

# Youth Build

# Hulett, Collin

Oct - May 2011

#2

YBTC

# Enrollment

## YouthBuild File Paperwork Check

Participant Name: Collin Hulett      Enrolled in WIA:    yes    no  
 Enrollment Date: 10/11/2010      Exit Date: \_\_\_\_\_  
 Age at Enrollment: 17      DOB: 7/25/93

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. <u>7/25/11</u>	
Low Income Verification		✓ <i>Good Assist</i>
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 _____ N/A _____		N/A
Migrant Youth		N/A
Incarcerated Parent		N/A
<b>ADDITIONAL DOCUMENTS</b>		
Math Test (select one) TABE Score <u>410</u> Grade Level <u>4.2</u> Work Keys Score _____		✓
Reading Test (select one) TABE Score <u>617</u> Grade Level <u>12.9</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:** Collin Hulett  
**Cohort:** October 2010  
**Team:** TCAPS 2

\* 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 \* - 11 - Eleventh school grade completed (11 years)

Limited English Proficient  Yes  No

Health Issues  Significant health issues  No significant health issues

**Additional Information**

Other Public Assistance at Enrollment SSI, SSD, SSA  
*To select multiple services, hold the 'CTRL' key and click with mouse* TANF  
Welfare for single adults or general assistance (GA)  
Unemployment insurance  
Food stamps  
Division of AIDS Services Income Support or DAS  
Other government sources  
No Benefits

Specify Other Government Sources of Public Assistance at enrollment

Medical Benefits  Medicaid  
*To select multiple services, hold the 'CTRL' key and click with mouse*  Medicare  
 Private health insurance from work or family member  
 Other  
 None

(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 SSI, SSD, SSA  
*To select multiple services, hold the 'CTRL' key and click with mouse* TANF  
Welfare for single adults or general assistance (GA)  
Unemployment insurance  
Food stamps  
Division of AIDS Services Income Support or DAS  
Other government sources  
No Benefits

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

Medicaid

Medicare

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

Private health insurance from work or family member

Other

None

(If other, please specify)



Logged in as Lisa Anderson

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## ASSESSMENTS & IDP

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

**Collin Hulett** [\(edit\)](#)  
**Cohort:** October 2010  
**Team:** TCAPS 2

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

[Add New Case](#)

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

[Add New Service](#)



[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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# Northwest Michigan YouthBuild Application

www.nwm.org/youthbuild.asp

Due: 09-09-10

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 Hulett First Collin Birth Date 07-25-93 Gender  M  F

Address: 1748 Green lawn drive County Grandtraverse

City, State, Zip Grawn MI 49637 Home Phone (231) 276-9596

Race/ethnicity: AMERICAN Marital Status: Single Cell/pager (231) 360-6069

Monthly Household Income <sup>Care</sup> \$ \_\_\_\_\_ E-mail: Collin\_1300@yahoo.com

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

Dianna Hulett 231-360-9776

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 \_\_\_\_\_

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). \_\_\_\_\_

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: Traverse City High School MI

Dates you attended: 2009-2010 Highest grade you completed: 11th

Why did you drop out of high school? N/A

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 \_\_\_\_\_

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 Autobody present

Did you complete any training programs? YES  NO

If no, please explain first year Autobody

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	<del>NO</del>	Lift Truck	YES	NO
Electrical Wiring	YES	<del>NO</del>	Painting	YES	NO
Sheet Metal	<del>YES</del>	NO	Rough Carpentry	YES	NO
Roofing	YES	<del>NO</del>	Finish Carpentry	YES	NO
Dry Wall	YES	<del>NO</del>	Mechanical Repair	YES	NO
Power Tools	<del>YES</del>	NO	Housing Rehabilitation	YES	NO
Personal Computers	<del>YES</del>	NO	MS Word	YES	NO
Excel	<del>YES</del>	NO	PowerPoint	YES	NO
Web Design	YES	<del>NO</del>	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?	<del>YES</del>	NO	If yes, who is your provider?	_____
Do you have Asthma?	YES	<del>NO</del>	Do you have a fear of heights?	YES <del>NO</del>
Do you have Diabetes?	YES	<del>NO</del>	Are you able to bend, stoop & stand	<del>YES</del> NO
Do you have heart related issues (irregular heartbeat, etc?)	YES	<del>NO</del>	Do you have physical limitations/restrictions?	YES <del>NO</del>
Do you smoke?	YES	<del>NO</del>	Do you have any lifting restrictions?	YES <del>NO</del>
Have you recently had surgery?	YES	<del>NO</del>	Do you have allergies?	YES <del>NO</del>
Are you required to wear eye glasses/contacts?	YES	<del>NO</del>		

