



May 28, 2010 Rev. 1

**AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT**

PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MAIDEN NAME
STREET ADDRESS		APT #	CITY	STATE	ZIP
PRIMARY PHONE NUMBER	ALT PHONE NUMBER	EMAIL ADDRESS (REQUIRED)			

- | | | |
|---|------------|-----------|
| | YES | NO |
| 1. Are you legally authorized to work in the United States? | ___ | ___ |
| 2. Are you over 18 years of age? | ___ | ___ |
| 3. Have you ever been dismissed from employment or refused re-employment? | ___ | ___ |
| 4. Has your employment ever been terminated from an educational institution?
If "Yes" please list: _____ | ___ | ___ |
| 5. Do you have military service? If "Yes" provide dates: _____
Type of discharge: _____ | ___ | ___ |
| 6. Have you ever been convicted of a misdemeanor? (excluding minor traffic violations) | ___ | ___ |
| 7. Have you ever been convicted of a felony? | ___ | ___ |
| 8. Have you been arrested for committing a felony? | ___ | ___ |
| 9. If yes to questions 6 - 8, please provide dates and details. | | |

EDUCATION

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

FORMER EMPLOYERS (STARTING WITH THE MOST RECENT)

EMPLOYER/SCHOOL	START DATE	END DATE
REASON FOR LEAVING	JOB TITLE	
EMPLOYER/SCHOOL	START DATE	END DATE
REASON FOR LEAVING	JOB TITLE	

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT	CONTACT PHONE NUMBER	RELATIONSHIP TO APPLICANT
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COACHES ONLY

DESIRED TEAM SPORT	DESIRED POSITION
YEARS OF COACHING EXPERIENCE	DESIRED COACH LEVEL <input type="checkbox"/> K-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> COLLEGE



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APPLICANT STATEMENT

PRIMARY EMPLOYMENT RELATIONSHIP

Professional Educational Services Group (PESG) is an equal employment opportunity employer as required by State and Federal law.

Your employment with PESG is an “at-will” employment relationship. This means that neither you nor PESG has entered into a contract regarding the duration of your employment. You are free to terminate your employment with PESG at any time, with or without reason, and with or without notice. Likewise, PESG has the right to terminate your employment, with or without reason and with or without notice, at the discretion of PESG.

WORK SITE POLICIES AND PROCEDURES

PESG has entered into a contractual relationship with the Educational Institution to provide employee contracting services. When accepting an assignment through the PESG to perform services within a school district, you agree to abide by the policies and procedures that are set forth by the Educational Institution for employment policies, practices, conduct, rights, as well as any worksite requirements that are set forth by the school district, PESG, and the State of Michigan.

COMPENSATION

PESG’s employment compensation may vary depending upon work site location and the type of work being performed. PESG will compile information from the Educational Institution for each time and location to which you were dispatched and accumulate each specific day worked itemized on your paycheck for the previous two weeks including taxes withheld, and other authorized deductions. Your net amount will be direct deposited into your financial institution account according to your compensation schedule. Each Direct Deposit Advice (pay stub) will be available via PESG’s website.

CERTIFICATION AND TRUTHFULNESS

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, 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 (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer’s service, 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 any 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 such 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. 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 PESG is authorized to make any assurances to the contrary and that no implied, oral or written agreement contrary to the foregoing is valid unless they are in writing and signed by the PESG president. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

SOCIAL SECURITY NUMBER PRIVACY ACT

Pursuant to Company policy and to state and federal law, the Company protects the confidentiality of social security numbers. The purpose of requesting a social security number is to obtain criminal background reports and/or a consumer report. The consequences of not providing your social security number may include rejection of your application for employment or your candidacy for an employment position, or other adverse employment action.

