

Youth Build

Corbin, Adam

Oct - May 2011

#2

YBTC

Enrollment

YouthBuild File Paperwork Checklist

2/2010

Participant Name: Corbin, Adam S.

Enrolled in WIA: yes no

Enrollment Date: Feb 201 Oct 1, 2010

Exit Date: _____

Age at Enrollment: 18 DOB: 11/14/91

ELIGIBILITY DOCUMENTATION	STATUS	RECEIVED
Application Form		✓
Age Verification		✓
Selective Service Registration N/A ____ (female or under 18) Future registration date ____	Must be registered before enrollment date.	✓
Low Income Verification	<i>need self attestation to determine elig. N/A</i>	N/A
School Drop Out Verification (if enrolled in alternative school, mark N/A)		N/A
25% Enrollment Exemption (with Diploma/GED - must be BSD)		N/A
Foster Youth Status (current or aging out)		N/A
Disability Verification (includes learning disabilities)		N/A
Offender Verification Adult ____? Youth <input checked="" type="checkbox"/> N/A ____	<i>need to update in MIS</i>	
Migrant Youth		N/A
Incarcerated Parent		N/A
ADDITIONAL DOCUMENTS		
Math Test (select one) TABE Score <u>502</u> Grade Level <u>5.8</u> Work Keys Score ____		✓
Reading Test (select one) TABE Score <u>582</u> Grade Level <u>10.0</u> Work Keys Score ____		✓
EEO Waiver		✓
Grievance Waiver		✓
Photo Release		✓
Release of Information Consent		✓

File Folder Set Up (top to bottom) Eligibility – left side	Case Management
Checklist	Summary of Services (printed from MIS)
MIS Assessment Form (printed from MIS)	
Assessment Overview (printed from MIS)	
YB Application	
Self Attestation (if applicable) Used for all statuses that make applicant eligible OR	
Other verification for eligibility	
Social Security	
Birth Certificate	
EEO Waiver	
Complaint Procedures Verification	
Photo Release	
Release of Information Consent	
TABE Tests	

Assessment at Entry Form

Participant: Adam Corbin

Cohort: October 2010

Team:

* Denotes required information. ♦ Denotes information that must be filled out within two weeks.

Mental Toughness

Completed Mental Toughness? * Yes No

Basic Skills Deficient

Basic Skills Deficient * Yes No

Note: Any participant who has a high school diploma must be basic skills deficient to be eligible for this program.

Date of Enrollment

Date of Enrollment * 10/01/2010

Note: Date of Enrollment cannot be updated once the assessment at entry form is saved for the first time.

Co-Enrolled in WIA

Co-Enrolled in WIA Yes No

Selective Service

Is participant registered for selective service? Yes No

Note: This field is required IF the participant is a Male AND between the ages of 18 - 25.

Employment

♦ Employment Status at Enrollment Employed
 Not Employed
 Employed but Received Notice of Termination of Employment or Military Separation

Occupation at Enrollment

Occupation Title (Optional)

Hours Worked at Enrollment (per week)

Hourly Wage at Enrollment \$ (xx.xx)

Start Date for Job at Enrollment

Additional Information

Citizen Status (US Citizen?) Yes No

Authorized to Work Yes No

Voter Registration Yes No

Drivers License Yes No

Family, Education and Other

Housing Status at Enrollment

Alcohol Abuse/Drug Use at Enrollment Yes No

Marital Status Married Single Divorced
 Widowed Separated Domestic Partner

Children

Children Living with Participant

Other Dependents Living with Participant

Highest School Grade Completed *

Limited English Proficient Yes No

Health Issues Significant health issues No significant health issues

Additional Information

Other Public Assistance at Enrollment

To select multiple services, hold the 'CTRL' key and click with mouse

Specify Other Government Sources of Public Assistance at enrollment

Medical Benefits

To select multiple services, hold the 'CTRL' key and click with mouse

(If other, please specify)

Mental Health Treatment Yes No

Child Support Obligation at Enrollment: Number of Children

Child Support Obligation At Enrollment: Amount \$

Public Assistance Prior to enrollment

To select multiple services, hold the 'CTRL' key and click with mouse

Specify Other Government Sources of Public Assistance Prior to enrollment

Amount of Public Assistance Prior to enrollment \$

Duration of Public Assistance Prior to enrollment (number of months)

