

MIDWEST SUBSTITUTE STAFFING, INC.

3170 Old Farm Lane, Commerce Twp., Michigan 48390
(248) 255-4630 Fax (248) 313-2009

APPLICATION FOR EMPLOYMENT

NOTE: You must complete all sections - do not write "See Resume"

TO APPLICANT: We appreciate your interest and assure you that we are interested in your qualifications. A Clear and full understanding of your background and work history will aid us in placing you in a position that best meets your qualifications and any openings we may have at this time.

Applicants will be considered without discrimination because of race, color, sex, age, religion, national origin, marital status, disability or veteran's status. We also provide reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act (ADA) and applicable state and local laws.

Position Applying For: _____ Social Security # XXX-XX-_____

Name: _____ Telephone Number _____

Email Address: _____

Current Address: _____

City/State/Zip: _____ How Long Here? _____

Previous Address: _____

Are you a United States Citizen? Yes _____ No _____

If no, are you legally eligible for employment in the United States? Yes _____ No _____

Are you 18 years of age or older? Yes _____ No _____ If no, please explain: _____

What type of employment are you seeking? Full Time _____ Part Time _____ Salary Range: _____

When are you available to work? _____

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? Yes _____ No _____

Have you ever been convicted of a crime other than a traffic offense, had adjudication of a crime withheld, pled nolo contendens, or are you currently being charged for crime not yet adjudicated? Yes _____ No _____

If yes, please state the nature of the offense and date the event took place. (A "Yes" answer will not necessarily be a bar to employment. Each Action/explanation will be considered in relationship to the position for which you are applying)

If you are applying for a position with any driving involved, please list the following:

Driver's License Number _____ State of Issue _____ Type _____

List the work experience and skills that you feel qualifies you for the job for which you are applying:

Education

School Name & Location _____ Course of Study _____ Graduate? _____ Years _____ Degree/Diploma _____

High School _____

College _____

Bus/Tech/Trade _____

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List below all present and past employment beginning with the most recent.

Note: You must complete all sections – do not write “See Resume”

Name _____ Telephone Number _____
Address _____
Dates Employed: _____ From _____ To _____ Job Title _____
Compensation: _____ Start _____ Last _____ Supervisor’s Name _____
Reason you left: _____

Name _____ Telephone Number _____
Address _____
Dates Employed: _____ From _____ To _____ Job Title _____
Compensation: _____ Start _____ Last _____ Supervisor’s Name _____
Reason you left: _____

Name _____ Telephone Number _____
Address _____
Dates Employed: _____ From _____ To _____ Job Title _____
Compensation: _____ Start _____ Last _____ Supervisor’s Name _____
Reason you left: _____

I certify that all of the information on this application, my resume, and/or any supporting documents is correct. I understand that any misrepresentation or omission of any information will result in disqualification from consideration of r employment or, if employed, my termination.

I understand that this application is not a contract, offer or promise of employment. If hired, I will be able to resign at any time for any reason. Likewise, the company can terminate my employment at any time, with or without any reason.

I authorize the company or its agents to investigate all statements contained in this application, resume and/or supporting documents. I further understand that a credit and background check my be made including, but not limited to, consumer credit history, criminal history, driving record, employment, military, education and general public records which will provide information concerning my character, general reputation and mode of living. I hereby authorize my former employers, educational institutions or individuals named to furnish all information pertaining to my work or educational record. I release my former employers, education institutions, supervisors, workers and references from all liability on account of furnishing information to this company or its agents.

Should I wish to obtain a copy of this report if made, it will be provided upon written request. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that, as a condition of employment I may be required to sign a non-compete agreement and/or a conflict of interest statement. I understand that the employer may now have, or may establish, a drug-free workplace or a post-accident drug-testing program. If it has one now and I am offered a conditional offer of employment, I agree to work under the conditions requiring a drug-free workplace. I also understand that all employees of the location may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If detected, the offer of employment will be withdrawn. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo random, fitness for duty, return to work and reasonable suspicion alcohol and drug testing. Refusal to take such tests when asked may result in termination.

I understand this company hires only U.S. citizens or individuals who are legally eligible to work in the United States.