If yes, please describe \_\_\_\_\_

When was your most recent physical? \_\_\_\_\_



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: Dianna Hulet Phone number(s) 231 360 8776  
Relationship: MOM  
Name: Todd Carlson Phone number(s) 231 313 0474  
Relationship: Dad

SECTION IX – FINANCIAL INFORMATION

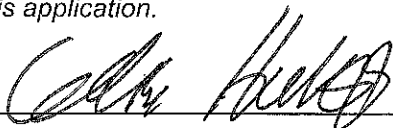
Are you receiving any financial benefits such as food stamps, subsidized housing or others? Yes  No

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:  Date: 09-09-10

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 3<sup>rd</sup> 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**

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.

I want to participate in youth Build because I am trying to save up for college & paying insurance.

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 looking forward to college & need the money to help & I also stay motivated by helping other people.

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

Because I ~~used to~~ am a strong working individual and good motivation to succeed

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.



## Self Attestation Form

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT I Collin Hulett  
Receive food assistance, I am behind in credit

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.

Collin Hulett 10/1/10  
PARTICIPANT SIGNATURE & DATE

Justin G. Young  
CORROBORATING WITNESS SIGNATURE

\_\_\_\_\_  
PARTICIPANT ADDRESS

Teacher  
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


MICHIGAN

GRADUATED DRIVER LICENSE  
H 430 122 367 584

EXPIRES  
07-25-2014

UNDER 18 UNTIL 07-25-2011  
UNDER 21 UNTIL 07-25-2014

COLIN JAMES HULETT  
1748 GREENLAWN DR  
GRAYN MI 49637-9656

	Date of birth	07-25-1993
	Sex	M
	Height	500
	Eyes	BRN
	Hair type	BRN
Endorsements	NONE	

Restrictions: NONE

See back for medical information, anatomical gift

X223311



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

Congratulations, Mr. Hulett.

You are now registered with Selective Service.

Your Selective Service registration number and the date you registered are shown below.

<p><b>Selective Service Number:</b> 9307350281</p> <p><b>Date of Registration</b> 7/27/2011</p>
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You should receive an official acknowledgment card in the mail within 30 days. Until it arrives, please print a copy of this page for your records.

If you would like information on opportunities with the U.S. Armed Forces, click [here](#).

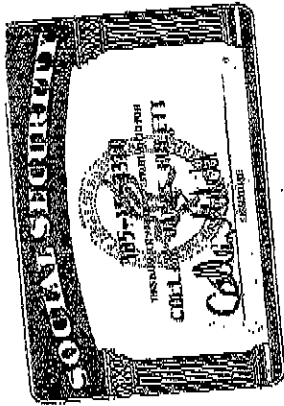


[FAQs](#)

Last Updated: 5/25/2011

©2011 Selective Service System





CERTIFIED COPY OF RECORD OF BIRTH

STATE OF MICHIGAN  
GRAND TRAVERSE COUNTY  
TRAVERSE CITY, MI

I, Virginia A. Watson, 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.

