

Youth Build

Hulett, Collin

Oct - May 2011

#2

YBTC

Leadership

Other

Employment Questionnaire for YouthBuild TCAPS Post Program Planning (updated 7/24/11)

Name Collin J Hulett Birth Date 7-25-93

Street Address: 1748 Green Lawn Dr PO Box _____

City, State, Zip Grawn, MI 49637 County GT

Home Phone (231) 276-9596 Cell (231) 360-6069

Email Address: N/A Are you on Facebook? yes no

Children: yes no number: N/A If yes, do you have daycare? yes no Please describe N/A

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

Do you have a valid driver's license? yes no If no, why not? N/A

How far from your home are you willing and able to travel for work? 15-20 miles

Do you have access to transportation for a job? Please explain: yes - mom can drive him

Complete all that apply:

Youth offender (explain) N/A

Adult offender (explain) N/A Do you have outstanding court fines? If yes, how much? NO

I have a physical or mental disability that may prevent me from doing certain jobs: yes no (If yes, please explain) N/A

IMPORTANT - Please list three individuals who can always reach you. Include home, cell, and work phone numbers.

Name: Diana Hulett Relationship to you: Mom

Phone number(s) 231 360-9776

Email address: N/A

Name: Caleb Leatz Relationship to you: Cousin

Phone number(s) 231 640-0027

Email address: N/A

Name: Jacki Hulett Relationship to you: Grand ma

Phone number(s) 231 946-6158

Email address: N/A

Work Information

In order of preference, list three types of work you are qualified to do this summer in your order of preference:

1. server 2. cashier 3. Auto body

How many hours per week are you available to work? 30 Are you returning to school this fall? yes

If returning to school, do you hope to keep working PT? yes no

Employers Within Your Transportation Range

Name of Employer: Chili's

Position Desired: _____ Wage (if known) _____

Application Completed? _____ Date Submitted: _____

What were you told about any job openings? _____

Name of Employer: Apple Bees

Position Desired: _____ Wage (if known) _____

Application Completed? _____ Date Submitted: _____

What were you told about any job openings? _____

Name of Employer: Red Lobster

Position Desired: _____ Wage (if known) _____

Application Completed? _____ Date Submitted: _____

What were you told about any job openings? _____

Name of Employer: Cracker Barrel

Position Desired: _____ Wage (if known) _____

Application Completed? _____ Date Submitted: _____

What were you told about any job openings? _____

Name of Employer: _____

Position Desired: _____ Wage (if known) _____

Application Completed? _____ Date Submitted: _____

What were you told about any job openings? _____

COPY



TractorSupply.com

As an equal opportunity employer
Tractor Supply Company values diversity

★ EMPLOYMENT APPLICATION ★

★ PERSONAL ★			DATE OF APPLICATION 7 / 28 / 11	
LAST NAME Hu Lett		FIRST NAME Collin		MIDDLE INITIAL J
PRESENT ADDRESS 1748 Green Lawn Drive				COUNTY GT
CITY Grawn		STATE Mi	ZIP 49637	HOW LONG? 18 yrs
HOME PHONE (731) 276-9596		WORK PHONE (731) 360-6069		ARE YOU 18 YEARS OR OLDER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

★ QUALIFICATIONS ★				
TYPE OF WORK DESIRED <input checked="" type="checkbox"/> STORE/SALES <input type="checkbox"/> SSC/OFFICE <input type="checkbox"/> DC/WAREHOUSE <input type="checkbox"/> OTHER (PLEASE EXPLAIN)				
DATE I CAN START 8 / 1 / 11		I AM AVAILABLE <input checked="" type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL WORK		IF PART-TIME, HOW MANY HOURS PER WEEK? NA
I WILL BE AVAILABLE TO WORK DAYTIME HOURS <input checked="" type="checkbox"/> MON <input checked="" type="checkbox"/> TUES <input checked="" type="checkbox"/> WED <input checked="" type="checkbox"/> THUR <input checked="" type="checkbox"/> FRI <input checked="" type="checkbox"/> SAT <input checked="" type="checkbox"/> SUN			I WILL BE AVAILABLE TO WORK EVENING HOURS <input checked="" type="checkbox"/> MON <input checked="" type="checkbox"/> TUES <input checked="" type="checkbox"/> WED <input checked="" type="checkbox"/> THUR <input checked="" type="checkbox"/> FRI <input checked="" type="checkbox"/> SAT <input checked="" type="checkbox"/> SUN	
HAVE YOU EVER BEEN EMPLOYED BY TRACTOR SUPPLY COMPANY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHERE? NA		UNDER WHAT NAME? NA
NAMES AND LOCATION OF RELATIVES EMPLOYED BY TRACTOR SUPPLY COMPANY (COMPANY POLICY PROHIBITS THE EMPLOYMENT OF RELATIVES IN THE SAME UNIT.) NA				
ARE YOU EMPLOYED NOW? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR EMPLOYER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY ELIGIBLE TO WORK IN THIS COUNTRY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
WOULD YOU BE WILLING TO RELOCATE IF NECESSARY (MANAGEMENT ONLY)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

★ SKILLS ★	
PLEASE INDICATE SKILLS IN THE FOLLOWING AREA THAT MIGHT FURTHER QUALIFY YOU FOR A POSITION WITH TRACTOR SUPPLY COMPANY.	
RETAIL/SALES/CUSTOMER SERVICE:	Personable, easy going
FARMING/WELDING/EQUINE:	mig welding, spot welding, Arc welding
WAREHOUSE/MATERIAL HANDLING EQUIPMENT:	NA
OFFICE:	Microsoft word, Microsoft power point, Audacity
OTHER:	