Applicate Signature _____ Date _____

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Unprofessional Conduct Disclosure

UCD INFORMATION SHEET

We will be using this information for a reference check. Please fill out **ALL** the information and **NOTIFY YOUR PREVIOUS EMPLOYER** that we will be getting in contact with them and need the Unprofessional Conduct Disclosure (UCD) completed. Only use references that are willing to cooperate with this process. Your employment is contingent upon this information being filled out and the UCD being returned from your employer.

Previous Employer: _____

Contact Name: _____

Previous Employer's Phone: _____

Previous Employer's Email: _____

Previous Employer's Fax: _____

Previous Employer's Address: _____

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AUTHORIZATION FOR RELEASE OF INFORMATION ON UNPROFESSIONAL CONDUCT PURSUANT TO 1996 PA 189 AND EMPLOYMENT HISTORY CHECK.

Social Security Number: XXX-XX-_____

Applicant's Name: _____
(Print Clearly) (Maiden Name)

I authorize my current or former Employer, _____

Former Employer's Address _____

To provide Midwest Substitute Staffing 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 or the Public Acts of 1996 being Section 380.1230b of the Michigan Compiled Laws, authorize any current or former employer(s) relating to any unprofessional conduct as defined by Public Act 189 of 1996 which reads:

"Unprofessional conduct" means 1 or more acts of misconduct; 1 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 380.123b (8)(h).

I acknowledge that Midwest Substitute Staffing has the right to investigate all references and secure additional information regarding my employment history, including any disciplinary action and/or the events surrounding termination of employment.

Pursuant to PA 189 of 1996, I waive any right of prior notice under the Bullard-Plawecki Employee Right to Know Act, Act No. 397 of the Public Acts of 1978, being Section 423.501, et seq. of the Michigan Compiled Laws and I understand that Public Act 189 of 1996 releases the current or former employers, and employees acting on behalf of the current or former employer, from any liability for providing information on unprofessional conduct and further release Midwest Substitute Staffing and its representatives from all liability for seeking such information. This release is in addition to other releases which may be required.

I understand that if I am employed by Midwest Substitute Staffing after signing this form; but before the authorized disclosures are received by Midwest Substitute Staffing, my employment is contingent upon receipt of acceptable disclosures.

Applicate Signature _____ Date _____

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Conviction Disclosure Form

Name: _____ Date of Birth _____

Address: _____

City: _____ State _____ Zip _____

School/District Name _____

Position _____

Pursuant to Section 380.123a of the Revised School Code, I represent that (check all that apply):

1. I have not been convicted of, or pled guilty or nolo contendere (no contest) or is the subject of a finding of guilt by a judge or jury of any crime.
2. This is my initial disclosure, I have been convicted of, or pled guilty or nolo contendere (no contest) or am the subject of a finding of guilt by a judge or jury for the following crimes (*attach a separate sheet of paper to explain the criminal offense, date, court, city/state, and circumstances surrounding the conviction*):

_____ Felony _____ Misdemeanor _____ Conviction for _____

_____ Felony _____ Misdemeanor _____ Conviction for _____

_____ Felony _____ Misdemeanor _____ Conviction for _____

3. This serves as disclosure of subsequent convictions for which I have been convicted of, or pled guilty or nolo contendere (no contest) or am the subject of a finding of guilt by a judge or jury for the following crimes (*attach a separate sheet of paper to explain the criminal offense, date, court, city/stat, and circumstances surrounding the conviction*), and I understand that failure to disclose any subsequent convictions is considered to be a crime:

_____ Felony _____ Misdemeanor _____ Conviction for _____

_____ Felony _____ Misdemeanor _____ Conviction for _____

_____ Felony _____ Misdemeanor _____ Conviction for _____

4. This is my initial disclosure, I have pending court action for the following crimes (*attach a separate sheet of paper to explain the criminal offense, date, court, city/state, and circumstances surrounding the pending action*):

_____ Felony _____ Misdemeanor _____ Conviction for _____

_____ Felony _____ Misdemeanor _____ Conviction for _____

_____ Felony _____ Misdemeanor _____ Conviction for _____

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In signing this form, I understand and agree that:

1. If I have been convicted of a Listed Offense, my employment shall be terminated. I also understand that if I have been convicted of a felony, other than a listed offense, the superintendent, or chief administrator and the board or governing body must each approve, in writing, my employment or work assignment.
2. Until the criminal history report is received and reviewed by the employing school/district, I am regarded as a conditional employee and if the criminal history report is not the same as my representation(s) above, my employment contract is voidable at the option of the school.