182 DAY DEADLINE FOR ACCOMMODATION OF DISABILITY

Michigan law requires that persons notify Professional Educational Services Group, LLC in writing within 182 days after the person knows or should have known of any accommodation for a disability that is necessary to perform the essential functions of the position for which the person is applying



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APPLICANT STATEMENT CONTINUED

RELEASE OF INFORMATION TO EDUCATIONAL INSTITUTIONS THAT I HAVE CHOSEN

As an employee of PESG I authorize the release of my personal information, emergency contact information, criminal history background information, unprofessional conduct results, and any requested employment reference information to the Educational Institution which in turn may be released to the respective Educational Institution and the State of Michigan. As an employee of PESG, I also agree that any district, public school academy, or non-public school, or appropriate law enforcement agency is authorized to provide a copy of any criminal background checks received by the district, public school academy, or non-public school to the appropriate PESG representative.

CRIMINAL BACKGROUND

PESG, LLC on behalf of the school district, educational agency, or governing body of the Nonpublic school ("the school") must request a criminal history check on me from the Central Records Division of the Michigan Department of State Police, and the Federal Bureau of Investigation (F.B.I) Until that report is received and reviewed by the education agency, I am regarded as a conditional employee; and 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 crime(s) of which I have been convicted, my employment could be terminated at the option of PESG, LLC.

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

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

Name (please print)

Signature

Date

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: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> • 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. </td> </tr> </table>	{	<ul style="list-style-type: none"> • 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. 	B _____
{	<ul style="list-style-type: none"> • 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 _____		
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • 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. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> • 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. </td> </tr> </table>	{	<ul style="list-style-type: none"> • 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. 	
{	<ul style="list-style-type: none"> • 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 Additional amount, if any, you want withheld from each paycheck	6	\$
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.

MI-W4

(Rev. 8-08)

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		Yes If Yes, enter date of hire	
State		No	
ZIP Code			
6. Enter the number of personal and dependent exemptions you are claiming		▶ 6. <input style="width:50px;" type="text"/>	
7. Additional amount you want deducted from each pay (if employer agrees)		7. \$ _____ .00	
8. I claim exemption from withholding because (does not apply to nonresident members of flow-through entities - see instructions):			
a. <input type="checkbox"/> A Michigan income tax liability is not expected this year.			
b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____			
c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____			
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>	
		9. Employee's Signature	
		▶ Date	
INSTRUCTIONS TO EMPLOYER: Employers must report all new hires to the State of Michigan. Keep a copy of this certificate with your records. If the employee claims 10 or more personal and dependent exemptions or claims a status exempting the employee from withholding, you must file their original MI-W4 form with the Michigan Department of Treasury. Mail to: New Hire Operations Center, P.O. Box 85010; Lansing, MI 48908-5010.		Employer: Complete lines 10 and 11 before sending to the Michigan Department of Treasury.	
		10. Employer's Name, Address, Phone No. and Name of Contact Person	
		▶ 11. Federal Employer Identification Number	
		<input style="width:150px; height:20px;" type="text"/>	

INSTRUCTIONS TO EMPLOYEE

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

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

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

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

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

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

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

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

Web Site

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

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

Form I-9, Employment Eligibility Verification

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 (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
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 (month/day/year)
----------------------	-----------------------

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 (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

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 (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

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 (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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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 (if any): _____
-----------------------	-------------------	---------------------------------

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 (month/day/year)
--	-----------------------

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)		1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
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	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. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
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	9. Driver's license issued by a Canadian government authority	8. Employment authorization document issued by the Department of Homeland Security
	For persons under age 18 who are unable to present a document listed above:	
	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)

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 PESG Telephone no. (866) 782 - 7277 EIN 20 2733146

Street address 6307 84th St. SE

City or town, state, and ZIP code Caledonia, MI 49316

Person to contact, if different from above Servicing Manager 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.

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.

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:

- Recordkeeping3 hrs., 16 min.
Learning about the law or the form46 min.
Preparing and sending this form to the SWA42 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.



