to access material or sites which are block by the district or attempt to use the network while access privileges are suspended.
11. Use the network for product advertisement or political lobbying.
Acceptable Use of Computer Network Resources (Continued)

Request for Computer Network Resources

The district provides access to our computer network to students and staff so as to promote and enhance the learning of our students through communication, innovation and sharing of resources. Access to the network is a privilege, not a right, and the district may restrict, suspend or terminate any user’s account with or without cause at any time. In requesting an account for access to the network, the user agrees to the following terms and conditions. Failure to abide by these terms and conditions or any of the district’s rules and regulations for computer network use may result in the loss of privileges, disciplinary action and/or legal action.

1. Use of the network must be for the purpose of education and research consistent with the goals of the district.

2. All use of the network must conform with the district’s rules on acceptable use of network resources, as updated through notification from time to time by the district and confirmed by the user.

3. The district makes no warranties of any kind, whether expressed or implied, for the service it is providing. The district will not be responsible for any damages the user suffers, including but not limited to the loss of data, delays, non-deliveries or service interruptions caused by its negligence or the user’s errors or omissions. Physical injuries resulting from network access will be handled under the district’s worker’s compensation and/or liability insurance policies.

4. The network provides access to third party data and information over which the district has no control. Though the district may make every effort to block inappropriate material, users may be exposed to defamatory, inaccurate or otherwise offensive material. (Use of the network or any information obtained via the network is at the user’s own risk). The district specifically denies any responsibility for the accuracy or content of information obtained through its services.

5. The user agrees to reimburse the district for any losses, costs or damages including reasonable attorney and consultant fees occurred by the district relating to or arising out of any breach of the terms of this request for network access.

6. The user acknowledges that the district’s computer network belongs solely to the district and that any files, records, electronic mail or other communications may be examined, edited or deleted by the district at any time, in accord with district procedures. In general, electronic mail in personal accounts will not be inspected without the consent of the sender or a recipient, except as necessary to investigate a complaint.

7. Subscriptions to News groups and LISTS must be reported to the building system operator (SYSOP). The name of the SYSOP will be located in the principal/supervisor’s office. Prior approval is required for students.
INSTRUCTION

Instructional Resources and Materials

Employee Network access and Acceptable Use Agreement

As a user of the district computer network, I agree to comply with the rules set forth in the Board adopted Acceptable Use Policy for the Carman-Ainsworth Community Schools and other rules as may be established by the district. I further agree to use the network for legitimate educational purposes which support and enhance the district's curriculum in a manner which is consistent with the district mission statement.

I agree that accounts and passwords are not to be shared with others, including family members. I further agree that I may be held liable for my actions and actions of my family members that violate district policies and/or applicable laws.

I have received, read and understand the Acceptable Use Policy for Carman-Ainsworth Community Schools.

Employee Name (please print) ________________________________

Employee Signature ________________________________

Building/Department Assignment ________________________________

Date: ________________________________

Rules
Approved: ________________________________
Revised: 8/20/02
Revised: 2/21/06

CARMAN-AINSWORTHCOMMUNITY SCHOOLS
Flint, Michigan 48532
Online Bloodborne Pathogen Training Instructions
2015-16

**You will need an email account to do this, if you don’t have one you will need to create a free email account at www.yahoo.com or www.google.com**

First go on your internet. Click on the wrench at the top right side of the screen. Click on the word “tools”, un-check the pop-up blocker box, and click on save.

Log on to: http://mi.learnport.org

**For first time users only – begin here**

Click on “Create New Account”

Enter your user information and click on “Next”

**You will need to remember exactly what you enter as a Login and Password**

For the Select Manager screen – key in Crist in the Last Name box and click on “Search”

Click the box next to Crist, Bonnie and click on “Next”

Click on “School Employee” and click on “Next”

For the Select Job Title screen – click on “Search” (if you are a noon hour supervisor or tutor – click on the box that you are unable to select a job title and click on “Create”

At the top of the screen click on “Learning Center”, and then click on “Course Catalog”

In the search text box – key in bloodborne pathogens and click on “Search”

**If you already have an account with Learnport – begin here**

Log on to: http://mi.learnport.org

Enter your login and password

When the title of the course comes up click on “Bloodborne Pathogens: Fast Facts for Schools - 2015”

Click on “Access Item”

Click on “Launch Course”

Go through each sub category within the 5 categories and watch the video. Throughout the videos you will need to click on the > (right arrow) when it flashes which is located at the bottom of the screen. When you have completed each sub category, select “begin test”

When you have completed the test and scored 80 or higher you can click on X (top right – above your name)

Click on the X at the top of the screen to close, NOT the X that is beside the three dashes.

Click on “View Certificate”

Click on “Open”

Click on “Print”

Change your setting to Landscape

When your certificate has printed click on the X at the top of the screen.

Click on Logout.
Personnel Emergency Record

Name: ________________________________  S.S.N. ________________________________

In Case of Emergency Please Contact:

Name: ________________________________  Relationship: ___________________________

Telephone #: __________________________  Telephone #: __________________________

Physician's Name: ______________________  Telephone #: __________________________

Dentist's Name: _________________________  Telephone #: __________________________

List any medications that you are currently taking: _________________________________

Insurance Company Name: ________________________________
Tb Test

You must provide us with the results of a Tb Test within the last three (3) years. The test may be obtained at your family doctor’s office, or at the health department.

The doctor can write the date and results of your tb test on a prescription pad.