

Application for Employment

Welcome to PCMI. We look forward to your valuable contributions and hope your experience with us is a truly fulfilling one. This packet is the first step towards becoming a verified & compliant PCMI employee. Please fully complete this application along with your required compliance training and submit these forms to our HR Compliance department.

After receiving your Employment Packet, we will complete a background check & verification process to ensure you are compliant with state & regulatory requirements. Upon completion you will be sent our Post Employment Packet to complete your application.

Primary Employment Relationship

Professional Contract Management, Inc. is an equal opportunity employer. Employment decisions are based on merit and business needs and not race, color, citizenship status, national origin, ancestry, gender, age, religion, creed, non-disqualifying disability, marital status, veteran status, political affiliation or any other factor protected by law. PCMI complies with the law regarding reasonable accommodation for handicapped and disabled employees.

Your employment with PCMI is an “at-will” employment relationship. You are free to terminate your employment with PCMI at any time, with or without reason. Likewise, PCMI has the right to terminate your employment, with or without reason, at the discretion of PCMI.

The individual schools and/or ISD’s are not your employer. PCMI is your employer and therefore any request for employment verification, wage information, etc. should be directed to: PCMI Corporate Office, attention: Human Resources, 140 Kent Street, P.O. Box 516, Portland, MI 48875. Please note, all requests of this nature must be in writing.

PCMI Contact Information:

PCMI
140 Kent St.
P.O. Box 516
Portland, MI 48875
(877) 855-7264
Fax: (517) 647-5252

Certification & Truthfulness

I certify that all information I have provided in order to apply for and become an employee of PCMI is true, completed and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to 1) eliminate me from further consideration for employment, 2) may result in my immediate discharge from my current district assignment and employment with PCMI, whenever it is discovered. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing information about me. If I am hired, I understand that I am free to resign at any time, with or without cause or prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause or prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of PCMI is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing language are valid unless they are in writing and signed by PCMI’s president. I also understand that if I am hired, I will be required to provide proof of identity and legal authorizations to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

By signing this form, you acknowledge and agree with the employment relationship, worksite policies and procedures, certification and release as well as the compensation arrangements set forth in this document.

PLEASE DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT CAREFULLY.

I certify that I have read, fully understand and agree to all of the terms of the foregoing Applicant Statement.

Signature

Date



An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

THIS IS A FILLABLE FORM.
 ON THE LAST PAGE YOU
 CAN "PRINT" OR "SAVE AS"

PERSONAL INFORMATION					
LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER		
ADDRESS	APT#	CITY		STATE	ZIP
HOME NUMBER	MOBILE/CELL NUMBER		EMAIL (REQUIRED)		
DISTRICT POSITION(S) APPLYING FOR					
DISTRICT YOU WOULD LIKE TO BE ASSIGNED TO:		PHONE NUMBER	POSITION		

- YES NO Are you legally authorized to work in the United States?
- YES NO Are you over 18 years of age?
- YES NO Have you ever been dismissed from employment or refused reemployment?
- YES NO Have you ever been convicted of a crime, pled guilty to a crime, or pled no contest to a crime?
- YES NO Have you ever been convicted of or pled guilty to any of the following crimes: criminal sexual conduct in any degree, assault with intent to commit criminal sexual conduct in any degree, attempt to commit criminal sexual conduct in any degree, felonious assault on a child, child abuse in any degree, attempt to commit child abuse in any degree, cruelty, torture or indecent exposure involving a child?
- YES NO Have you ever been convicted of or pled guilty to delivering or distributing controlled substances to a minor?
- YES NO Have you ever been convicted of or pled guilty to recruiting or inducing a minor to commit a felony?
- YES NO Have you ever been convicted of or pled guilty to a felony?

If you marked "Yes" to questions number 3 through 8, please provide dates and details:

EDUCATION			
SCHOOL LEVEL	NAME AND LOCATION	DID YOU GRADUATE?	DEGREE OBTAINED / AREA OF STUDY
HIGH SCHOOL			
COLLEGE			
GRADUATE LEVEL			
OTHER TRAINING			

FORMER SCHOOL EMPLOYERS (STARTING WITH THE MOST RECENT)			
SCHOOL DISTRICT	START DATE	END DATE	
REASON FOR LEAVING		JOB TITLE	
SCHOOL DISTRICT	START DATE	END DATE	
REASON FOR LEAVING		JOB TITLE	

OTHER FORMER EMPLOYERS (STARTING WITH THE MOST RECENT)			
EMPLOYER	START DATE	END DATE	
REASON FOR LEAVING		JOB TITLE	
EMPLOYER	START DATE	END DATE	
REASON FOR LEAVING		JOB TITLE	



AUTHORIZATION, RELEASE, AND WAIVER
Release of liability related thereto and Employment History Check
PA 189 FORM

To provide to PCMI any information regarding my employment history and, in addition, to disclose any other information which is job related, including all items within my personnel file and pursuant to Public Act 189 of the Public Acts of 1996 begin section 380.1230b of Michigan Compiled Laws, authorized any current or former employer(s) to disclose any unprofessional conduct and provide copies of all documents in my personnel record maintained by my current or former employer(s) relating to any unprofessional conduct as defined by Public Act 189 of 1996 which reads:

“Unprofessional conduct” means 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. MCL 380.1230 (8b)

I acknowledge PCMI’s right to investigate any and all references and secure additional information regarding my employment history, including any and all disciplinary action and/or the events surrounding the termination of employment.

Pursuant to Public Act 189 of 1996, I waive my right of prior notice under the Bullard-Plawecki Employee Right to Know Act, Act No. 397 of the Public Acts of 1978, being section 423.506 of Michigan Compiled Laws and I hereby release my current and former employer, and employees acting on behalf of my current and former employer, from any liability for providing information regarding connection with this employment history verification.

Applicant’s Signature: _____ **Date:** _____

Print Applicant Name: _____ **Social Security # (Last 4 digits):** _____

To meet the requirements of PA 189, this form must be returned to our office. PCMI will submit this form to the employer listed below for completion. Please return this form with your packet. If you have any questions or concerns, please contact the Human Resource Department at PCMI, (877) 855-7264.

Please complete this section, providing us with the name and complete address of a present or immediate past employer. Please print legibly.

Name of Company/School: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Fax: _____

**** To be completed by employer ****

EMPLOYER: NOTE TO CURRENT/PREVIOUS: Public Act 189 of 1996 requires you to provide PCMI copies of any and all information relating to unprofessional conduct contained within the above named person’s personnel file within 10 days of the receipt of request. The Act provides that, “an employer or an employee acting on behalf of the employer that discloses information under the section in good faith is immune from civil liability for the disclosure.”

Please return copies of all such documents along with a signed copy of this request. If no documentation of unprofessional conduct is contained within personnel file, please note it at the bottom of this form and return it to PCMI. Maintain one copy for your records. Thank you for your assistance. If you have any questions or concerns, please contact the Personnel Department at PCMI (877) 855-7264.