Types of Medical Benefits Prior to enrollment

To select multiple services, hold the 'CTRL' key and click with mouse

- Medicaid
- Medicare
- Private health insurance from work or family member
- Other
- None

(If other, please specify)



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Grantee: NORTHWEST MICHIGAN COUNCI...
Grant No: YB-19248-09-60-A-26
Class: 09
Contact: Lisa Anderson (231) 922-6507
Email: lmanderson@tbaisd.k12.mi.us

ASSESSMENTS & IDP

Adam Corbin [\(edit\)](#)
Cohort: October 2010
Team:

[Participant Alerts](#) - 0 total
 [No current alerts \(add new \)](#)

[Add New Case](#)

Delete Request: [Add](#) | [Edit](#)
Status:

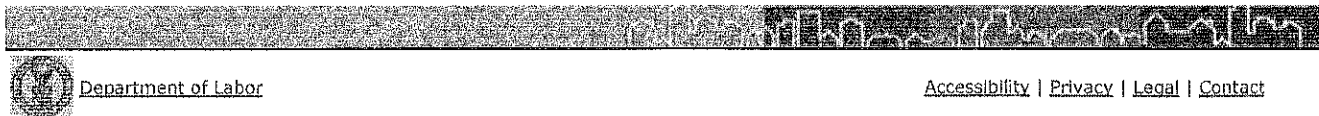
[Add New Service](#)

- Summary**
- Assessments & IDP**
- Services**
- Outcomes**
- Notes**
- Exit**

[Assessment at Entry](#) | [Basic Skills](#) | [IDP](#)

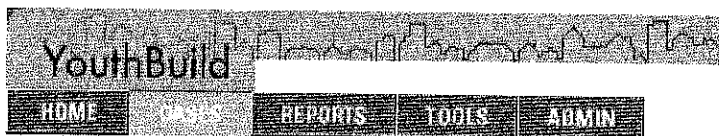
Assessment Overview

Basic Skills Deficient	Yes
Highest grade completed	11 - Eleventh school grade completed (11 years)
Employment status at enrollment	Not Employed
Housing status	Living with family
Limited English proficient	No
Voter Registration	
Drivers License	Yes



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Grantee: NORTHWEST MICHIGAN COUNCI...
Grant No: YB-19248-09-60-A-26
Class: 09
Contact: Lisa Anderson (231) 922-6507
Email: lmAnderson@tbaisd.k12.mi.us

CASE OVERVIEW

* Denotes required information.

Update Case Information

Grantor * DOL HUD

Other Funding Sources
 AmeriCorps
 Department of Education
 other

(Indicate other funding sources that support this participant)

Cohort *

Team

First Name *

Middle Initial

Last Name *

Address 1 *

Address 2

City * State * Zip

Phone * (nnn-*nnn*-*nnnn*)

Phone 2 (nnn-*nnn*-*nnnn*)

Other Phone (nnn-*nnn*-*nnnn*)

Two Way Pager Number

E-mail

Date of Birth * (mm/dd/yyyy)

Gender * Male Female

Ethnicity Hispanic/Latino * Yes No Not specified
 (Select 'Not Specified' if the participant does not disclose his/her ethnicity)

Race * American Indian or Alaska
 (Choose all that apply; select 'Not Specified' if the participant does not report on this element)
 Hawaiian Native or other Pacific Islander
 Asian
 White
 Black or African American
 Not Specified

Individual with a disability * Yes No

High School Dropout * Yes No

PLEASE SELECT ALL CATEGORIES OF ELIGIBILITY THAT APPLY TO THE PARTICIPANT

Participant Type *
(Please note that youth referred by a guidance counselor must be placed in a high school diploma-granting program)

- Migrant Youth
- Low-income Family
- Youth In Foster Care
- Referred by Guidance Counselor
- Youth Offender
- Child of Incarcerated Parent
- Adult Offender
- Other

(Description for 'Other' Participant Type)

Personal contact name

Personal contact phone (nnn-~~nnn~~-nnnn)

Additional Personal contact name

Additional Personal contact phone (nnn-~~nnn~~-nnnn)

Criminal Justice Information (Required if participant is a Youth Offender Or Adult Offender)

