



Woodbrooke Hills Swim and Tennis Club  
P.O. Box 2041, Farmington Hills, MI 48333

Woodbrooke Hills Swim and Tennis Club is an Equal Opportunity Employer and is committed to excellence through diversity.  
Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

## Application For Employment

### Personal Information

Name

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are You A U.S. Citizen? Yes      No		Have You Ever Been Convicted Of A Felony? Yes      No		

If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?

Yes      No

### Position

Position You Are Applying For	Available Start Date	Desired Pay
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Employment Desired

Full Time

Part Time

Seasonal/Temporary

### Shift Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
Overnight							

### Education

School Name	Location	Years Attended	Degree Received	Major

### References

Name	Title	Company	Phone

## Employment History

<b>Employer (1)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (2)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (3)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (4)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (5)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	



Woodbrooke Hills Swim and Tennis Club, P.O. Box 2041, Farmington Hills, MI 48333

## EMPLOYEE RECORD SHEET

For New Hires

### SECTION 1: Employee Complete and Sign (please print clearly)

Employee Name \_\_\_\_\_ (as shown on SSN card) Social Security# \_\_\_\_\_  
Employee Name Change (if applicable) \_\_\_\_\_ (as shown on SS card)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employee Personal E-mail Address \_\_\_\_\_  
Contact Phone Number \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

**NEW EMPLOYEE ONLY:** I certify that the information on this form and my employment application and/or resume is true, complete, and correct to the best of my knowledge and belief. I understand that I may be required to successfully complete a medical exam for initial and continued employment. I further understand that my employment is at will and agree that it is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any reason or no reason, without prior notice. Neither I nor the employer have agreed on any specific period of employment, nor any specific pay or benefits unless otherwise set forth in a separate contract. I agree that all claims, disputes and controversies between and among employees and any employee and employer, administrative employer, all agents, or any other person shall be exclusively and finally settled through the Alternate Dispute Resolution process.

I understand the requirements of this position and acknowledge I am able to perform all essential job functions with or without reasonable accommodations.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 2: Employer Complete and Sign (please print clearly)

\*\*New Employee Begin Date: \_\_\_\_\_ Client Original Hire Date: \_\_\_\_\_

Job Title / Position: \_\_\_\_\_ Department: \_\_\_\_\_ Work State: \_\_\_\_\_ W/C Code: \_\_\_\_\_

<b>Schedule:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Scheduled Hours per Pay Period: _____	<b>Payroll Frequency:</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	<b>Employee Type:</b> <input type="checkbox"/> Regular <input type="checkbox"/> On Call <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
Is employee eligible for overtime pay according to Fair Labor Standards Act? <input type="checkbox"/> Yes (Hourly) <input type="checkbox"/> No (exempt from overtime)		
<b>Pay Type/Rate:</b> <input type="checkbox"/> Hourly \$ _____ per hour <input type="checkbox"/> Salary (exempt from OT) \$ _____ <input type="checkbox"/> per pay period or <input type="checkbox"/> per year <input type="checkbox"/> Commission <input type="checkbox"/> Piecework		

Other Allowances Per Pay Period \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Employer/Client Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\* In order to process payroll, this form must be submitted to ERM with a completed and signed Form W-4, Form I-9, Applicable State Withholding/Labor Forms, Alternate Dispute Resolution Agreement (ADR), and Work Permit (where applicable).



Woodbrooke Hills Swim and Tennis Club  
P.O. Box 2041, Farmington Hills, MI 48333

## ALTERNATE DISPUTE RESOLUTION AGREEMENT

The **Employee** whose signature is affixed hereto recognize that there are many advantages to using mediation and arbitration to settle any and all legal disputes and claims, including, but not limited to, all those arising from or in the course of employment. The **Employee** agrees that for many reasons, lawsuits and court actions are disadvantageous to both and that the many benefits and advantages to all parties include: speed of process, cost effectiveness, privacy and confidentiality, use of specialized and experienced decision-makers, and complete due process and fairness to all parties.