_____ I certify that no documentation of unprofessional conduct exists within the above named person’s personnel file.
 _____ I have enclosed items relating to unprofessional conduct.

Signed by Employer **Print Name** **Title** **Date**



CRIMINAL BACKGROUND CHECK DECLARATION, RELEASE, AND AUTHORIZATION

1. I have not been convicted of or pled guilty or no contest to any crimes.
2. I have been convicted of or pled guilty or no contest to the following crimes (use separate sheet to explain nature of conviction, date, and court.)

- a.
- b.
- c.

I understand and agree that consistent with 1993 Public Act 68 and 1995 Public Act 83:

1. PCMI on behalf of the School District, educational agency, or governing body of the Nonpublic school ("the School") must request a criminal history and records checks on me from the Central Records Division of the Michigan Department of State Police and the Federal Bureau of Investigation (F.B.I.).
2. Until that report is received and reviewed by PCMI and any educational agency to which I may be assigned, I am regarded as a conditional employee; and
3. If the report received from the Department of State Police or the F.B.I. is not the same as my representation(s) above respecting either the absence of any conviction(s) or any crimes of which I have been convicted, my employment could be terminated at the option of PCMI and may be denied assignment within some or all school districts.

Certification of Truthfulness

I certify that all statements on this Application for Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and, if found to be false, will be sufficient reason for not being employed, or if employed, may result in my dismissal.

Criminal History and Records Checks

I authorize PCMI and the School District/ISD to secure a criminal checks from the appropriate law enforcement agency, consistent with current PCMI and school board policies and the State of Michigan regulations.

I also authorize PCMI and the School District/ISD to release information about the criminal checks information the School District received concerning me to any employee of a non-public school or other School District to whom I apply for substitute teaching or other educational services. I understand this information is required in evaluating my suitability for employment consistent with 1993 Public Act 68 and 1995 Public Act 83. I fully release the School District and any non-public school or other School District to the maximum extent permitted by law from any liability whatsoever in connection with either the release or the use of the report obtained from Michigan Department of State Police and the Federal Bureau of Investigation (F.B.I.).

In addition, if applicable, I authorize the School District/ISD to obtain from _____ (School District/ISD), all information and reports about the criminal history check conducted by the School District/ISD.

APPROXIMATE DATE WHEN FINGERPRINTED		
LAST NAME (please print)	FIRST NAME	MIDDLE INITIAL
SIGNATURE		DATE
		SOCIAL SECURITY NUMBER (Last 4 Digits only)



FINGERPRINT DISCLOSURE FORM

The State of Michigan requires that prior to the start of your employment with PCMI, all non post-secondary workers are to be fingerprinted via an electronic process called *Livescan Fingerprinting*. This may also be a requirement at the college level. If you were fingerprinted after January 1, 2006, under the Michigan School Employment reason code (SE Print), those results may be used only if you have remained continuously active for employment at an educational institution.

To determine which fingerprint form to complete, please answer the following questions:

- 1. Have you previously been fingerprinted for a school under the School Employment Act? Yes No
- 2. Are your fingerprints currently maintained at a school, ISD, company or agency? Yes No
- 3. Have you worked in a K-12 School within the current or previous school year in the State of Michigan? Yes No

If you answered "NO" to any question above, you must be fingerprinted before you can begin working. Please complete the Livescan Fingerprint Form on www.pcmiservices.com (complete the LiveScan request form located under "Step 2" of the employment process).

If you answered "YES" to all the above questions and the school, ISD company or agency is willing to release your fingerprint results to PCMI, please proceed to the Fingerprint Release Form below.

FINGERPRINT RELEASE FORM

APPROXIMATE DATE OF FINGERPRINTING	SCHOOL DISTRICT, ISD, COMPANY OR AGENCY PRINTED FOR	
NAME (please print)		MAIDEN NAME
DATE OF BIRTH	LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER	

This signed release authorizes fingerprint information to be forwarded to:

PCMI
 140 Kent St., P.O. Box 516
 Portland, MI 48875
 (877) 855-7264 Fax: (517) 647-5252

Please fill in the following:

I, _____, (your name) authorize PCMI and _____ (school requesting finger prints) 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 that above stated school district (where prints are maintained) and PCMI and _____ (school requesting finger prints) to the maximum extent permitted by law from any liability whatsoever in connection with either the release or use of the report required by P.A. 99, amended by P.A. 68.

Signature

Date (m/d/yyyy)



LIVESCAN FINGERPRINT REQUEST

Use this form only if you have not been Livescan fingerprinted since January 1, 2006

Please note: Please remove this form from this packet and give to the fingerprinting provider or agency.

Please obtain a receipt, confirmation number or stamped approval from the fingerprinting agency and provide a copy/fax to PCMI as receipt of completion.

APPLICANT INFORMATION

Must provide a picture ID to be printed

Last Name: _____ First Name: _____ MI: _____

Applicant Address: _____

City: _____ State _____ Zip: _____

Date of Birth: _____ Race _____ Sex _____

Weight: _____ Height: _____ Hair Color: _____ Eye Color: _____

State or County of Birth _____

Applicant Phone Number with Area Code: _____

REQUESTING AGENCY INFORMATION

Agency ID: 66192L

Agency Name: PCMI

Reason Code:

SE -School Employment, MCL 380.1230 \$49.25 + agency processing fee

For IBT Locations: 1-866-226-2952 or www.mi.ibtfingerprint.com

****Disclaimer:** Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc. are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason. **

Date Fingerprinted: _____ Type of picture ID presented: _____



NEW ON LINE TRAINING REQUIREMENTS:

1. BLOODBORNE PATHOGENS
2. F.E.R.P.A.
3. HAZARD COMMUNICATIONS
4. SEXUAL HARASSMENT
5. CORPORAL PUNISHMENT

PCMI EMPLOYEE ASSIGNED TO:

All PCMI employees will be required to complete **ALL FIVE** training modules before being activated as an employee. The Bloodborne Pathogens training will need to be retaken each year to maintain your compliance with PCMI. To access these modules follow these instructions:

1. Log onto the Internet (open your internet browser, i.e. Internet Explorer, Firefox, Netscape, etc.)
2. Go to www.gcntraining.com. Then click on the “**LOGIN TO VIEW TRAINING**” button.
3. Select whether you are an “**Existing User**” or a “**New User**” and select “**Next.**”
4. If you are an “**Existing User**” type _____ in the Organization ID (username field) and click “**Submit.**”
 - a. Enter your “**Personal ID**” and then click “**Submit**”
 - b. Look in the “**Tutorial Progress**” (green) section to view which modules need to be completed.
5. If you are a “**New User**” type _____ in the Organization ID (username field) and click “**Submit.**”
 - a. Type in your preferred “**Personal ID**”
 - b. Completed the required fields and “**Submit**”
 - c. Enter your contact information.
6. If you don't know or have forgotten your user name, follow the steps for a “**Substitute Placement Organization.**”
7. When you are finished with your training modules, please print a copy of your certificate and send with your completed enrollment documents to our Human Resources & Compliance Dept.