RECORD NUMBER 1072  
DATE OF BIRTH MONTH 07 DAY 25 YEAR 1993  
LAST NAME HULETT  
FIRST NAME COLLIN  
MIDDLE NAME JAMES

SEX MALE  
BIRTH PLACE TRAVERSE CITY  
PARENT FIRST NAME DIANA  
MIDDLE NAME MARIE  
LAST NAME HULETT  
AGE 23  
BIRTH PLACE MICHIGAN

7/30/93 Date Recorded

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

Virginia A. Watson, Clerk  
*Virginia A. Watson* Deputy Clerk

8/25/93

## 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 Dendrinos 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, 5<sup>th</sup> 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

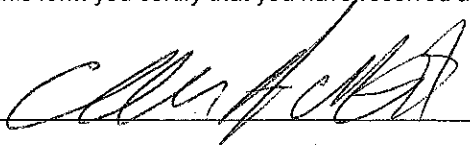
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If you file your complaint with the recipient, the Northwest Michigan Council of Governments/ Northwest Michigan Works!, you must wait until a written Notice or Final Action is issued, or until 90 days have passed (whichever is sooner), before filing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



Date: 10-1-10

**ACKNOWLEDGEMENT OF RECEIPT OF COMPLAINT PROCEDURES**

I Collin Hulett 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 YouthBuild Participant

and that I received a copy of the complaint procedures for the Northwest Michigan Council of Governments/Northwest Michigan Works! programs on 10, 01 10.  
(insert date)

Signature: Collin Hulett

---

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.

Collin James Hulet

Printed full name of participant

Address: 1748 Green lawn drive grawn MI 49637

Phone: 231-276-9596

Witness for the undersigned (representative of agency): \_\_\_\_\_

Collin Hulet

Signature of participant

10-1-10

Date

Danna M. Hulet

Signature of parent (if participant is a minor)

11/16/10

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 \_\_\_\_\_  
School TCHS  
Other \_\_\_\_\_

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

<u>Collin Hulet</u> Signature	<u>Collin Hulet</u> Printed Name	<u>10/1/10</u> Date
<u>Dianna M. Hulet</u> Parent signature (if child is a minor)	<u>Dianna M. Hulet</u> Printed Name	<u>11/16/10</u> 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>Hulett</u>	First <u>Collin</u>	Middle Initial <u>J</u>	Maiden Name <u>Hulett</u>
Address (Street Name and Number) <u>1748 green lawn drive</u>		Apt. #	Date of Birth (month/day/year)
City <u>Grawn</u>	State <u>MI</u>	Zip Code <u>49637</u>	Social Security # <u>385-15-3310</u>

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: _____	OR	<u>Graduated Drivers License</u>	AND	<u>Birth Certificate</u>
Issuing authority: _____		<u>State of Michigan</u>		<u>State of Michigan</u>
Document #: _____		<u>H 430 122367584</u>		<u>1072</u>
Expiration Date (if any): _____		<u>7/25/14</u>		
Document #: _____				
Expiration Date (if any): _____				<u>SS Card</u>

**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) 10-11-10 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/Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>TCAPS 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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**State of Michigan  
Combined Offer of Employment and Work Permit/Age Certificate  
CA-7 for 16 and 17 years of age**

Permit Number for School Use  
(optional)

**Employer Information:**

- The employer must have a completed work permit form on file before a minor begins work.
- The employer must provide competent adult supervision at all times.
- The employer of the minor must comply with federal, state, and local laws and regulations including nondiscrimination against any applicant or employee because of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status, or disability.
- The employer must return the work permit to the issuing officer upon termination of the minor's employment.

Directions: Please type or print using an ink pen. See back of this form for summary of requirements.

**Section I: To be Completed by Minor Applicant and Parent/Guardian**

Name of Minor: <i>Collin Hulet</i>		Address: <i>1748 Greenlawndr</i>		City: <i>Grawn</i>	ZIP: <i>49637</i>
Age: <i>17</i>	Date of Birth Month/Day/Year: <i>07/25/93</i>	Last Four Digits of Social Security Number: <i>3310</i>		Contact Telephone Number for Minor: <i>231-360-6069</i>	
Name of School (present or last attended): <i>Traverse City High School</i>		Address: <i>3962 3 mile rd</i>		City: <i>Traverse</i>	ZIP: <i>49686</i>
School Status (check one): <input checked="" type="checkbox"/> in school <input type="checkbox"/> left school <input type="checkbox"/> home schooled				Last Grade Completed: <i>11th</i>	
Signature of Minor: (x) <i>[Signature]</i>		Name of Parent/Guardian (circle one): <i>Diana Hulet</i>		Parent/Guardian Telephone: <i>231 360 9776</i>	