In consideration of these many benefits, the continuation of the employment relationship, and by other agreements, the parties hereto mutually agree that this document ("Agreement") shall govern the resolution of all claims and disputes between them. The parties further agree that this Agreement shall include all such claims and disputes involving **Employer's** customers and clients, administrative employers, all agents and other employees, all subsidiaries, affiliates and parent companies and any other person or entity that has agreed to this process.

THEREFORE, Employer and Employee agree that any claim or dispute between them or against the persons or entities named above, whether related to the employment relationship or otherwise, including those created by practice, common law, court decision, or statute, now existing or created later, including any related to allegations of violations of state or federal statutes related to discrimination, and all disputes about the validity of the arbitration clause, shall be exclusively resolved, utilizing a two-step Alternate Dispute Resolution (ADR) process, as follows:

1) First, through mediation utilizing the Rules and Mediator provided by Dispute Systems, Inc., a neutral entity, or its successor; and

2) Failing settlement by mediation, the parties agree that all claims and disputes, including those of jurisdiction and arbitrability, shall be resolved by neutral binding arbitration conducted by the National Arbitration Forum (NAF), under the NAF Code of Procedure in effect at the time any claim is made, this Dispute Resolution Agreement and the Arbitration Rules of Dispute Systems, Inc., or its successor, which are incorporated herein by reference. The parties stipulate that this Agreement involves transactions in interstate commerce, is subject to the Federal Arbitration Act, invoke its jurisdiction and agree that any award of the arbitrator(s) may be entered as a judgment in any court of competent jurisdiction.

This is a legal document and any questions or concerns about it should be discussed with legal counsel of **Employee's** choice at his/her expense. **By signing this Agreement, the parties are giving up any right they may have to sue each other. Any right to trial by jury or judicial appeal is expressly waived.**

This Agreement incorporates the entire Agreement of the parties and supersedes and replaces all prior Agreements, written or oral, if any, and may not be changed, except in writing and signed by all parties. This Agreement does not create a contract of employment or in any way alter the "at-will" status of the employment relationship. This Agreement survives the employment relationship.

*You, the **Employee**, in signing below, do individually and on behalf of your heirs, successors, spouse, beneficiaries, administrators, curators, tutors, representatives and assigns, certify that you have actually read, understand and accept all of the terms, conditions and provisions contained in this Agreement.*

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



Woodbrooke Hills Swim and Tennis Club, P.O. Box 2041, Farmington Hills, MI 48333

## DIRECT DEPOSIT FORM

### 1. Complete your employee information (Please Print)

Employee Name:	Social Security Number:
City:	State:
Employer/Client Name:	

### 2. Primary Account - Make election

New Primary Account

Decline Direct Deposit

Financial Institution:

City, State

9 Digit Routing Number

Account Number

\$\$ or % to be deposited to this account

Checking Account    or     Savings Account

### 2. Additional Account (Optional) - Make election

New Second Account

Decline Second Account

Financial Institution:

City, State

9 Digit Routing Number

Account Number

\$\$ or % to be deposited to this account

Checking Account    or     Savings Account

### Money Network Payroll Debit Card/ Money Network Check

New Payroll  
Debit Card  
Account

Decline Payroll  
Debit Card  
Account

Amount

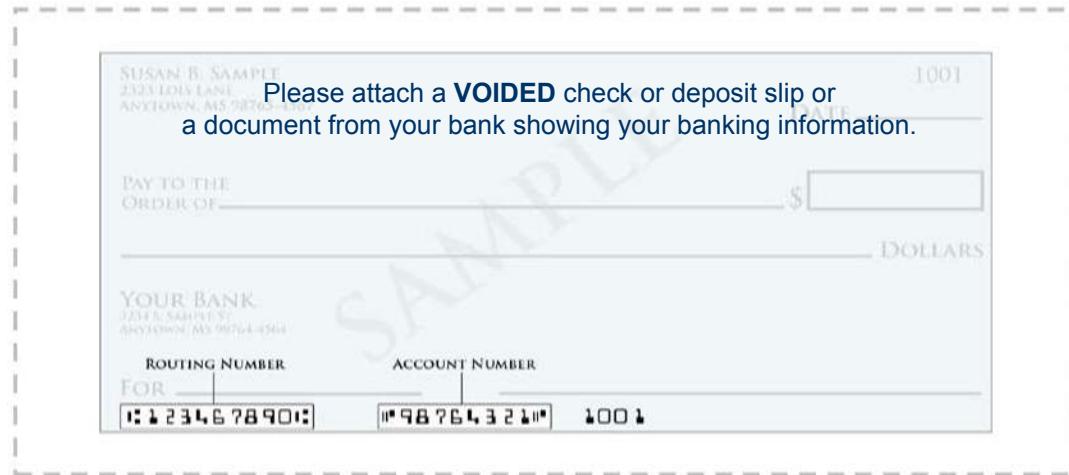
\$ or % to be deposited to this account

New routing and / or account number requests require a minimum of two weeks to become effective.

### 3. Sign, date, attach voided check(s) and return completed authorization form to your payroll contact.

I HEREBY AUTHORIZE EMPLOYERS RESOURCE AS PAYROLL AGENT TO INITIATE DEPOSITS (CREDIT) AND/OR CORRECTIONS TO PREVIOUS DEPOSITS TO THE FINANCIAL INSTITUTION(S) INDICATED. THE FINANCIAL INSTITUTION(S) ARE HEREBY AUTHORIZED TO CREDIT AND/OR CORRECT AMOUNTS TO MY ACCOUNT(S). This authority is to remain in full force and in effect until I either revoke it by forwarding a new Direct Deposit Authorization, or in the case of payroll deposits, upon final payment of moneys due in the event termination of employment. I understand that I can access my pay statement electronically and this may be the delivery method provided of my pay statement information.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Form W-4 (2017)

**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 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

The exceptions don't apply to supplemental wages greater than \$1,000,000.

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

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

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

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

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

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

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

- |   |   |   |
|---|---|---|
| A   | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .   | A |
| B   | Enter "1" if: { • You're single and have only one job; or<br>• You're married, have only one job, and your spouse doesn't work; or<br>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .   | B |
| C   | Enter "1" for your <b>spouse</b> . 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 <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .  | D |
| E   | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .   | E |
| F   | Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .  | F |
| <b>(Note:</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)   |   |   |
| G   | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.<br>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children.<br>• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. | G |
| H   | Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ► H   |   |
| <p>For accuracy,<br/><b>complete all<br/>worksheets<br/>that apply.</b> {</p> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> |   |   |

----- Separate 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

## Employee's Withholding Allowance Certificate

OMB No. 1545-0074

**2017**

► 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.

1 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. <b>Note:</b> 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 2017, and I certify that I meet <b>both</b> of the following conditions for exemption.		
<ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul>		
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**

(This 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.) Woodbrooke Hills Swim and Tennis Club, P.O. Box 2041 Farmington Hills, MI 48333	9 Office code (optional)	10 Employer identification number (EIN) 38-1677059
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### 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 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details . . . . . 1 \$ \_\_\_\_\_
- 2 Enter: { \$12,700 if married filing jointly or qualifying widow(er)  
\$9,350 if head of household  
\$6,350 if single or married filing separately } . . . . . 2 \$ \_\_\_\_\_
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) . . . . . 4 \$ \_\_\_\_\_
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2017 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 \$4,050 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 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . 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 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. 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**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over			
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 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 to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal 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.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 Last 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	Employee's E-mail Address		Employee's 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 boxes):

- |   |
|---|
| <input type="checkbox"/> 1. A citizen of the United States  |
| <input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)   |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____   |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____<br>Some aliens may write "N/A" in the expiration date field. (See instructions) |

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

QR Code - Section 1  
Do Not Write In This Space

- |   |
|---|
| 1. Alien Registration Number/USCIS Number: _____<br><b>OR</b>   |
| 2. Form I-94 Admission Number: _____<br><b>OR</b>               |
| 3. Foreign Passport Number: _____<br>Country of Issuance: _____ |