NOTICE OF PRIVACY POLICY

EMPLOYEE SOCIAL SECURITY NUMBER AND OTHER EMPLOYEE PERSONAL INFORMATION

1. **Confidentiality.** We ensure to the extent practicable the confidentiality of employee social security numbers and other employee personal information. Such information is never disclosed to other individuals or third parties unless authorized and approved by PCMI.
2. **Unlawful Disclosure.** The personnel working in the operations of PCMI are prohibited from the unlawful disclosure of any social security number of PCMI employees. They are also prohibited from the unlawful disclosure of any other employee personal information to any other individuals or third parties without prior authorization by PCMI.
3. **Limitation on Access.** Access to employee social security number and any other employee personal information, is limited to those working in the operations of PCMI and those independent contractors who require the social security number or other information for processing of payroll, benefits or authorized use
4. **Disposition of Social Security Numbers.** Documents containing Social Security Numbers and other personal information are retained for the period of time required by law and then shredded.
5. **Penalties for Violation.** Any employee working in the operations of PCMI who violates our Social Security Number Privacy Policy, or our Employee Personal Information Policy, is subject to summary termination and criminal reporting and prosecution depending upon the severity of the violation.

I have read PCMI's Privacy Policy, initials: _____



Employee Disclosure and Acknowledgment

PCMI NOTICE OF ILLEGAL SUBSTANCE

Illegal and unauthorized substances and drugs, look-alike, synthetic drugs, alcoholic beverages, drug paraphernalia, legally prescribed drugs in excess of reasonable dosage requirements, contraband, stolen property, firearms, weapons, substances or articles are strictly prohibited on any of PCMI or its customers, subsidiaries, and affiliates vehicles, boats, aircraft, equipment, properties, job sites and work locations. Persons or employers found to be using or in possession or concealment of any of the above mentioned unauthorized items will not be allowed on work locations. All persons, their vehicles and personal property are subject to search (including urine drug screening) and inspection before entering, while on or departing the premises, properties, job sites or work locations of PCMI, or its subsidiaries and affiliates. I agree to be tested for drug abuse as administered by PCMI, at a time and place of their designation.

EMPLOYEE AT-WILL DOCTRINE

I understand and agree that my employment and compensation can be terminated at any time, with or without cause, on ten (10) business days prior written notice by either the company or myself. I also understand and agree that this agreement, along with the employment agreement and the addendum to the employment agreement, are the entire agreement between the company and myself on the subject of termination of employment and compensation, and that this agreement may only be changed by the president of the company in a signed document addressed specifically to me and entitled "Employment Contract". I further agree that there are no other contracts, expectations, understandings, or agreements between the company and myself.

REASONABLE ASSURANCE ACKNOWLEDGMENT

The PCMI job sites regularly schedules breaks during the school year. These breaks occur when school is not in session. During these breaks, PCMI provides you, in good faith, the reasonable assurance that you will return to work in the same or similar position at the completion of the break. Your return to work validates your reasonable assurance. Michigan Employment Security Agency regulations prohibit you receiving unemployment benefits during school breaks of a school year and sports season, when you receive a "reasonable assurance" of employment at the end of that break. You have reasonable assurance of employment in the same or similar capacity for all breaks between academic years, sports break and school breaks unless PCMI notifies you in writing.

HANDBOOK ACKNOWLEDGEMENT FORM

I acknowledge that the employee handbook is available online at www.pcmiservices.com and accessible. I also acknowledge that I am responsible for reading and understanding it. I agree to be bound by the policies and procedures described in this handbook and, in consideration for my employment, I agree to follow them.

RESPONSIBILITY TO NOTIFY (Public Act 131 of 2005)

Should any arrest occur during my employment, I, _____, shall contact the PCMI Human Resource Department within three (3) days of the arraignment date. I understand that failure to follow this required procedure will result in immediate termination of employment

EMPLOYEE SIGNATURE

DATE



Health Insurance & 401(k) Disclosure

LAST NAME		FIRST NAME		M.I.	SOCIAL SECURITY NUMBER	
ADDRESS			APT.#	CITY		STATE ZIP
BEST CONTACT NUMBER <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile			EMAIL (REQUIRED)			

401(k) PLAN ACKNOWLEDGMENT OR WAIVER

- I DECLINE PARTICIPATION:** I acknowledge that PCMI offers this benefit and I have elected not to take this offer.
- I AM INTERESTED IN OBTAINING ADDITIONAL INFORMATION:** For plan information and details, go to www.pcmiservices.com, click on "Benefits" or contact our plan administrator at the information below.

Upon employment, all eligible employees may enroll in a PCMI approved health insurance and 401(k) program. Contributions to the PCMI 401(k) program are allowable up the maximum permitted by the Internal Revenue Code. For more information about the 401(k) plan please contact our plan administrator:

James W. McLellan McLellan Financial Services 650 E. Big Beaver Rd., Ste. E Troy, MI 48083	Phone: (248) 687-2800 Fax: (248) 928-5319 Email: jim@mclellanfinancial.net
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INSURANCE PLAN ACKNOWLEDGMENT AND WAIVER

- I DECLINE PARTICIPATION:** I acknowledge that PCMI offers this benefit and I have elected not to take this offer.
- I AM INTERESTED IN OBTAINING ADDITIONAL INFORMATION:** For plan information and details, go to www.pcmiservices.com, click on "Benefits."

For more information regarding our Medical Benefits, including, dental & vision please contact:

Human Resources - Benefits 140 Kent St., P.O. Box 516 Portland, MI 48875	Phone: (517) 647-7533, option 7 Fax: (517) 647-5257 Email: HRBenefits@pcmiservices.com
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EMPLOYEE SIGNATURE

DATE



EMPLOYMENT AGREEMENT (Office Copy)

Agreement made as of the _____ day of _____ (Month/Year) between **PCMI**, a Michigan Corporation, 140 Kent St. P.O. Box 516, Portland, Michigan 48875, and (Employee name) _____ whose home address is:

Recitals

- A. PCMI is in the business of hiring individuals with technical expertise and supplying their services to third parties ("Client") on a contract or purchase order basis.
- B. Based upon Employee's resume, representations and related materials, PCMI believes that Employee is possessed of expertise that may be of use to Clients of PCMI.
- C. Employee desires to accept employment with PCMI and to provide services to Clients of PCMI, on the terms set forth in this agreement.