Received pre-release services Yes No

Prerelease contact? Yes No

Referral source

Mandated enrollment Yes No

Alternative Sentence Yes No

Probation/Parole Yes No

Date of Most Recent Probation

Date of Most Recent Contact with Probation/Parole Officer

Type of Contact with Probation/Parole Officer

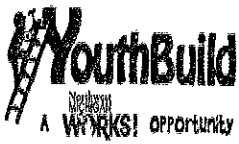
(If other, please specify)

Specify Name of Probation/Parole Officer Contacted



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Northwest Michigan YouthBuild Application

www.nwm.org/youthbuild.asp

Due: _____

In cooperation with Traverse Bay Area Intermediate School District & Traverse City Area Public Schools

Application includes pages 1-5

Please print clearly

SECTION 1 - PERSONAL INFORMATION

Name: Last Corbin First Adam Birth Date 11/14/91 Gender M F

Address: 5451 Scholl RD County Benzie

City, State, Zip Marcellona MI 49659 Home Phone (231)-587-5141

Race/ethnicity: white Marital Status: NA Cell/pager (231)-564-2662

Monthly Household Income \$ _____ E-mail: _____

Name, address & phone number of someone who can always reach you:

Site applying for: Beaver Island _____ Benzie/Manistee _____ Traverse City

Do you have a valid driver's license? Yes No

I am currently living (circle all that apply) with parent/guardian with spouse and/or children alone with friends in a homeless shelter in a work/release program other sister

Have you ever been in foster care: Yes No

Have you ever been convicted of a crime? (Please answer honestly. Answering "yes" will NOT hurt your chances of being selected for YouthBuild) Yes No

If your answer is "yes", please describe the charge, the date and the status of the case (Please attach additional sheet if needed). assault with a deadly weapon

Do you have any active court cases? Yes No If yes, please list the charge: _____

Are you on probation and /or parole? Yes No If yes, please list the name and telephone number of your probation and/or parole officer: _____

Do you have any barriers (no reliable transportation, a need for child care, etc.) that could make it hard for you to attend the program on time every day? (Please note that, depending on the barrier, YouthBuild may be able to provide or refer you to the support you need.) Yes No

Please identify any such barriers: _____

SECTION II – EDUCATIONAL BACKGROUND INFORMATION

Name, city and state of the last school you attended: Beaver Island lighthouse school

Dates you attended: _____ Highest grade you completed: _____

Why did you drop out of high school? _____

Are you presently in a GED program? Yes No If yes, which program? _____

Do you want to continue with school or training after finishing high school or earning your GED?

Yes No Not sure

If yes, in what type of program: (circle all that apply)

6 to 8 months training certificate 2-year college degree 4-year college degree Graduate degree Military service

SECTION III – JOB TRAINING AND WORK EXPERIENCE

Have you taken any vocational or construction education classes? (Circle one) YES NO

If yes, please describe where & when Beaver Island youth Build

Have you taken any machine shop classes? YES NO

If yes, please describe when and where _____

Have you been in any training program(s)? YES NO

If yes, please describe when and where _____

Did you complete any training programs? YES NO

If no, please explain _____

SECTION IV - EMPLOYMENT HISTORY

Have you ever been employed? YES NO

Most recent job title _____

Start date _____ End date _____

Describe your duties _____

Name of employer _____

Employer address _____

Phone number _____

How much are you paid per week? _____

May we contact your employer as a reference? YES NO

Name of supervisor _____

Previous job title _____

Start date _____ End date _____

Describe your duties _____

SECTION V - EMPLOYMENT HISTORY CONTINUED

Previous employer _____

Employer telephone _____

How much were you paid per week? _____

Why did you leave? _____

May we contact your employer as a reference? YES NO

Name of supervisor _____

Do you have experience or skills in any of the following?

Circle Yes or No

Plumbing	YES	NO	Lift Truck	<input checked="" type="radio"/> YES	NO
Electrical Wiring	YES	NO	Painting	<input checked="" type="radio"/> YES	NO
Sheet Metal	YES	NO	Rough Carpentry	YES	NO
Roofing	<input checked="" type="radio"/> YES	NO	Finish Carpentry	YES	NO
Dry Wall	YES	NO	Mechanical Repair	YES	NO
Power Tools	<input checked="" type="radio"/> YES	NO	Housing Rehabilitation	YES	NO
Personal Computers	<input checked="" type="radio"/> YES	NO	MS Word	<input checked="" type="radio"/> YES	NO
Excel	YES	NO	PowerPoint	<input checked="" type="radio"/> YES	NO
Web Design	YES	NO	CAD Equipment	YES	NO

How comfortable are you using computers?