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R.E.P. AND SUPPLEMENTAL DATA FORM

The following application information is required for State Registry of Educational Personnel (REP). The information contained on this form has no bearing or consequence concerning PESG considering you for employment. Please fill out each line of information requested below for State of Michigan reporting purposes.

R.E.P. INFORMATION:

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Social Security Number: _____ (Ex. 123-45-6789)

Primary Employee Type: _____ (Ex: Teacher, Para Pro, Secretarial, Custodial, Food Service, etc.)

Date of Birth: _____ (Month, Date, Year)

Gender Code: _____ ("M" or "F")

SUPPLEMENTAL INFORMATION:

Are you a Vietnam Era Veteran? _____ ("Yes" or "No")

In addition to the Federal EEO-5 reporting requirements for public schools, the 2006 Michigan School Safety Legislation requires that all school districts report ethnicity, in addition to the above information, for all personnel. This information is reported as part of the Michigan Department of Education *Registry of Educational Personnel*. The information below will be used only for reporting purposes and can only be asked of personnel with whom an offer of employment has been extended. **Reports will not be processed if required information is missing.**

New federal and 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, answer "yes" in the multi-racial box below and continue to Option 2.

Do you consider yourself to be multi-racial? yes (If you checked yes, go to **Option 2.**) no (If you checked no, go to **Option 1.**)

OPTION 1: Race (please choose only one):

- Caucasian or White Black or African American Hispanic or Latino
- Asian Native Hawaiian or Pacific Islander American Indian or Alaskan Native

OPTION 2: Race – Multiple racial/ethnic (please choose all that apply):

- Caucasian or White Black or African American Hispanic or Latino
- Asian Native Hawaiian or Pacific Islander American Indian or Alaskan Native

DEFINITIONS

182 DAY DEADLINE FOR ACCOMMODATION OF DISABILITIES: Michigan law requires that persons notify Professional Educational Services Group, LLC in writing within 182 days after the person knows or should have known of any accommodation for a disability that is necessary to perform the essential functions of the position for which the person is applying. Request for accommodation forms are available in the Equal Opportunity Office. Submitting a request for accommodation will not affect your application for employment.

RACIAL/ETHNIC CODES:

AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America.

ASIAN AMERICAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian subcontinent, such as Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

BLACK or AFRICAN AMERICAN: All persons having origins in any of the black racial groups of Africa.

HISPANIC or LATINO: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

WHITE: A person having origins in any of the original peoples of Europe, All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa and not specifically included in another group.

PROFESSIONAL EDUCATIONAL SERVICES GROUP EQUAL OPPORTUNITY STATEMENT

Professional Educational Services Group, as an Equal Opportunity/Affirmative Action Employer, complies with federal and state laws prohibiting discrimination, including Title IV and Title VII (with amendments) of the 1964 Civil Rights Act, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, Veterans Readjustment Act of 1974 as amended 38 USC 20-12 and the American with Disabilities Act of 1990. Inquiries or complaints should be addressed to the Equal Opportunity Office, 6307 84th Street, Suite D, Caledonia, MI 49316.

Signature: _____

Date: _____



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Professional Development Training

Please complete the following Professional Development Training Modules before the Application Meeting. Complete the modules as identified for your employee type listed below. When finished, print a copy of your Certificate of Completion and bring it to the Application Meeting. If you are an Administrator and have completed these modules, please sign at the bottom of this form.