WHEREFORE, in consideration of the mutual promises herein contained, and for other good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, PCMI and Employee agree as follows:

- 1. **Employment.** PCMI hereby employs Employee, and Employee hereby accepts such employment, on the terms and conditions herein contained.
- 2. **Term.** The term of this agreement shall be from the date hereof until terminated as hereinafter provided.
- 3. **Compensation.** To be determined by PCMI at the time of placement.
- 4. **Compensation and Expenses.** The amount or rate of compensation to be paid by PCMI to Employee with respect to each placement shall be set forth in an addendum to this agreement in the form attached as Exhibit A; the parties contemplate that such an addendum will be executed with respect to each placement accepted by Employee hereunder. PCMI will provide any bonding, liability insurance coverage and workmen's compensation coverage required by a Client with respect to any placement. It is agreed that PCMI shall have no obligation to pay any compensation to Employee except for the periods during which Employee provides services to Clients of PCMI, in accordance with the terms of the addendum to this Agreement concerning such placement.
- 5. **Other Employment.** Employee will inform PCMI when Employee enters into any employment or other agreement that would interfere with the performance of Employee's obligations here under.
- 6. **Benefits.** As an employee of PCMI, the Employee shall be entitled to participate in such employee benefit programs and plans as PCMI may establish from time to time.
- 7. **Relationship Between Parties.** The relationship between PCMI and Employee is that of employer and employee. As such, PCMI shall be responsible for withholding from the compensation to be paid to Employee here under for Federal and State taxes, FICA, 401k's, etc.
- 8. **Confidentiality.** Employee understands that in connection with performing services for a Client of PCMI pursuant to a placement, Employee may receive, either through PCMI or directly from the Client, information of a proprietary and confidential nature concerning the Client's processes, products, operations, programs, plans, or customers. Employee agrees not to disclose any such information without the prior consent of the Client or PCMI and will sign and abide by the Client's confidentiality agreement if requested to do so by PCMI.
- 9. **Intellectual Properties.** Contracts or purchase orders between PCMI and its Clients may require that all writings, designs, inventions, improvements, and discoveries developed, created or produced by Employee while performing services for such Client shall be the property of Client or PCMI. Employee agrees to abide by any such requirements, and to promptly execute such assignments or other documents as may be necessary to accomplish such purpose.
- 10. **Assurance.** PCMI will use its best efforts to obtain contracts or purchase orders requiring Employee's services; however, no assurance can be made that Employee's services will be required, or how frequently they will be required.
- 11. **Conflict of Interest.** Employee agrees to promptly disclose to PCMI any situation that does or could constitute a conflict of interest. For the purposes of this agreement a conflict of interest is defined as any situation wherein Employee has a relationship with, or knowledge concerning, any party with whom PCMI or a Client competes or does business which (1) could affect Employee's independent judgment in fulfilling Employee's responsibilities on behalf of Client or PCMI or (2) which could be detrimental to the interests of such client or of PCMI.
- 12. **Termination.** This agreement or any addendum may be terminated by PCMI or the Client with a 10 day minimum notice.
- 13. **Waiver of Breach.** The waiver by either party hereto of a breach of any provision of this agreement shall not operate or be construed as a waiver of any subsequent breach by any party.
- 14. **Indemnification.** Performance by the employee under this agreement will be by the Employee's best effort. PCMI agrees to indemnify and hold harmless the Employee with respect to errors and omission within the scope of this contract and addendum except for claims arising from willful acts or gross negligence. Employee agrees to indemnify and hold harmless PCMI with respect to any actions by any person or agent with respect to financial matters outside of payments for work performed by the Employee for PCMI.
- 15. **Assignment.** PCMI may assign its interest in this agreement without the consent of Employee. Employee may not assign Employee's duties, rights, or obligations hereunder without the prior written consent of PCMI.
- 16. **Headings.** Paragraph headings have been inserted solely for the convenience of the parties, and shall not be used to interpret or construe the meaning of any provisions herein.
- 17. **Severability.** If and to the extent any provision of this agreement is held invalid or unenforceable in any circumstances, such provision shall be enforced to the maximum lawful extent, and the remainder of this agreement and the application of such provision in any other circumstance, shall not be affected by such holding.
- 18. **Complete Agreement.** This agreement, together with any addendum hereto, incorporates all prior discussions and negotiations of the parties, and represents their complete agreement. This agreement cannot be altered, amended or notified except in writing signed by PCMI and Employee.
- 19. **Governing Law.** The laws of the State of Michigan shall govern this agreement.
- 20. **Professionalism.** Employee shall conduct himself/herself in a manner above reproach be it attitude or behavior. He/she is a professional and conducts himself/herself in such a manner.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first above set forth.
PCMI a Michigan Corporation

PCMI REPRESENTATIVE SIGNATURE
(not required for your employee signature)

Date

EMPLOYEE SIGNATURE

Date

NAME OF EMPLOYEE (PLEASE PRINT)



EMPLOYMENT AGREEMENT (Employee Copy)

Agreement made as of the _____ day of _____ (Month/Year) between **PCMI**, a Michigan Corporation, 140 Kent St. P.O. Box 516, Portland, Michigan 48875, and (Employee name) _____ whose home address is:

Recitals

- A. PCMI is in the business of hiring individuals with technical expertise and supplying their services to third parties ("Client") on a contract or purchase order basis.
- B. Based upon Employee's resume, representations and related materials, PCMI believes that Employee is possessed of expertise that may be of use to Clients of PCMI.
- C. Employee desires to accept employment with PCMI and to provide services to Clients of PCMI, on the terms set forth in this agreement.

WHEREFORE, in consideration of the mutual promises herein contained, and for other good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, PCMI and Employee agree as follows:

- 1. **Employment.** PCMI hereby employs Employee, and Employee hereby accepts such employment, on the terms and conditions herein contained.
- 2. **Term.** The term of this agreement shall be from the date hereof until terminated as hereinafter provided.
- 3. **Compensation.** To be determined by PCMI at the time of placement.
- 4. **Compensation and Expenses.** The amount or rate of compensation to be paid by PCMI to Employee with respect to each placement shall be set forth in an addendum to this agreement in the form attached as Exhibit A; the parties contemplate that such an addendum will be executed with respect to each placement accepted by Employee hereunder. PCMI will provide any bonding, liability insurance coverage and workmen's compensation coverage required by a Client with respect to any placement. It is agreed that PCMI shall have no obligation to pay any compensation to Employee except for the periods during which Employee provides services to Clients of PCMI, in accordance with the terms of the addendum to this Agreement concerning such placement.
- 5. **Other Employment.** Employee will inform PCMI when Employee enters into any employment or other agreement that would interfere with the performance of Employee's obligations here under.
- 6. **Benefits.** As an employee of PCMI, the Employee shall be entitled to participate in such employee benefit programs and plans as PCMI may establish from time to time.
- 7. **Relationship Between Parties.** The relationship between PCMI and Employee is that of employer and employee. As such, PCMI shall be responsible for withholding from the compensation to be paid to Employee here under for Federal and State taxes, FICA, 401k's, etc.
- 8. **Confidentiality.** Employee understands that in connection with performing services for a Client of PCMI pursuant to a placement, Employee may receive, either through PCMI or directly from the Client, information of a proprietary and confidential nature concerning the Client's processes, products, operations, programs, plans, or customers. Employee agrees not to disclose any such information without the prior consent of the Client or PCMI and will sign and abide by the Client's confidentiality agreement if requested to do so by PCMI.
- 9. **Intellectual Properties.** Contracts or purchase orders between PCMI and its Clients may require that all writings, designs, inventions, improvements, and discoveries developed, created or produced by Employee while performing services for such Client shall be the property of Client or PCMI. Employee agrees to abide by any such requirements, and to promptly execute such assignments or other documents as may be necessary to accomplish such purpose.
- 10. **Assurance.** PCMI will use its best efforts to obtain contracts or purchase orders requiring Employee's services; however, no assurance can be made that Employee's services will be required, or how frequently they will be required.
- 11. **Conflict of Interest.** Employee agrees to promptly disclose to PCMI any situation that does or could constitute a conflict of interest. For the purposes of this agreement a conflict of interest is defined as any situation wherein Employee has a relationship with, or knowledge concerning, any party with whom PCMI or a Client competes or does business which (1) could affect Employee's independent judgment in fulfilling Employee's responsibilities on behalf of Client or PCMI or (2) which could be detrimental to the interests of such client or of PCMI.
- 12. **Termination.** This agreement or any addendum may be terminated by PCMI or the Client with a 10 day minimum notice.
- 13. **Waiver of Breach.** The waiver by either party hereto of a breach of any provision of this agreement shall not operate or be construed as a waiver of any subsequent breach by any party.
- 14. **Indemnification.** Performance by the employee under this agreement will be by the Employee's best effort. PCMI agrees to indemnify and hold harmless the Employee with respect to errors and omission within the scope of this contract and addendum except for claims arising from willful acts or gross negligence. Employee agrees to indemnify and hold harmless PCMI with respect to any actions by any person or agent with respect to financial matters outside of payments for work performed by the Employee for PCMI.
- 15. **Assignment.** PCMI may assign its interest in this agreement without the consent of Employee. Employee may not assign Employee's duties, rights, or obligations hereunder without the prior written consent of PCMI.
- 16. **Headings.** Paragraph headings have been inserted solely for the convenience of the parties, and shall not be used to interpret or construe the meaning of any provisions herein.
- 17. **Severability.** If and to the extent any provision of this agreement is held invalid or unenforceable in any circumstances, such provision shall be enforced to the maximum lawful extent, and the remainder of this agreement and the application of such provision in any other circumstance, shall not be affected by such holding.
- 18. **Complete Agreement.** This agreement, together with any addendum hereto, incorporates all prior discussions and negotiations of the parties, and represents their complete agreement. This agreement cannot be altered, amended or notified except in writing signed by PCMI and Employee.
- 19. **Governing Law.** The laws of the State of Michigan shall govern this agreement.
- 20. **Professionalism.** Employee shall conduct himself/herself in a manner above reproach be it attitude or behavior. He/she is a professional and conducts himself/herself in such a manner.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first above set forth.
PCMI, a Michigan Corporation

PCMI REPRESENTATIVE SIGNATURE
(not required for your employee signature)

Date

EMPLOYEE SIGNATURE

Date

NAME OF EMPLOYEE (PLEASE PRINT)

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B.** If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C.** If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1.** Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
 - 2.** Record the document title, document number, and expiration date (if any) in Block C; and
 - 3.** Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date <i>(month/day/year)</i>
----------------------	------------------------------

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.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>
PCMI 140 Kent St., P.O. Box 516, Portland, MI 48875		

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
------------------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
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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 <i>(month/day/year)</i>
--	------------------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

	OR	
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
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		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
4. Employment Authorization Document that contains a photograph (Form I-766)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		3. School ID card with a photograph
		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
		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. U.S. Military card or draft record
		5. Native American tribal document
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		6. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card
		7. U.S. Coast Guard Merchant Mariner Card
		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	For persons under age 18 who are unable to present a document listed above:	8. Employment authorization document issued by the Department of Homeland Security
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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

MI-W4

(Rev. 8-07)

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	
Home Address (No., Street, P.O. Box or Rural Route)		▶ 5. Are you a new employee?	
City or Town		<input type="checkbox"/> Yes If Yes, enter date of hire . . .	
State	ZIP Code	<input type="checkbox"/> No	
6. Enter the number of personal and dependency exemptions you are claiming		▶ 6. _____	
7. Additional amount you want deducted from each pay (if employer agrees)		7. <u> </u> \$	
8. I claim exemption from withholding because (does not apply to nonresident members of flow-through entities - see instructions): a. <input type="checkbox"/> A Michigan income tax liability is not expected this year. b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____ c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____			
EMPLOYEE: If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records.		<i>Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I anticipate that I will not incur a Michigan income tax liability for this year.</i>	
INSTRUCTIONS TO EMPLOYER: Employers must report all new hires to the State of Michigan. Keep a copy of this certificate with your records. If the employee claims more than nine personal and dependency 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.		9. Employee's Signature _____ ▶ Date _____ Employer: Complete lines 10 and 11 before sending to the Michigan Department of Treasury. 10. Employer's Name, Address, Phone No. and Name of Contact Person PCMI 140 Kent St., P.O. Box 516, Portland, MI 48875	
		▶ 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 employement 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 more than nine dependency 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 dependency 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 dependency 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 cannot claim exempt status.

Web Site

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

Form W-4 (2010)

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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if: } } **B** _____

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit **F** _____

(Note. Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G 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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
- If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **G** _____

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

For accuracy, **complete all worksheets that apply.** } }

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 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.

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

Form W-4 Department of the Treasury Internal Revenue Service	<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 2010
1 Type or print 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 \$ _____
6 Additional amount, if any, you want withheld from each paycheck _____		
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ► 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ► _____		Date ► _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____ 10 Employer identification number (EIN) _____

Deductions and Adjustments Worksheet

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

- 1** Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions **1** \$ _____
- 2** Enter:

{	\$11,400 if married filing jointly or qualifying widow(er)	}	2	\$ _____
	\$8,400 if head of household				
	\$5,700 if single or married filing separately				
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4** Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) **5** \$ _____
- 6** Enter an estimate of your 2010 nonwage income (such as dividends or interest) **6** \$ _____
- 7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” **7** \$ _____
- 8** **Divide** the amount on line 7 by \$3,650 and enter the result here. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

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

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

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

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

- 4** Enter the number from line 2 of this worksheet **4** _____
- 5** Enter the number from line 1 of this worksheet **5** _____
- 6** **Subtract** line 5 from line 4 **6** _____
- 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
- 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
- 9** Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - 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 using it 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.