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**

- |  |   |
|--|---|
| <input type="checkbox"/> I did not use a preparer or translator. | <input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1.<br>(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.) |
|--|---|

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's 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



# Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. 1615-0047

Expires 08/31/2019

## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status	
List A Identity and Employment Authorization		OR	List B Identity	AND	List C Employment Authorization
Document Title	Issuing Authority	Document Title	Document Number	Expiration Date (if any)(mm/dd/yyyy)	Document Title
Document Title	Issuing Authority	Document Title	Document Number	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)
Document Title	Issuing Authority	Additional Information			QR Code - Sections 2 & 3 Do Not Write In This Space
Document Title	Issuing Authority				
Document Title	Issuing Authority				
Document Title	Issuing Authority				
Document Title	Issuing Authority				
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)				
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative			
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)			City or Town		State	ZIP Code

## Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)		B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

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

LIST A  Documents that Establish Both Identity and Employment Authorization	OR	LIST B  Documents that Establish Identity	AND	LIST C  Documents that Establish Employment Authorization
<p>1. U.S. Passport or U.S. Passport Card</p> <p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p> <p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p> <p>4. Employment Authorization Document that contains a photograph (Form I-766)</p> <p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</p> <ul style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:           <ul style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ul> </li> </ul> <p>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</p>		<p>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</p> <p>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</p> <p>3. School ID card with a photograph</p> <p>4. Voter's registration card</p> <p>5. U.S. Military card or draft record</p> <p>6. Military dependent's ID card</p> <p>7. U.S. Coast Guard Merchant Mariner Card</p> <p>8. Native American tribal document</p> <p>9. Driver's license issued by a Canadian government authority</p> <p><b>For persons under age 18 who are unable to present a document listed above:</b></p> <p>10. School record or report card</p> <p>11. Clinic, doctor, or hospital record</p> <p>12. Day-care or nursery school record</p>		<p>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</p> <ul style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ul> <p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p> <p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p> <p>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</p> <p>5. Native American tribal document</p> <p>6. U.S. Citizen ID Card (Form I-197)</p> <p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p> <p>8. Employment authorization document issued by the Department of Homeland Security</p>

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

**Refer to the instructions for more information about acceptable receipts.**

**MI-W4**
**EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE  
STATE OF MICHIGAN - DEPARTMENT OF TREASURY**

(Rev. 08-11)

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.

<p>► 3. Type or Print Your First Name, Middle Initial and Last Name</p>		<p>► 1. Social Security Number      ► 2. Date of Birth</p>	
<p>Home Address (No., Street, P.O. Box or Rural Route)</p>		<p>4. Driver's License Number or State ID</p>	
<p>City or Town</p>	<p>State</p>	<p>ZIP Code</p>	<p>► 5. Are you a new employee?</p> <p><input type="checkbox"/> Yes   If Yes, enter date of hire . . . . .</p> <p><input type="checkbox"/> No</p>
<p>6. Enter the number of personal and dependent exemptions you are claiming</p>		<p>► 6. [ ]</p>	
<p>7. Additional amount you want deducted from each pay (if employer agrees) .....</p>		<p>7. \$ .00</p>	
<p>8. I claim exemption from withholding because (does not apply to nonresident members of flow-through entities - see instructions):</p> <p>a. <input type="checkbox"/> A Michigan income tax liability is not expected this year.</p> <p>b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____</p> <p>c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____</p>			
<p><b>EMPLOYEE:</b> 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.</p>		<p><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></p>	
<p>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.</p>		<p>9. Employee's Signature      ► Date</p> <p>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</p> <p>► 11. Federal Employer Identification Number [ ]</p>	

**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 or you are a non-resident spouse of military personnel stationed in Michigan. Members of flow-through entities may not claim exemption from nonresident flow-through withholding. For more information on Renaissance Zones call (517) 636-4486. Full-time students that do not satisfy all of the above requirements cannot claim exempt status.

Visit the Treasury Web site at: [www.michigan.gov/taxes](http://www.michigan.gov/taxes)