Very – I can run programs, surf the Web, etc.

I don't really use computers.

A little – I can type papers and send some email.

List any other tools/machines you have operated: _____

SECTION VI – PHYSICAL INFORMATION

Circle Yes or No

Do you have any physical, medical or other health problems (including allergies) that would affect your ability to do the physical activities needed to perform construction work: YES NO

If yes, please describe: _____

Do you have health insurance? YES NO If yes, who is your provider? _____

Do you have Asthma? YES NO Do you have a fear of heights? YES NO

Do you have Diabetes? YES NO Are you able to bend, stoop & stand YES NO

Do you have heart related issues (irregular heartbeat, etc?) YES NO Do you have physical limitations/restrictions? YES NO

Do you smoke? YES NO Do you have any lifting restrictions? YES NO

Have you recently had surgery? YES NO Do you have allergies? YES NO

Are you required to wear eye glasses/contacts? YES NO

If yes, please describe _____

When was your most recent physical? _____

SECTION VII- PERSONAL STATEMENT – MUST BE SUBMITTED WITH YOUR APPLICATION

Northwest Michigan YouthBuild is a program that will support and challenge you to transform your life and your future.

Three essay questions – (Please use additional paper if needed)

1. Explain why you want to participate in YouthBuild.

Because im 3/4 certified and I'd like to become certified.

2. What goal (for your life, future, family, etc.) will you use to stay motivated and give your best effort through 32 weeks of hard work?

I passed all my test's on the island

3. Why do you think you will be successful in YouthBuild?

Because I work hard

Do you understand that Northwest Michigan YouthBuild will involve several months of hands-on construction training and that you will be expected to fully participate in both indoor and outdoor construction settings? Yes No

If so, do you agree to participate in all activities inside and outside of the classroom? Yes No.



SECTION VIII – EMERGENCY CONTACT INFORMATION

Please list two individuals we can reach in case of emergency, and let them know you have listed them. Include cell and home phone numbers.

Name: David Corbin Phone number(s) 231-582-5141

Relationship: Dad

Name: Mom Mickey Corbin Phone number(s) 231-258-5674

Relationship: MOM

SECTION IX – FINANCIAL INFORMATION

Are you receiving any financial benefits such as food stamps, subsidized housing or others? Yes No

If yes, please list these benefits: (Attach additional sheet if you need more room to list benefits received)

SECTION X – CERTIFICATION AND SIGNATURE

I certify that the information in this application is true and correct to the best of my knowledge. I also authorize the N.W. Michigan Works! staff to verify this information when reviewing my eligibility for the program. I understand that I may be asked to provide documentation and agree to sign, if asked, one or more release forms to allow N.W. Michigan Works! to verify the information provided in this application.

Applicant's signature: Adam Corbin Date: 10/15

Please mail application to:

Michigan Works! Support Services
Attn: YouthBuild
890 Parsons Rd.
Traverse City, MI 49686

Or...Turn in application in to a youth advisor at one of the following locations:

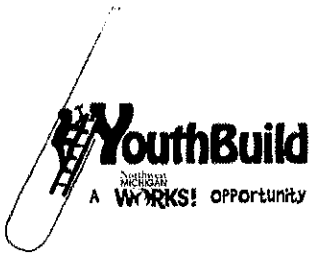
Traverse City Michigan Works! Office – 1209 S. Garfield/Suite C, Traverse City, MI 49686

Kalkaska Michigan Works! Office – 103 3rd St./Unit C & D, Kalkaska, MI 49646

Manistee Michigan Works! Office – 1660 US 31 South, Manistee, MI 49660

Petoskey Michigan Works! Office – 2225 Summit Park Dr., Petoskey, MI 49770

Cadillac Michigan Works! Office – 401 Lake St./Suite 700, Cadillac, MI 49601



Self Attestation Form

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT I Adam S. Corbin
am a youth offender.