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number (____) _____ - _____

If you are under age 40, enter your date of birth (month, day, year) ____/____/____

- 1 Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but **not** age 25 or older, **and**:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
 - Discharged or released from active duty in the U.S. Armed Forces, **or**
 - Unemployed for a period or periods totaling at least 6 months.
- 5 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____

Date ____ / ____ / ____

For Employer's Use Only

Employer's name _____ Telephone no. (____) - _____ EIN ▶ _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. (____) - _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant:

Gave information ____/____/____ Was offered job ____/____/____ Was hired ____/____/____ Started job ____/____/____

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job _____

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ _____ Title _____ Date ____/____/____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. 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 section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping**3 hrs., 16 min.
- Learning about the law or the form** 46 min.
- Preparing and sending this form to the SWA** 42 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

**Individual Characteristics Form (ICF)
Work Opportunity Tax Credit**

U.S. Department of Labor
Employment and Training Administration

1. Control No. (For Agency use only)		APPLICANT INFORMATION (See instructions on reverse)	OMB No. 1205-0371
			Expiration Date: November 30, 2011
		2. Date Received (For Agency Use only)	
EMPLOYER INFORMATION			
3. Employer Name		4. Employer Address and Telephone	5. Employer Federal ID Number (EIN)
APPLICANT INFORMATION			
6. Applicant Name (Last, First, MI)		7. Social Security Number.	8. Have you worked for this employer before? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, enter last date of employment: _____
APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION			
9. Employment Start Date		10. Starting Wage	11. Position
12. Are you at least age 16, but under age 40? If YES, enter your <i>date of birth</i> _____			Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Are you a Veteran of the U.S. Armed Forces? If NO, go to Box 14. If YES, are you a member of a family that received SNAP (Food Stamps) benefits the 15 months for at least 3 months during before you were hired? If YES, enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____. OR, are you a veteran entitled to compensation for a service-connected disability? If YES, were you discharged or released from active duty within the year before you were hired? OR, were you unemployed for a combined period of at least 6 months during the year before you were hired?			Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) benefits for the 6 months before you were hired? OR, received SNAP benefits for at least a 3-month period within the last 5 months But you are no longer receiving them? If YES to either question, enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____.			Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? OR, by an Employment Network under the Ticket to Work Program? OR, by the Department of Veterans Affairs?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>16. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? OR, are you a member of a family that received TANF benefits for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? If NO, are you a member of a family that received TANF assistance for any 9 months during the 18 month period before you were hired? If YES, to any question, enter name of <i>primary recipient</i> _____ and The <i>city and state</i> where benefits were received _____.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired? If YES, enter <i>date of conviction</i> _____ and <i>date of release</i> _____. Was this a Federal _____ or a State conviction _____? (Check one)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>18. Do you live, and plan to continue living, in an Empowerment Zone or Renewal Community? OR, in a Rural Renewal County (RRC)? If YES, enter <i>name of the RRC</i>: _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>19. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>20. Are you an unemployed veteran who served on active duty (other than active duty for training) in the Armed Forces of the United States for a period of more than 180 days? OR were you discharged or released from active duty in the Armed Forces for a service-connected disability? If YES, where you discharged or released from active duty in the Armed forces at any time during the 5-year period ending on the hiring date? If YES, did you receive unemployment compensation for not less than four weeks during the one-year period ending on your hiring date?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>21. Are you at least age 16 but under age 25? If YES, did you not regularly attend any secondary, technical, or post-secondary school during the 6-month period before your hiring date? If YES were you not regularly employed during that 6-month period? If YES, were you not employable because you lacked basic skills?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>22. Sources used to document eligibility: (Employers/Consultants: List all documentation provided or forthcoming. SWAs: List all documentation used in determining target group eligibility and enter your initials and date when determination was made.)</p>	
<p>I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.</p>	
<p>23(a). Signature: (See instructions in Box 23b for who signs this signature block)</p>	<p>23. (b) Indicate with a ✓ who signed the form: <input type="checkbox"/> Employer, <input type="checkbox"/> Consultant, <input type="checkbox"/> SWA, <input type="checkbox"/> Participating Agency, <input type="checkbox"/> Applicant, or <input type="checkbox"/> Parent/Guardian (if applicant is a minor)</p>
<p>24. Date:</p>	

INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL CHARACTERISTICS FORM (ICF), ETA 9061. This form is used together with IRS Form 8850 to help state workforce agencies (SWAs) determine eligibility for the Work Opportunity Tax Credit (WOTC) Program. The form may be completed, on behalf of the applicant, by: 1) the employer or employer representative, the SWA, a participating agency, or by 2) the applicant directly (if a minor, the parent or guardian must sign the form) and signed by the individual completing the form. This form is required to be used, without modification, by all employers (or their representatives) seeking WOTC certification.

Boxes 1 and 2. **SWA.** For agency use only.

Boxes 3-5. **Employer Information.** Enter the name, address including ZIP code, telephone number, and employer Federal ID number (EIN) of the employer requesting the certification for the WOTC. Do not enter information pertaining to the employer's representative, if any.

Boxes 6-11. **Applicant Information.** Enter the applicant's name and social security number as they appear on the applicant's social security card. In Box 8, indicate whether the applicant previously worked for the employer, and if Yes, enter the last date or approximate last date of employment. This information will help the "48-hour" reviewer to, early in the verification process, eliminate requests for former employees and to issue denials to these type of requests, or certifications in the case of "qualifying rehires" during valid "breaks in employment" (see pages III-12 and III-13, Nov. 2002, Third Ed., ETA Handbook 408) during the first year of employment.

Boxes 12-21. **Applicant Characteristics.** Read questions carefully, answer each question, and provide additional information where requested.

Box 22. **Sources to Document Eligibility.** The applicant or employer is requested to provide documentary evidence to substantiate the **YES answers on page 1.** List or describe the documentary evidence that is attached to the ICF or that will be provided to the SWA. Indicate in parentheses next to each document listed whether it is attached (A) or forthcoming (F). Some examples of acceptable documentary evidence are provided below. **Employers:** A letter from the agency that administers a relevant program may be furnished specifically addressing the question to which the applicant answered YES. For example, if an applicant answers YES to either question in Box 14 and enters the name of the primary recipient and the city and state in which the benefits were received, the applicant could provide a letter from the appropriate Food Stamp agency stating to whom Food Stamp benefits were paid, the months for which they were paid, and the names of the individuals included on the grant for each month. SWAs will use this box to document the sources used when verifying target group eligibility, followed by their initials and the date the determination was completed.

Examples of Documentary Evidence and Collateral Contacts. Employers/Consultants: You may check with your SWA to find out what other sources you can use to prove target group eligibility. (You are encouraged to provide copies of documentation or names of collateral contacts for each question for which you answered **YES.**)

QUESTION 17

QUESTION 12³

- Birth Certificate
- Driver's License
- School I.D. Card¹
- Work Permit¹
- Federal/State/Local Gov't I.D.¹
- Copy of Hospital Record of Birth

- Parole Officer's Name or Statement
- Correction Institution Records
- Court Records Extracts

QUESTION 18

QUESTION 13

- DD-214 or Discharge Papers
- Reserve Unit Contacts
- FL 21-802 (Issued ONLY by DVA. Certifies a Veteran with a service connected disability)
- UI claims records (for unemployed status)

- Driver's License
- Work Permit
- Utility Bills
- W-4
- Lease Papers or Landlord's Statement
- School¹ or Library Card²
- Voter Registration Card
- SNAP (Food Stamp) Award Letter
- Selective Service Registration Card
- Social Security Letter
- To determine if a Designated Community Resident lives in a RRC, visit the site: www.usps.com. **Click on Find Zip Code; Enter & Submit Address/Zip Code; Click on Mailing Industry Information; Download and Print the Information,** then compare the county of the address to the list in the June 2007 Instructions to IRS 8850.