**Section II: To be Completed by the Employer - Offer of Employment**

Name of Business: <i>TBAISD</i>		Address: <i>1101 Red Drive</i>		City: <i>Traverse City</i>	ZIP: <i>49684</i>
Earliest Starting Time (a.m./p.m.): <i>8:00</i>	Latest Ending Time a.m./p.m.: <i>5:00</i>	Hours per Day: <i>8</i>	Number of Days per Week: <i>5</i>	Total Hours of Employment per Week: <i>40</i>	
Applicant's Job Title: <i>Program Associate</i>	Hourly Wage: <i>—</i>	Job Duties/Tasks to be Performed by Minor: <i>General Maintenance</i>		Equipment/Tools to be Used by Minor: <i>Broom, hammer, hand tools</i>	
Will the minor be working under an existing hours deviation granted by the Michigan Wage & Hour Division? If yes, attach a copy of the approved Michigan hours deviation and retain parent/guardian consent at the work site. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Signature of Employer: (x) <i>Rebecca Nuy</i>		Title: <i>Bookkeeper</i>		Telephone: <i>231 922 10327</i>	Date: <i>6/14/11</i>

**Section III: To be Completed by School's Issuing Officer - Must be Signed by the Issuing Officer to be Valid**

This is to certify that: (1) the minor personally appeared before me, (2) this form was properly completed, (3) listed job duties are in compliance with state and federal laws and regulations, (4) listed hours are in compliance with state and federal laws and regulations, (5) this form was signed by student and employer, and I authorize the issuance of this work permit.	Evidence of Age Confirmed by (issuing officer checks one): <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Arrival in the U.S. <input type="checkbox"/> Driver's License <input type="checkbox"/> Hospital Record of Birth <input checked="" type="checkbox"/> School Record <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Other (describe)		Number of Hours in School per Week, when School is in Session: <i>30</i>
			Number of Hours able to Work while Attending School: <i>18</i>
Name of School District: <i>Traverse City High School</i> Address: <i>3962 3 mile Rd N</i> City, State, ZIP: <i>Traverse City MI</i> Telephone Number: <i>231-933-5860</i>	Printed Name of Issuing Officer: <i>Rose Ann Lawton</i>		Title: <i>Sec</i>
	Signature of Issuing Officer: <i>[Signature]</i>		Issue Date: <i>6/14/11</i>

**Summary of Requirements  
CA-7 MICHIGAN WORK PERMIT AND AGE CERTIFICATE**

**Who Needs a CA-7 Work Permit?** A minor who is 16 or 17 years of age and not specifically exempted from the Youth Employment Standards Act (P.A. 90 of 1978). This completed form permits a minor to be employed only by the employer and at the location listed in Section II. Employers must complete a CA-7 for minors who start employment at 16 years of age. CA-7 Work Permits are valid until a minor turns 18 or graduates, as long as the minor works for the same employer. Home schooled students must be issued a work permit from an authorized issuing officer. Additionally, 16 or 17 year olds currently not attending school who have not met the requirements of graduation, have not obtained a GED, or have not been emancipated by court order must secure a work permit from an authorized issuing officer.

**Who Issues the Work Permit?** The issuing officer is the chief administrator of a school district, intermediate school district, public school academy, or nonpublic school, or a person authorized by that chief administrator, in writing, to act on his/her behalf. A work permit may be issued by the school the minor attends, the school district where the minor resides, or the district where the minor will be employed.