If participant cannot obtain a satisfactory witness or provide a telephone contact, explain above

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

adam corbin 10/11/10
PARTICIPANT SIGNATURE & DATE

Justin G. Gyle
CORROBORATING WITNESS SIGNATURE

5451 Schell RD Marcelline MI
PARTICIPANT ADDRESS 49859

Teacher/Coordinator
WITNESS' RELATIONSHIP TO PARTICIPANT

OFFICE USE ONLY

The above participant statement is being utilized for documentation of the following eligibility criteria:

SIGNATURE & DATE OF CERTIFYING OFFICIAL



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ICHAT ▾

Search Results - Detail



Data Searched on:

Last Name	First Name	Middle Initial	DOB	Race	Sex	More Criteria
CORBIN	ADAM	S	11/14/1991	White	Male	

Based on the information provided, the following is a certified result of the search as of 6/16/2010 3:21 PM

[Click Here to open the Printer Friendly Version page!](#)

Important: Information Contained in this Record

THE RECORD RESULTS PROVIDED HERE ARE BASED ON A COMPUTER MATCH AS EXPLAINED ON THE ICHAT HOME PAGE. THE ICHAT SYSTEM HAS LIMITATIONS THAT MAY CAUSE FALSE POSITIVES OR FALSE NEGATIVES. PLEASE REVIEW THE RESULTS CAREFULLY AND DO NOT TAKE ADVERSE ACTION BASED SOLELY ON THIS RECORD. IF YOU CANNOT DETERMINE THAT THESE RESULTS DO NOT BELONG TO THIS INDIVIDUAL, AND THE INDIVIDUAL IS DISPUTING THE RECORD, PLEASE PROVIDE THAT INDIVIDUAL WITH A COPY OF THIS REPORT AND OFFER THAT INDIVIDUAL THE OPPORTUNITY TO PERFORM A RECORD CHALLENGE BY SUBMITTING FINGERPRINTS. THIS IS EXPLAINED AT THE BOTTOM OF THIS PAGE. SINCE ARRESTS, CONVICTIONS, OR CRIMINAL RECORD DELETIONS MAY OCCUR AT ANY TIME, DO NOT USE THIS INFORMATION FOR FUTURE CLEARANCES.

MICHIGAN CRIMINAL HISTORY RECORD INFORMATION MEETING DISSEMINATION CRITERIA FOR SID: 3727785A AS OF 06/16/2010

NAM: CORBIN, ADAM SCOTT SID: 3727785A
RAC: W SEX: M DOB: 11/14/1991 FBI: 844372DD7
HGT: 602 WGT: 160 HAI: BRO III: MICHIGAN ONLY
EYE: BLU POB: MI
DLN: MNU:
PRN:
CIZ:

AFIS PRINTS AVAILABLE: YES
PALM PRINTS AVAILABLE: NO
PHOTO AVAILABLE: YES

ADDITIONAL IDENTIFIERS AND COMMENTS:

CRIMINAL TRACKING NUMBER: 050880336301 INCIDENT DATE: 10/03/2008
TCN/OCA: P709105908A/105316708
NAME USED: CORBIN, ADAM SCOTT

ARREST SEGMENT : CHARGE SEGMENT : JUDICIAL SEGMENT
DATE: 06/18/2009 : DATE: 11/20/2008 : DATE: 06/18/2009
MIO510500 : MIO50013A : MIO50013J
ANTRIM COUNTY SHERIFF : ANTRIM COUNTY : PROBATE COURT BELLAIRE
DEPT : PROSECUTING ATTORNEY : CFN: 05003342-00
OCA: 105316708 : CNT MCL 750.227B-K :
1 CNT OF 1300 : FELONY : CNT-1 MCL 750.82
FELONY : WEAPONS FELONY FIREARM : FELONY
ASSAULT EXCLUDING : 1 CNT MCL 750.741A : ASSAULT WITH
SEXUAL : MISDEMEANOR : DANGEROUS WEAPON
1 CNT OF 5200 : ARSON - PERSONAL : DISP: JUV ADJUDICATION
FELONY : PROPERTY - LESS THAN :
WEAPONS OFFENSE : \$200 :
1 CNT OF 2000 : 1 CNT MCL 750.82 :
MISDEMEANOR : FELONY :
ARSON : ASSAULT WITH :
DISP: PETITIONED : DANGEROUS WEAPON :