QUESTIONS 14 & 16

- TANF/SNAP (Food Stamp) Benefit History
- Signed Statement from Authorized Individual with Specific Description of the Months Benefits Were Received
- Case Number Identifier

QUESTION 19

QUESTION 15

- Vocational Rehabilitation Agency Contact
- Veterans Administration
- Signed Statement from Authorized Individual With Specific Description of Months Benefits Received
- **For SWAs:** To determine *Ticket Holder* (TH) eligibility, Fax page 1 of Form 8850 to MAXIMUS to 703-683-1051 to verify if applicant:
1) is a TH, and 2) has an Individual Work Plan from and Employment Network.

- SSI Record or Authorization
- SSI Contact
- Evidence of SSI Benefits

Notes. 1. Where a Federal/State/Local Gov't., School I.D. Card, or Work Permit does not contain age or birth date, another valid document must be obtained to verify an individual's age.
2. Where a Library Card does not contain the holder's address another document, issued in the jurisdiction where the EZ/RC or RR County is located, must be obtained showing the holder's address.
3. ESPL No. 05-98, dated 3/18/98, officially rescinded the authority to use Form I-9 as proof of age and residence. **Therefore, the I-9 is no longer a valid piece of documentary evidence.**

QUESTION 20

- DD-214
- FL 21-802 (Issued ONLY by DVA. Certifies a Veteran with a service connected disability)
- Discharge Papers
- UI claims records (for unemployed status)

QUESTION 21

To determine age:

- Birth Certificate
- Driver's License
- Work Permit
- Copy of Hospital Record of Birth
- School I.D. Card/School Records
- Federal/State/Local Government I.D.

To determine youth has not regularly attended any secondary, technical or post secondary school:

- Self-Attestation
- Signed letter from parent/guardian (if minor)

To determine unemployed status during the 6-month period before hiring date:

- UI Wage Records

To determine unemployable status due to lack of basic skills:

- Self-Attestation that he/she has a High School (HS) or GED Certificate that was awarded no less than 6 months preceding his or her hiring date and has not held a job (other than occasionally) or been admitted to a technical school or post-secondary school since receiving the certificate.

Box 23. **Signature.** The person who completes the form signs the signature block. **Options:** (a) Employer or Authorized Representative, (b) SWA staff, (c) Participating Agency staff, or (d) Applicant (If applicant is a minor, the parent or guardian must sign).

Box 24: **Date.** Enter the month, day and year when the form was completed.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondent's obligation to reply to these questions is required to obtain and retain benefits per law 104-188. Public reporting burden for this collection of information is estimated to average 20 minutes per response including the time for reading instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to the U.S. Department of Labor, Employment and Training Administration, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project Control No. 1205-0371).

..... ✂
(Cut along dotted line and keep in your files)

TO: THE JOB APPLICANT OR EMPLOYEE,

THE INFORMATION AND THE SUPPORTING DOCUMENTATION YOU HAVE PROVIDED IN COMPLETING THIS FORM —OR IN SOME CASES OTHER INFORMATION THAT COULD VERIFY THE RESPONSES YOU HAVE GIVEN TO THE ITEMS/QUESTIONS IN THIS FORM— WILL BE DISCLOSED BY YOUR EMPLOYER TO THE STATE WORKFORCE AGENCY (SWA). ENTER THE SWA'S NAME BELOW:

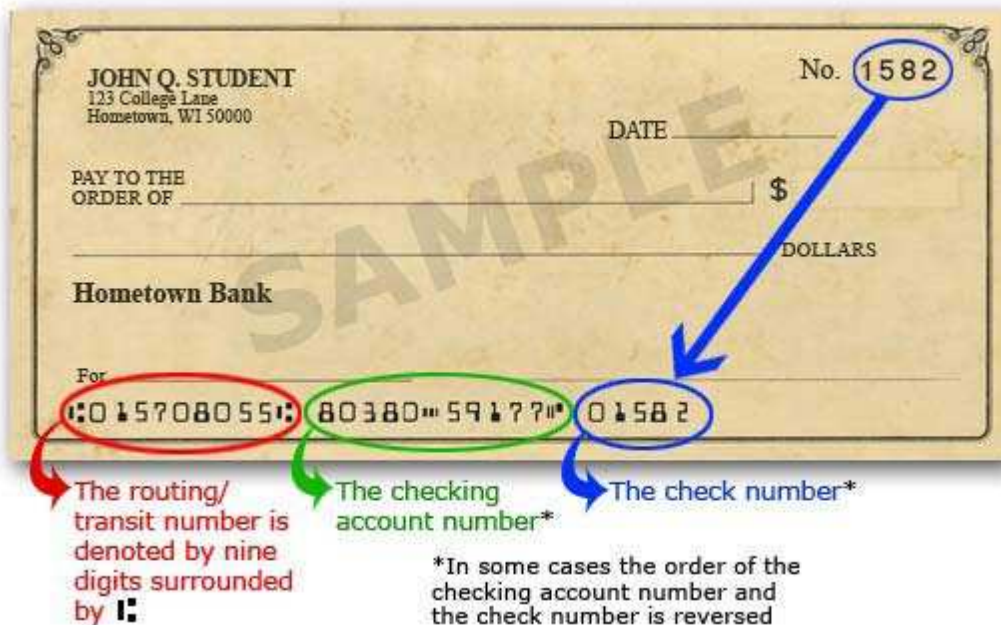
IN ORDER TO QUALIFY FOR A FEDERAL EMPLOYER TAX CREDIT, PROVISION OF THIS INFORMATION IS VOLUNTARY. HOWEVER, THE INFORMATION IS REQUIRED FOR YOUR EMPLOYER TO RECEIVE THE FEDERAL TAX CREDIT. IF THE INFORMATION YOU PROVIDE IS ABOUT A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.

Authorization Agreement for Automatic Deposits

Initial Enrollment Change Cancellation

I do not want Direct Deposit – **NOTE:** you will be held responsible for any banking fees incurred to stop payment and replace your payroll check, should any payroll check become lost through no fault of PCMI.

I hereby authorize PCMI, herein after called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. **Please Note: it may take up to two (2) pay cycles before your direct deposit takes effect.**



Routing Number: _____ Account Number: _____ Checking:

Name of Financial Institution: _____ Savings:

Address of Financial Institution: _____

School District Working For: _____

I authorize Professional Contract Management to deposit my entire pay automatically each pay period to the designated financial institution and account listed above. This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Employee Name (please print)

Employee Signature

Date

Company Name: PCMI

Company ID NO: 38-3486919 (office use only)



Platinum Pay



Welcome to *Platinum Pay*
Simply complete the form and fax in, it's that easy! Your card will arrive within 10 days.

Bienvenido a *Platinum Pay*
Simplemente llene el formato y envíelo por fax, así de fácil! Su tarjeta llegará en 10 días.