Training Modules

PESG employees are required to complete certain training modules to become an active employee. The following sections clarify training module requirements:

Administrators, Assistant Teacher, Child Care Workers, Instructional Classroom Aides, Latch-Key Workers, Para-Professionals, and Teachers:

Please complete the following GCN (Global Compliance Network) Training Modules:

- Allergy Management
- Bloodborne Pathogens
- St and Fed Laws K12 MI
- FERPA (Federal Educational Rights to Privacy Act)
- Hazard Communications
- Sexual Harassment
- A Guide for Substitute Teachers (Substitute teachers only)

Aquatic Center Workers, Coaches, Custodial, Food Service:

Please complete the following GCN's:

- Allergy Management
- Bloodborne Pathogens
- FERPA
- Hazard Communications
- Sexual Harassment
- Food Safety (Food Service Substitutes Only)

Noon-time Supervisors, Secretarial, Ticket Takers, and other employees:

Please complete the following GCN's:

- Bloodborne Pathogens
- FERPA
- Hazard Communications
- Sexual Harassment

Adjunct Faculty

Please complete the following GCN's:

- Federal and State Laws for Higher Education
- Sexual Harassment

Completing GCN's

Please visit www.gcntraining.com and click "Login to View Training."

NEW Users:

- Step 1: At the GCN Login, key-in "PESG"
- Step 2: Click "Create a Personal ID"
- Step 3: Follow the directions and create your preferred Unique ID. Then, click "Check Account Availability."
- Step 4: Complete the Personal Information fields using the drop down box, i.e., Job Title, Department/Building
- Step 5: Please select an appropriate tutorial for your job classification. Then, click "View" And complete the modules.

EXISTING Account Users:

- Step 1: At the GCN Login, key-in: "PESG"
- Step 2: Enter your UID and select desired module(s).

DISTRICT SPECIFIC REQUIREMENTS

All must read the bulletins section of the District you desire to work in. Many have specific annual GCN training requirements and must be completed as described before working the first time or subsequent years. See

www.subpass.com for bulletins.

ADMINISTRATORS PLEASE NOTE: These modules must be completed before you will be activated as a PESG employee. If you have completed the applicable compliance training for your classification during the past 2 years, please sign below.

Name: _____

Date: _____



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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
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 Company/School _____

Address _____

City _____ State _____ Zip _____

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 _____



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LIVESCAN AGENCY FINGERPRINT DATA ENTRY FORM

TO BE COMPLETED BY SUBSTITUTE EMPLOYEES ONLY. NOT FOR ADMINISTRATORS, COACHES, OR SEGMENT EMPLOYEES.

Please remove this form from the packet and give to the fingerprinting provider or agency. You do not need to bring this form to the application meeting if you have been printed for school employment, **and** you have worked for a Michigan K-12 school within the current or previous school year. Do not have your prints retaken unless your previous employer is unable to transfer the print results to PESG.

INSTRUCTIONS FOR LIVESCAN FINGERPRINTING

1. Please refer to your district general requirements at www.subpass.com for fingerprinting locations.
2. Bring your appropriate identification, payment, and this form to your fingerprinting appointment.
3. Fill out the selection below for the Livescan Facilitator.
4. PESG will receive your fingerprint results automatically from the State of Michigan

The following section needs to be completed for the Livescan fingerprinting facilitator. You will also need to pay the Livescan agency their listed processing fee.

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____
 Applicant Address: _____
 City: _____ State: _____ Zip Code: _____
 Date of Birth _____ Birth State _____ Gender: Male _____ Female _____ Height _____ Weight _____
 Race: Asian _____ Black _____ American Indian _____ White _____ Other _____
 Eye Color: Brown _____ Blue _____ Green _____ Hazel _____ Black _____ Multi _____ Other _____
 Hair Color: Auburn _____ Bald _____ Black _____ Blond _____ Brown _____ Gray _____ Red _____ Other _____
 Applicant Phone Number (with area code): _____

*Please check the appropriate county below that applies to the majority of your substituting:

REQUESTING AGENCY INFORMATION

Please use the appropriate codes below for the listed agency for all PESG substitutes.