CRIMINAL TRACKING NUMBER: 690900105001 INCIDENT DATE: 09/17/2009
TCN/OCA: M309505363J/421248009
NAME USED: CORBIN, ADAM SCOTT

ARREST SEGMENT : CHARGE SEGMENT : JUDICIAL SEGMENT
DATE: 09/17/2009 : DATE: 09/23/2009 : DATE: 10/19/2009
MI6942100 : MI690013A : MI690015J
GAYLORD POLICE : OTSEGO COUNTY : 87-A DISTRICT COURT
DEPARTMENT : PROSECUTING ATTORNEY : CFN: 09 22 684
OCA: 421248009 : 1 CNT MCL 750.356D4 :
1 CNT OF 2300 : MISDEMEANOR : CNT-1 MCL 750.356D4
MISDEMEANOR : RETAIL FRAUD - THIRD : MISDEMEANOR
LARCENY : DEGREE : RETAIL FRAUD - THIRD
DISP: CHGD BY PROSECUTOR : : DEGREE
: : DISP: FOUND GUILTY
: : SENT/REMARKS:

:
: PROB-0180D F/C/R-\$00448

=====

DISSEMINATION OF CRIMINAL HISTORY INFORMATION IS SUBJECT TO MICHIGAN & FEDERAL RULES & REGULATIONS. REFER TO LEIN ADMINISTRATIVE RULES & TITLE 28, USC. USE OF THIS RECORD IS LIMITED TO THE PURPOSE OF INQUIRY. PURPOSE CODE USED NOT FORWARDED TO NCIC III
END MSG.

© Michigan State Police : <http://www.michigan.gov/ichat> [6/16/2010 3:21 PM]

Procedures for Correcting a Record

The steps for correcting a mistaken or inaccurate record are as follows:

1. Records That Do not Belong to the Individual Whose Name has Been Searched

- If the individual believes that the record does not belong to him or her, the individual should go to the nearest law enforcement agency and request to be fingerprinted on a state applicant fingerprint card for the purposes of "Record Challenge"; call ahead to verify fees and/or service hours. There is no charge for such fingerprinting if it is done at a Michigan State Police post.
- This card should be mailed to the Criminal Records Division with a copy of this record and a letter requesting the Criminal Records Division to verify that the enclosed criminal record does not belong to him/her. There is no fee. The address is:

Michigan State Police -- CRD
Attn: Record Challenge
P. O. Box 30634
Lansing, MI 48913

2. Inaccurate Records

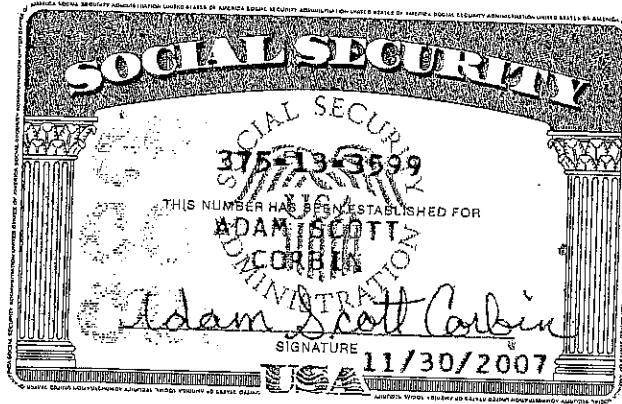
- Sometimes records inadvertently contain errors. For example, the nature or date of the conviction might be wrong, or the record might contain a conviction that should have been removed from the record.
- In such cases the individual should obtain certified copies of the court judgment or other documents which show that the information contained on the criminal record is incorrect. If the proof provided is satisfactory, the Michigan State Police will modify the record accordingly. You may send the documents to:

Michigan State Police -- CRD
Attn: Record Correction
P. O. Box 30634
Lansing, MI 48913

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STATE OF MICHIGAN
CERTIFICATE OF LIVE BIRTH

STATE OF MICHIGAN
GRAND TRAVERSE COUNTY
TRAVERSE CITY, MI

I, Linda Coburn, Clerk of the County of Grand Traverse and of the Circuit Court thereof, the same being a Court of Record having a Seal, do hereby certify that the following is a copy of a birth record remaining in my office.