Platinum Pay Card Enrollment

First name / Primer nombre		Middle initial / Segundo nombre	Last name / Apellido paterno	
Date of birth (mm/dd/yyyy) Fecha de naciemien (mes/día/año)	Social security number (if available) Número de segurr social (si lo tienes)		E-mail address / Dirección correo electrónico	
Street address / Dirección			Apartment number / Número de apartamento	
City / Ciudad		State / Estado	Zip code / Código postal	
Home phone number (include area code) / Número de teléfono de tu casa (incluye el área)		Mobile phone number (including area code) / Número de teléfono celular (incluye el área)		
Employer / Patrón		Employer phone number / Número de teléfono de tu Patrón		

Customize your *Platinum Pay* card

Companion Card
\$5.00 ea.
Tarjeta de Acompañante
\$5.00 ea.

2nd Line Embossing
FREE
2nd Mensaje Personalizado
GRATIS

Paper statement
\$1.00/mo.
Estado de cuenta
\$1.00/mo.

Online Bill Pay
\$2.95/mo.
Pagos en Linea
\$2.95/mo.

E-Alerts—\$0.15/ea.

Deposit notification Text E-mail
Notificación de su deposito

Low balance alert Text E-mail
when below \$ _____
Alerta de balance

bajo \$ _____

Embossing/Personalizado (i.e. Go Yankees, Amo al America, Life is good) _____

Account information

Routing 1 2 2 2 4 4 1 7 1

Bank info Palm Desert National

0 7 1 1 3 8

ACCT Type Checking Entire Net Pay \$ _____ per Pay Period

I hereby authorize my employer to initiate credits (and/or corrections to previous credits) to the Platinum Pay Card. This authorization is to remain in full force and effect until revoked by me in writing or upon termination of employment with my above listed employer. It is my responsibility to verify that funds have been directly deposited into my financial account.

Please sign here.
Firma aquí.

Date
Fecha

Your signature verifies the above information is true and accurate. / Tu firma verifica que la información proporcionada anteriormente es cierta y correcta.

Please fax completed form to Pay Card Fulfillment (503) 924-2421

The Platinum Pay Card is issued by Palm Desert National Bank pursuant to a license from Visa U.S. A. Inc.

Platinum Pay



The **Platinum Pay** debit Visa® card allows every US employee to be paid direct to your wallet on payday. No more waiting for the mail to arrive or standing in long lines to pay high fees to cash a check. Your card is your account and can work with any direct deposit.

La tarjeta de debito **Platinum Pay** Visa® permite a cada trabajador recibir su sueldo de forma directa a su bolsillo en los Días de pago. Sin necesidad de estar esperando a recibir su cheque en el correo o esperar largas filas y pagar altas comisiones por cambiar su cheque. Su tarjeta esta diseñada para recibir cualquier deposito directo.

- FREE online access at **www.myplatinumpay.com**
- Our **Online Bill Pay** service eliminates the need for money orders
- Sign up for **e-alerts** to your email and/or your cell phone
- Check out all the **Visa® Discounts**

- Acceso GRATIS en linea en **www.myplatinumpay.com**
- Elimine los money orders con **el Servicio en Línea de Bill Pay**
- Active su servicio de **e-alerts** a su celular o via email
- Cheque **los descuentos que Visa®** le ofrece



With **Platinum Pay** you can make any purchases for **FREE** at millions of merchants, nationwide. By using “cash back” you can avoid the fees associated with ATM use. Buy things online, pay bills over the phone and make purchases by using the power of Visa®. Need to make a cash deposit—no problem, our **Visa ReadyLink®** load network makes it quick and easy.

Con su tarjeta **Platinum Pay** usted puede utilizarla para hacer cualquier compra de manera **GRATIS** en millones de comercios, a nivel nacional. Utilizando el servicio de “cash back” usted puede evitar pagar las comisiones del ATM. Compre en linea, pague sus cuentas por telefono utilizando el poder de Visa®. Necesita depositar dinero en efectivo a su cuenta—no hay problema, nuestro servicio de **Visa Ready Link®** load network lo hace de manera facil y rapida.





PCMI WORKERS COMPENSATION NOTICE

All PCMI employees are covered by the Worker’s Compensation Act for injuries occurring on the job. When a PCMI employee is injured while on assignment, the following process should be followed to ensure the employee receives immediate care when medically necessary and any/all follow up treatment is managed in a timely manner.

- **All** injuries for PCMI employees must be reported to PCMI utilizing the **PCMI Accident Report** within 3 days of the accident. This includes minor injuries that do not require medical treatment (example: small cuts, bruises, sprains, etc)
- For minor injuries that do not require medical treatment, the PCMI Accident Report should be completed at the time of the injury and faxed directly to the PCMI Workers Compensation Representative.
- For injuries that require immediate medical attention/life threatening, the PCMI Accident Report should be completed within 3 days of the injury and the employee should be sent for medical treatment to the nearest company approved medical facility. A copy of the **Authorization for Medical Treatment Form**, should accompany the employee. For **any** accident requiring immediate treatment, including EMS and/or hospitalization, contact should be made immediately, by telephone, to the PCMI Workers Compensation Representative to report the injury, in addition to completion of the PCMI Accident Report.
- Injured PCMI employees who require medical attention should be directed to the health care provider the district uses for medical treatment.
- It is PCMI’s goal to have all injured employees return to normal work activities as quickly as possible; employees are required to attend all scheduled appointments related to the treatment of their injuries. If a scheduled appointment occurs on a day when the employee is working, the employee is expected to schedule their appointment around their work schedule.
- To request additional forms or for any questions related to the PCMI Workers Compensation Process, please refer to the contact information provided below or visit the PCMI website at www.pcmiservices.com

For Questions about Workers Compensation Contact Human Resources at 87855-7264, option 7

I have read and understand my rights and responsibilities related to work injuries while I am in the employ of PCMI

Employee Signature

Date

EMERGENCY CONTACT

Name of Emergency Contact:

Relationship:

Home Phone:

Cell Phone:

Work Phone:

PCMI Copy



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**For Questions about Workers Compensation Contact Human Resources at
87855-7264, option 7**

(Employee Copy)



REP REPORT DATA FORM (OPTIONAL)

The following application information is required for State Registry of Educational Personnel (REP). The information contained in this report has no bearing or consequence concerning PCMI considering you for employment. This information does not become part of our application or employment file.

Name _____ Hire Date _____

Gender: Male Female

Birthdate _____

Are you a disabled veteran? Yes No

Are you a Vietnam Era Veteran? Yes No

New state legislation (PA 88 and 89 of 1995) mandates the collection of multiracial data separate from the five major racial-ethnic categories. If you consider yourself to be multi-racial, please check "yes" in the multi-racial line.

Do you consider yourself to be multi-racial? Yes No

Race (please check all that apply): Caucasian Black or African American Hispanic

Asian American Native Hawaiian or Other Pacific Islander American Indian or Alaskan Native

If Applicable, please complete:

Bachelor degree BA BS Major _____ Minor _____ Year Attained _____

Master degree MA MS Major _____ Minor _____ Year Attained _____

Additional degree _____ Year Attained _____

Certifications (describe in detail):

Professional Contract Management, Inc is an equal opportunity/affirmative action employer.

PRINT

SAVE AS

Please print, sign and fax completed packet to: (517) 647-5252