

Employment Documents for Michigan

Last Name: _____ **First Name:** _____ **Meeting Location:** _____ **Date:** _____ **Reapply**

PESG Interview: _____ **Interviewer:** _____ (Name if different from former)

Employment Type

Substitute
 Substitute Teacher
 Paraprofessional
 Food Service
 Other _____

Student Teacher _____ (district)
 Hourly (Non-Substitute)
 District: _____
 Child Care
 Food Service
 Other _____

Salaried _____ (district)
 Coach _____ (district)

Substitute Teachers

Please Check At Least One:

<input type="checkbox"/> Transcripts * - Circle One ---> <input type="checkbox"/> Credit Evaluation - Circle One ---> <input type="checkbox"/> MI Certificate - Circle One ---> Circle One ---> Current Expired <input type="checkbox"/> Out of State Cert. - Circle One --->	Included Mail Email Included Mail Email Included Mail Email Included Mail Email	Mail Email Mail Email Mail Email Mail Email
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(If Out of State, Please include Transcripts)
** emailed transcripts must come directly from college, not from student*

Name on Ed Doc if different (ie: maiden name): _____
 Community College transcripts, Graduate transcripts, and Foreign transcripts are not acceptable under Michigan State Law.

Documents in Folder

REQUIRED DOCUMENTS:

<input type="checkbox"/> GCN Certificate <input type="checkbox"/> Completed but did not print <input type="checkbox"/> I-9 Signed <input type="checkbox"/> Conviction Disclosure form <input type="checkbox"/> Conditional Offer of Employment Letter	Optional: <input type="checkbox"/> Concussion video cert (SubTeachers, Coaches) <input type="checkbox"/> PA 189 Signed <input type="checkbox"/> Livonia Packet <input type="checkbox"/> Dearborn Packet
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DO NOT COMPLETE THIS SECTION UNTIL AFTER FINGERPRINT DISCUSSION:
 My PESG Primary district is: _____

Notes to PESG:

For PESG Office Use

ID# _____
 Rollover

Program Type

PESG
 PESG CHARTER
 Coach EZ
 Others _____

Registration

I-9 complete
 PA 189 pulled
 No app online
 App. Incomplete

File Verification

Ed docs attached
 COE attached
 Conviction Disclosure attached
 Child-Care DHS requirements
 District Specific Requirements
 Policy Signed
 TB Test
 Others _____

Employee Communications

Email sent re: missing items
 2nd notice sent (email)
 Final notice sent (1st class mail)
 Terminated
 Email sent-Folder complete
 Date: _____



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number []-[]-[]		E-mail Address			Telephone Number

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

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

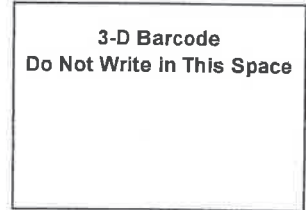
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field.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

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

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



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

Foreign Passport Number: _____

Country of Issuance: _____

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

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

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

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



Employer Completes Next Page



APPLICANT CONVICTION DISCLOSURE FORM

For Positions Providing Service for Michigan Schools

Name (Please Print): _____

Position (Please Print): _____

Pursuant to Section 1230, 1230a, 1230b, and 1230g of the Revised School Code and other pertinent laws and regulations I represent that (check all that apply):

____ 1. I have not been convicted of, or pled guilty or nolo contendere (no contest) to any crime.

____ 2. I have been convicted of, or pled guilty or nolo contendere (no contest) to the following crimes:

____ Felony ____ Misdemeanor

Please provide details: _____

____ Felony ____ Misdemeanor

Please provide details: _____

____ Felony ____ Misdemeanor

Please provide details: _____

In signing this form, I understand and agree that:

3. If I have been convicted of a "listed offense", as defined by Michigan law pursuant to school employment, any offer of employment shall be rescinded or any conditional employment shall be terminated. I also understand that if I have been convicted of a felony, other than a listed offense, we may not employ you per our policy, a review of your record will occur. If a school district we serve requests your services, the superintendent and the board of education of that school must each approve, in writing, your approval for services in that district.

4. Until the criminal history/record report is received and reviewed that the authorizing school district, you are not authorized to provide services on our behalf and if the criminal history/record identifies any conviction(s) not previously disclosed above, any conditional offer of employment is voidable at our option.

Signature

Date



May 2, 2011 Rev. 1

AUTHORIZATION, RELEASE, AND WAIVER PA 189 FORM

I have applied for employment with Professional Educational Services Group, LLC (PESG, LLC). Pursuant to the requirements of Michigan law, I make the following authorization release and waiver.

I authorize all prior and current employers to disclose any and all information PESG, LLC believes is pertinent to my application for employment, including any unprofessional conduct in which I engaged while in their employ and to make available to PESG, LLC copies of all documents in my personnel record relating to my employment.

I release and hold harmless all prior and current employees, and the below stated organization, their agents and employees from any civil or criminal liability for providing such information. I waive any rights I may have under the Bullard-Plawecki Employee Right-to-Know Act to written notification from all prior and current employers regarding the release of the information described above.

For purposes of this Authorization, Release, and Waiver, the term "unprofessional conduct" means one or more acts of misconduct; one or more acts of immorality, moral turpitude, or inappropriate behavior involving a minor; or the 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.

I understand PESG, LLC will not hire me if I refuse to sign this Authorization, Release, and Waiver. I further understand that PESG, LLC may require me to provide additional information not described in this Authorization, Release, and Waiver.

PESG, LLC will use any information it receives pursuant to this Authorization, Release, and Waiver only for the purpose of evaluating my qualifications for employment in the position for which I have applied. PESG, LLC will not disclose any information it receives to any person, other than myself, who is not directly involved in the process of evaluating my qualifications for employment.

Applicant Signature _____ Date _____

Print Name of Applicant _____ Social Security # _____

To meet the requirements of PA 189, this form must be returned to our office.
PESG, LLC will submit this form to the employer listed below for completion.

Please return this form with your packet to:

PESG, LLC
PO Box 50 Fax: 616-891-9009
Caledonia, MI 49316

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

Name of Employer/Reference _____ Attn: _____

Address _____

City _____ State _____ Zip _____ Fax: _____

TO BE COMPLETED BY EMPLOYER:

Please use the following checklist to indicate your response:

_____ I cannot present any evidence of unprofessional conduct shown by the above candidate while under my supervision.

_____ I offer the attached documentation of unprofessional conduct as described in the Authorization, Release, and Waiver form signed by the candidate.

Supervisor Signature _____ Date _____

Agency/Company/School District _____