DATE OF BIRTH
11/14/1991

DATE RECORDED
12/12/1991

RECORD NUMBER
1712

LAST NAME
CORBIN

FIRST NAME
ADAM

MIDDLE NAME
SCOTT

SEX: MALE BIRTH PLACE: TRAVERSE CITY

PARENT NAME (MAIDEN)
MARGARET CHRISTINE SCOTT
DAVID E CORBIN

AGE BIRTH PLACE
37 ILLINOIS
44 MICHIGAN

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Circuit Court.

Linda Coburn, Clerk

Deputy Clerk

11/30/07

10630455



DO NOT ACCEPT IF THERE APPEARS TO BE ANY ALTERATIONS OR FEATURES OF THE FACTS LISTED ABOVE. IF THE THREE HEAT SENSITIVE IMAGES ON THE BACK DO NOT DISAPPEAR WHEN RUBBED OR PRESSED, OR IF YOU CANNOT VERIFY THE PRESENCE OF WATERMARKS IN THE PAPER BY HOLDING TO LIGHT.



----- KEY INFORMATION -----

Selective Service Record Search Results

- Search Site:
- home
- about the agency
- registration info
- news & public affairs
- what's new
- contact
- careers
- privacy policy
- history/records
- publications
- fast facts
- what happens to a draft
- site map

Search Criteria

Last Name: *Corbin*
Social Security Number: *** - ** - 3898
Date of Birth: 11/14/1981

Matched Record

Selective Service Number: 91-1368888-2
Date of Registration 1/20/2010

To obtain written proof of Selective Service registration [CLICK HERE](#) and follow the instructions on our "Registration Information" page.

[New Search ?](#)

[FAQs](#)



Last Updated: 8/14/2007

©2008 Selective Service System

Equal Opportunity is the Law

It is against the law for this recipient of Federal financial assistance, the Northwest Michigan Council of Governments/Northwest Michigan Works!, to discriminate on the following basis:

- Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and
- Against any individual who is a lawfully admitted immigrant authorized to work in the United States, on the basis of citizenship.

The Northwest Michigan Council of Governments/Northwest Michigan Works! must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any Federal or State financially assisted Employment and Training program or activity;
- Providing opportunities in, or treating any person with regard to, such a program or activity; or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

What to Do if You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under any Federal or State financially assisted Employment and Training program or activity, you may file a complaint within 180 days from the dated of the alleged violation with either:

Jane McNabb, Equal Opportunity Officer
Northwest Michigan Council of Governments/
Northwest Michigan Works!
2194 Dendrin Drive
PO Box 506
Traverse City, Michigan 49685-0506
231-929-5000, or 800-692-7774

Or

Mildred E. Williams, Equal Opportunity Officer
Michigan Department of Energy, Labor, & Economic Growth
201 North Washington Square, 5th floor
Lansing, Michigan 48913
517-373-7675 (voice), 1-888-605-6722 (TTY)

Or

Annabelle T. Lockhart, Director
Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue NW, Room N-4123
Washington, D.C. 20210

If you file your complaint with the recipient, the Northwest Michigan Council of Governments/ Northwest Michigan Works!, you must wait until a written Notice or Final Action is issued, or until 90 days have passed (whichever is sooner), before filing with the Michigan Department of Career Development (see address above).

If the recipient, the Northwest Michigan Council of Governments/ Northwest Michigan Works!, within 45 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC.

By signing this form you certify that you have received a written copy of this Equal Opportunity notice.

Signature

Adam Corbin

Date:

10/1/10

ACKNOWLEDGEMENT OF RECEIPT OF COMPLAINT PROCEDURES

I Adam Corbin attest that I am a
(insert name)

Check one from the categories listed below, and fill in blanks as needed:

- WIA participant
- TANF participant
- WtW participant
- Trade Program participant
- Food Stamp Employment & Training services participant
- subgrantee representative Company name: _____
- subcontractor representative Company name: _____
- employee Employer name: _____
- one-stop partner representative Company name: _____
- service provider representative Company name: _____
- training services provider representative Company name: _____
- other interested party Youth Build

and that I received a copy of the complaint procedures for the Northwest Michigan Council
of Governments/Northwest Michigan Works! programs on 10/1/10
(insert date)

Signature: adam corbin

For program participants insert the completed form in the individuals' participant file. For employers of program-subsidized employees, insert the completed form in the employers' file. For all other individuals or organizations, please forward this form to Charlene Schlueter at Northwest Michigan Council of Governments, P.O. Box 506, Traverse City, MI 49685-0506



Northwest Michigan Council of Governments

Let Our Resources Work For You.