_____ Genesee County	Agency ID: 3462H	Type: SE (School Employee)
_____ Jackson County	Agency ID: 1934H	Type: SE (School Employee)
_____ St. Joseph County	Agency ID: 8085T	Type: SE (School Employee)
_____ COOR Counties	Agency ID: 1928K	Type: SE (School Employee)

_____ All other PESG Counties: —> Allegan, Barry, Berrien, Branch, Chippewa, Clinton, Eaton, Hillsdale, Huron, Ingham, Kalamazoo, Kent, Lenawee, Lewis Cass, Livingston, Luce, Mackinac, Macomb, Menominee, Midland, Montcalm, Muskegon, Oakland, Ottawa, Saginaw, Shiawassee, Van Buren, Washtenaw, Wayne.

Agency Name:	Professional Educational Services Group
Agency ID Number:	64228K
Fingerprint Type:	SE (School Employee)

Note: Any and all fingerprints processed with incorrect fingerprint codes, reasons, ect. Is the responsibility of the requesting agency. MSP will charge for second requests due to an incorrect fingerprint reason.



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Fingerprint Request Form

Have you previously been fingerprinted for a school under the School Employment Act? YES NO
Are your fingerprints currently maintained at a school, ISD, or agency? YES NO
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.
If you answered "YES" to all questions above, please proceed to section "Fingerprints Transferred to PESG" located below.

Fingerprints Taken for PESG

If you have had your fingerprints taken for PESG, please complete this section:

_____ Approximate Date Fingerprinted or Scheduled
_____ Location
_____ TCN # (If Available)

Fingerprints Transferred to PESG

Your Name: _____

SSN: _____ **DOB:** _____

ISD or School Name: _____

ISD or School Address: _____

City, State, Zip Code: _____

This signed Release authorizes fingerprint information to be forwarded to:

Professional Educational Services Group, LLC (PESG)
P.O. Box 50
6307 84th St.
Suite D
Caledonia, MI 49316
Fax: (616) 891-9009

Please fill in the following:

I, _____, authorize PESG to obtain from the above stated school district (where prints are maintained), all information and reports about the criminal records check maintained by said school district pursuant to school safety laws. I understand this information is required by school safety laws. I fully release the above stated school district (where prints are maintained) and PESG to the maximum extent permitted by law from any liability whatsoever in connection with either the release or use of the report required by school safety laws.

Signature

Date



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Authorization Agreement

I hereby authorize the selected employer to initiate automatic deposit to my account at the financial institution named below. I also authorize the selected employer to make deductions from this account in the event that there is an overpayment of my regularly scheduled wage payment, or fringe benefits provided the deduction be made within six months of the overpayment. Further, I agree not to hold the selected employer responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until the selected employer receives written notice of cancellation from me, or my financial institution or until I submit a new direct deposit form to the Payroll Department. Coaches please note: you can only set up direct deposit if the educational institution you are coaching in allows it.

EMPLOYEE ~ Required Information

PLEASE PRINT

Full name _____

SSN _____ -- _____ -- _____

EMPLOYER ~ Required Information

(Check One)

PESG, LLC

Other _____

Primary Deposit Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Deposit Amount: _____

Checking Savings

Percent (%)

Secondary Deposit Account Information (if applicable)

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Deposit Amount: _____

Checking Savings

Percent (%)

Signature

Authorized Signature (Primary): _____

Date: _____

Please attach a voided check for checking accounts, and a bank letter for savings accounts.
Deposit slips are not permitted.



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PESG INFORMATION FORM

Meeting Date:

Meeting Location:

Employee Information:

Personal Information	
Name:	SSN:
Address:	Email:
City/State/Zip:	DOB:
Primary Phone:	Evening Phone:
Education and Capabilities	
Degree Earned:	
Major:	Minor:

Selected Counties:

Districts:	Districts:
Employee Types:	Employee Types:
Districts:	Districts:
Employee Types:	Employee Types:
Districts:	Districts:
Employee Types:	Employee Types:
Districts:	Districts:
Employee Types:	Employee Types:
Districts:	Districts:
Employee Types:	Employee Types:

Desired Coaching Preferences:

Sport:	Position:
Grade Level:	