Signature _____

Date _____

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CONTRACTED EMPLOYEE INFORMATION for Michigan Department of Education Registry of Educational Personnel (REP) Day-to-Day Substitute Teachers

Districts are required to report all school personnel to the Michigan Department of Education through the Registry of Educational Personnel, including day-to-day substitute teachers. This requirement is a result of the School Safety Legislation (2005 PA 129-131, 139) that went into effect on January 1, 2006.

The following information is requested from you for the full and accurate reporting of your record. By completing this form and signing below, you acknowledge that the information contained herein will be submitted by our office to all school districts you may be placed at, to complete their reporting requirement by the Michigan Department of Education Registry of Educational personnel (REP).

First Name	
Middle Name	
Last Name	
Date of Birth	
Social Security Number (or) Sub Permit Number	
Gender	
Racial/Ethnic Category → (please check the applicable choice)	American Indian or Alaska Native
	Asian American
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White
	Hispanic or Latino

Signature _____ Date _____

Print Name _____

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Making your Fingerprint Appointment ONLINE

Step by Step

1. GO to www.identoGO.com
2. Click **Get Fingerprinted**
3. Select **Michigan** from the drop-down box and click **GO**
4. Click on **State Fingerprinting**
5. Click on **Schedule a New Appointment**
6. Enter the Agency/Requestor ID: **10788T** (enter ID then Click **GO**)
7. Fingerprint Reason: **Michigan School Employment** (Choose from the drop down box) then click **GO**
8. Enter your zip code in the box and click **GO**
9. Find the location you want to go to
10. Find the day you would like to go
11. Press **Click to Schedule** and then select a **TIME** and click **GO**
12. Fill out the Registration on the next page
13. Click **Send Information**

If you have any questions about the website or registration process call (866) 226-2950

LIVESCAN FINGERPRINT BACKGROUND CHECK REQUEST

AUTHORITY: MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273

COMPLIANCE: Voluntary. However, failure to complete this form will result in denial of request.

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

Instructions: ^{law} See page two.

I. Authorizing Information:							
1. Fingerprint Code SE		2. Requestor/Agency ID 10788T		3. Agency Name Detroit Community Schools		4. Individual ID (optional)	
II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.							
1a. Last Name			1b. First Name			1c. Middle Initial	1d. Suffix
2. Any Alternative Names, Last Names, or Aliases					3. Social Security Number (Optional) DO NOT SUBMITT SSN		
4. Place of Birth (State or Country)		5. Date of Birth	6. Phone Number		7. Driver's License / State ID Number		8. Issuing State
9. Home Address			10. City			11. State	12. ZIP Code
13. Sex	14. Race		15. Height	16. Weight	17. Eye Color	18. Hair Color	
III. Livescan Information:							
1. Date Printed		2. Picture ID Type Presented		3. Transaction Control Number (TCN)		4. Livescan Operator*	
IV. Consent							
<p>I understand that my personal information, and biometric data being submitted by Livescan, will be used to search against identification records from both the Michigan State Police (MSP) and the Federal Bureau of Investigation (FBI) for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.</p> <p>During the processing of this application, and for as long as my fingerprints and associated information/biometrics are retained at the State and/or FBI, they may be disclosed without my consent as permitted by MCL 28.248 and the Privacy Act of 1974, 5 USC § 552a, for all applicable routine uses published by the FBI, including the Federal Register and for the routine uses for the FBI's Next Generation Identification.</p> <p>Routine use includes, but is not limited to, disclosure to: governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitable determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p>							
Signature				Date			
_____				_____			

Procedure to obtain a change, correction, or update of identification records:

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.
(28 CFR § 16.34)

INSTRUCTIONS

Section I.

Authorizing Information:

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

1. **Fingerprint Code:**

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

2. **Requesting Agency Identification (ID):**

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

3. **Agency Name:**

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

4. **Individual ID (optional)**

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

Section II.

Applicant Information:

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

Section III.

Livescan Information:

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

***Livescan Operator** – when an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Livescan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.