Northwest Michigan Works! Youth Services Programs Traverse Bay Intermediate School District

Photographic Release

I, hereby, irrevocably consent to and authorize Northwest Michigan Council of Governments, Northwest Michigan Works!, Traverse Bay Area Intermediate School District, Charlevoix Public School, and Beaver Island Lighthouse Schools the use of any and all photographs that have been or will be taken of me as a program participant/program staff for any purpose whatsoever, without financial or other compensation to me. All negatives, digital files, and prints shall constitute the property of the organizations named above.

I also consent to allow Northwest Michigan Council of Governments, Northwest Michigan Works!, Traverse Bay Area Intermediate School District, Charlevoix Public Schools, and the Beaver Island Lighthouse School to use my name in any publication, including but not limited to newsletters, yearbooks, Web sites, and videos.

I also understand that the above named entities are not responsible for any expense or liability incurred as a result of my participation in this recording or photography, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Adam Corbin
Printed full name of participant

Address: 5451 Scholl Rd Marcellena MI 49659

Phone: 231-564-2662

Witness for the undersigned (representative of agency): Justin G. Miller

adam corbin
Signature of participant

10/11/10
Date

Signature of parent (if participant is a minor)

Date

Northwest Michigan Works!

Release of Information Consent

I would like Northwest Michigan Works! to help me look for a job or to help me in other ways to improve my employment outlook.

I understand that Northwest Michigan Works! is a partnership of several organizations. I understand that in order to help me reach my goals, the Northwest Michigan Works! partners need to share among themselves confidential information that I give them about myself. They may also need to share confidential information which I have given any one of the partner agencies in the past. I also understand that the Northwest Michigan Works! partners need to share among themselves confidential information about services provided to me in order to help me reach my goals. The Northwest Michigan Works! partners are:

Adult Education Programs
Child Care Connections
Commission for the Blind
Community Mental Health
Department of Human Services (DHS)
Friend of the Court
Goodwill Industries of Northern Michigan, Inc.
Grand Traverse Band of Ottawa & Chippewa Indians
GTP Industries, Inc.
Little River Band of Ottawa Indians
Little Traverse Bay Band of Odawa Indians
MDLEG Michigan Rehabilitation Service (MRS)
NW MI Council of Governments (COG)
NW Michigan Works! Agency (MWA)
Northwest Michigan Human Services Agency
Senior Community Services Program
TBAISD – Michigan Works! Division
Telamon Corporation
Unemployment Insurance Agency (UIA)

Court Bellaire
School Traverse City High School
Other _____

These Northwest Michigan Works! partner agencies have my permission to share the information described above among themselves.

Adam S. Corbin
Signature

Adam S. Corbin
Printed Name

10/1/10
Date

Parent signature (if child is a minor)

Printed Name

1/1
Date

Prepared by Justin Thorington of Northwest Michigan Works!

Note: If a customer declines to sign this release of information consent, the Northwest Michigan Works! staff person preparing it will make a note at the bottom of the form. The Northwest Michigan Works! staff person will then assist the customer in identifying which of the Northwest Michigan Works! partners the customer would like services from.

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 <u>Colbin</u>	First <u>Adam</u>	Middle Initial <u>S</u>	Maiden Name
Address (Street Name and Number) <u>5456 Scholl RD</u>		Apt. #	Date of Birth (month/day/year) <u>11/14/91</u>
City <u>Marcellona</u>	State <u>MI</u>	Zip Code <u>49659</u>	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.

Adam Colbin
Employee's Signature

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) _____

Date (month/day/year) 10/11/10

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: _____	OR	<u>Operator License</u>	AND	<u>Birth Certificate</u>
Issuing authority: _____		<u>State of Michigan</u>		<u>State of Michigan</u>
Document #: _____		<u>C615031760873</u>		<u>10630455</u>
Expiration Date (if any): _____		<u>11/14/12</u>		
Document #: _____				<u>SS Card</u>
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 <u>Joyce Julian</u>	Print Name <u>Joyce Julian</u>	Title <u>HR Assistant</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>TCAES 412 Webster St. Traverse City, MI 49686</u>		Date (month/day/year) <u>10-11-10</u>

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):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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