**Employment of Minors:** A person under 18 years of age shall not be employed in, about, or in connection with an occupation which is hazardous or injurious to the minor's health or personal well-being or which is contrary to standards established by state and federal acts, i.e. construction, slicers, motor vehicle operation, power-driven machinery. The minimum age for employment is 14 years except that a minor 15 years of age or older may be employed as a golf or bridge caddy or youth athletic program referee, and a minor 13 years of age or older may be employed in some farming occupations or as a trap-setter. Adult supervision is required.

**Instructions for Completing and Issuing:**

1. The Minor obtains the CA-7 from the Issuing Officer of their school district and completes Section I.
2. The Minor takes the form to the prospective Employer who completes Section II.
3. The Issuing Officer verifies the age of Minor using the best available evidence and ensures compliance with state and federal laws and regulations.
4. The Work Permit is issued by the Issuing Officer signing and dating the form in Section III.
5. The Issuing Officer makes a copy for the school file and gives the original to the Minor to return to the Employer.
6. The Minor returns the completed original form to the Employer before beginning work.

The failure or refusal to issue a work permit by the school may be appealed by the minor in accordance with Public Act 306 of 1969.

**Employer's Responsibilities:** The issuance of a work permit does not authorize employment of minors contrary to state or federal laws and regulations.

- Must have a completed work permit form before a minor begins work.
- Shall keep the original work permit form and any approved deviation with parental consent on file at the place of employment.
- Must provide competent adult supervision at all times.
- Must comply with federal, state, and local laws and regulations including nondiscrimination against any applicant or employee because of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status, or disability.
- Records required by Public Act 90 of 1978, as amended, will be maintained and made available for inspection by an authorized representative of the department.
- Must return the work permit to the issuing officer upon termination of the minor's employment.
- Must post required work place posters at work site; posters may be downloaded at [www.michigan.gov/wagehour](http://www.michigan.gov/wagehour).

**Issuing Officer's Responsibilities:** A copy of the CA-7 and any Michigan Department of Labor & Economic Growth deviation forms shall be filed in the minor's permanent school file. Work permits shall not be issued if the work is hazardous, information is incomplete, or if the minor's employment is in violation of state or federal laws and regulations.

**Hours of Work:** Minors 16 years of age and older may work:

1. 6 days in 1 week.
2. A weekly average of 8 hours per day.
3. 10 hours in one day.
4. 48 hours in 1 week, school and work combined.
5. Not more than 5 hours continuously without a 30 minute uninterrupted meal or rest period.
6. Between 6:00 a.m. and 10:30 p.m.
7. Until 11:30 p.m. Friday and Saturday, and when not regularly attending school, i.e., summer vacation.

**Hours Deviations:** At any time an employer may apply through the Michigan Wage & Hour Division for a General Hours or an Individual Hours Deviation allowing the minor to work beyond the legal hours of employment allowed by the act.

**Michigan Youth Employment Standards Act (P.A. 90 of 1978):** For information about the law, rules, and regulations contact the Michigan Department of Labor & Economic Growth, Wage & Hour Division; PO Box 30476, Lansing, MI, 48909, phone 517/322-1825 [www.michigan.gov/wagehour](http://www.michigan.gov/wagehour) or for questions regarding work permits; contact the Office of Career and Technical Preparation, PO Box 30712, Lansing, MI, 48909, phone 517/373-3373, [www.michigan.gov/octp](http://www.michigan.gov/octp) and click on 'Career Preparation System', then select 'Work Based Learning Guide For Risk Management' and go to section 6.

**Federal Fair Labor Standards Act:** For information about federal child labor provisions contact the U.S. Department of Labor, Wage and Hour Division, at 1-866-4USWAGE or [www.youthrules.gov](http://www.youthrules.gov).

**Revocation of Permit:** A permit may be revoked by the school issuing officer if: (1) poor school attendance results in a level of school work lower than that prior to beginning employment or (2) the Michigan Department of Labor & Economic Growth/U.S. Department of Labor informs the school of an employer's violations of state or federal laws or regulations. Any minor who has a permit revoked shall be informed of the appeal process by the school.



**State of Michigan  
Combined Offer of Employment and Work Permit/Age Certificate  
CA-7 for 16 and 17 years of age**

Permit Number for School Use  
(optional)

**Employer Information:**

- The employer must have a completed work permit form on file before a minor begins work.
- The employer must provide competent adult supervision at all times.
- The employer of the minor must comply with federal, state, and local laws and regulations including nondiscrimination against any applicant or employee because of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status, or disability.
- The employer must return the work permit to the issuing officer upon termination of the minor's employment.

Directions: Please type or print using an ink pen. See back of this form for summary of requirements.

**Section I: To be Completed by Minor Applicant and Parent/Guardian**

Name of Minor: <i>Collin Hulett</i>		Address: <i>1748 Greenbush</i>		City: <i>Green</i>	ZIP: <i>49637</i>
Age: <i>17</i>	Date of Birth Month/Day/Year: <i>07/25/93</i>	Last Four Digits of Social Security Number: <i>3310</i>		Contact Telephone Number for Minor: <i>231-360-6069</i>	
Name of School (present or last attended): <i>Traverse City High School</i>		Address: <i>39623 mile rd</i>		City: <i>Traverse</i>	ZIP: <i>49686</i>
School Status (check one): <input checked="" type="checkbox"/> in school [ ] left school [ ] home schooled				Last Grade Completed: <i>11th</i>	
Signature of Minor: (x) <i>Collin Hulett</i>		Name of Parent/Guardian (circle one): <i>Diana Hulett</i>		Parent/Guardian Telephone: <i>231-360-9776</i>	

**Section II: To be Completed by the Employer - Offer of Employment**

Name of Business: <i>TBAISD</i>		Address: <i>1101 Red Drive</i>		City: <i>Traverse City</i>	ZIP: <i>49684</i>
Earliest Starting Time (a.m./p.m.): <i>8:00</i>	Latest Ending Time a.m./p.m.): <i>5:00</i>	Hours per Day: <i>8</i>	Number of Days per Week: <i>5</i>	Total Hours of Employment per Week: <i>40</i>	
Applicant's Job Title: <i>Program Associate</i>	Hourly Wage: <i>/</i>	Job Duties/Tasks to be Performed by Minor: <i>General Maintenance</i>		Equipment/Tools to be Used by Minor: <i>Broom, hammer, hand tools</i>	
Will the minor be working under an existing hours deviation granted by the Michigan Wage & Hour Division? If yes, attach a copy of the approved Michigan hours deviation and retain parent/guardian consent at the work site.				<input checked="" type="checkbox"/> No [ ] Yes	
Signature of Employer: (x) <i>Rebecca Nuy</i>		Title: <i>Bookkeeper</i>		Telephone: <i>231-922-1327</i>	Date: <i>6/14/11</i>

**Section III: To be Completed by School's Issuing Officer - Must be Signed by the Issuing Officer to be Valid**

This is to certify that: (1) the minor personally appeared before me, (2) this form was properly completed, (3) listed job duties are in compliance with state and federal laws and regulations, (4) listed hours are in compliance with state and federal laws and regulations, (5) this form was signed by student and employer, and I authorize the issuance of this work permit.	Evidence of Age Confirmed by (issuing officer checks one): <input type="checkbox"/> Birth Certificate [ ] Certificate of Arrival in the U.S. <input type="checkbox"/> Driver's License [ ] Hospital Record of Birth <input checked="" type="checkbox"/> School Record [ ] Baptismal Certificate <input type="checkbox"/> Other (describe)	Number of Hours in School per Week, when School is in Session: <i>30</i>
		Number of Hours able to Work while Attending School: <i>18</i>
Name of School District: <i>Traverse City High School</i>	Printed Name of Issuing Officer: <i>Rose Ann Lautner</i>	Title: <i>Sec</i>
City, State, ZIP: <i>39623 mile rd N Traverse City MI 231-933-5860</i>	Signature of Issuing Officer: <i>Rose Ann Lautner</i>	Issue Date: <i>6/14/11</i>