★ WORK HISTORY ★					PLEASE COMPLETE FULLY. RESUME DOES NOT SUBSTITUTE FOR COMPLETING THIS INFORMATION.					
COMPANY NAME (Current or Most Recent) Youth Build		ADDRESS 890 Parsons			NAME AND TITLE OF SUPERVISOR Glen Blackford					
DATES EMPLOYED (MO/YR) FROM TO 09-11 08-11		WAGE RATE			POSITION Construction pre-apprentice		PHONE 731 631-2231		REASON FOR LEAVING	
COMPANY NAME JD Construction		ADDRESS			NAME AND TITLE OF SUPERVISOR John Desmond					
DATES EMPLOYED (MO/YR) FROM TO 06-11 06-11		WAGE RATE 11 hr			POSITION trainee		PHONE		REASON FOR LEAVING Return to Youth Build	
COMPANY NAME		ADDRESS			NAME AND TITLE OF SUPERVISOR					
DATES EMPLOYED (MO/YR) FROM TO		WAGE RATE			POSITION		PHONE		REASON FOR LEAVING	
COMPANY NAME		ADDRESS			NAME AND TITLE OF SUPERVISOR					
DATES EMPLOYED (MO/YR) FROM TO		WAGE RATE			POSITION		PHONE		REASON FOR LEAVING	

★ EDUCATION ★

TYPE OF SCHOOL - NAME	ADDRESS	YEARS ATTENDED	COURSE/DEGREE	DID YOU GRADUATE?
HIGH SCHOOL TCHS	3962 N Three Mile Rd	4		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO
TRADE, BUSINESS OR CORRESPONDENCE Youth Build	890 Parsons Rd	1	Construction pre-apprentice	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER TBA - ISD	880 Parsons Rd	2	Auto-body	<input type="checkbox"/> YES <input type="checkbox"/> NO
MILITARY SERVICE	BRANCH	DUTIES		

★ REFERENCES ★

PLEASE LIST INDIVIDUALS YOU HAVE WORKED FOR OR WITH AND HAVE KNOWN FOR AT LEAST TWO YEARS (DO NOT INCLUDE RELATIVES OR PERSONAL REFERENCES).

NAME	ADDRESS	CITY, STATE, ZIP	PHONE
Glenn Blackford	5201 Cedar Valley Rd TC, MI 49684	TC, MI	631-2231
Joe Parent	890 Parsons Rd	TC, MI	357-4267
Scott Kamps		Grand Rapids, MI	269-792-6960

NOTE TO APPLICANT: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS FOR THE JOB FOR WHICH YOU ARE APPLYING.

ARE YOU CAPABLE OF SATISFACTORILY PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

HOW DID YOU LEARN ABOUT TRACTOR SUPPLY COMPANY? NEWSPAPER JOB/CAREER FAIR WALK IN WEB SITE _____
 OTHER _____ AGENCY _____ EMPLOYEE REFERRAL _____

★ AUTHORIZATION ★

I UNDERSTAND THAT, IF OFFERED EMPLOYMENT WITH TRACTOR SUPPLY COMPANY, I WILL BE SUBJECT TO A DRUG/ALCOHOL TEST AND BACKGROUND CHECK. I ALSO UNDERSTAND THAT ANY OFFER OF EMPLOYMENT MADE BY TRACTOR SUPPLY COMPANY IS CONTINGENT UPON MY SUCCESSFULLY PASSING SAID DRUG/ALCOHOL TEST AND THE RECEIPT OF ACCEPTABLE BACKGROUND INFORMATION THAT MEETS THE COMPANY'S EXPECTATIONS. I UNDERSTAND THAT FAILURE TO PASS THE DRUG/ALCOHOL TEST AND/OR BACKGROUND CHECK RESULTS THAT DO NOT MEET THE COMPANY'S EXPECTATIONS WOULD DISQUALIFY ME FROM EMPLOYMENT AND WILL RESULT IN ANY JOB OFFER BEING WITHDRAWN.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS, OMISSIONS, AND/OR MISREPRESENTATIONS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE TRACTOR SUPPLY COMPANY ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING UNLESS IT IS IN WRITING AND SIGNED BY AN OFFICER OF TRACTOR SUPPLY COMPANY.

I UNDERSTAND THAT TRACTOR SUPPLY COMPANY OPERATES UNDER THE CONCEPT OF "EMPLOYMENT AT WILL" AND THAT, IF OFFERED EMPLOYMENT WITH THE COMPANY, I WILL HAVE THE RIGHT TO END MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE AND THE COMPANY WILL HAVE THE SAME RIGHT. I UNDERSTAND THAT THIS POLICY CAN NOT BE ALTERED FOR ANY REASON BY ANY COMPANY REPRESENTATIVE AND THAT NO STATEMENTS MADE IN PRE-HIRE INTERVIEWS OR DISCUSSIONS OR INFORMATION CONTAINED IN ANY RECRUITING MATERIALS ALTER THE AT WILL NATURE OF EMPLOYMENT.

DATE 7-28-11 SIGNATURE Colleen H. H.

TRACTOR SUPPLY COMPANY DOES NOT REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. IT IS UNLAWFUL IN CERTAIN STATES TO REQUIRE OR ADMINISTER LIE DETECTOR TESTS AS A CONDITION OF EMPLOYMENT, AND IN CERTAIN STATES EMPLOYERS WHO VIOLATE THOSE LAWS MAY BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

TRACTOR SUPPLY COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND WILL NOT DISCRIMINATE IN EMPLOYMENT AGAINST ANY PERSON ON THE BASIS OF AGE, SEX, RACE, COLOR, NATIONAL ORIGIN, RELIGION, DISABILITY, MILITARY STATUS, CITIZENSHIP, PREGNANCY, GENETIC INFORMATION OR OTHER LEGALLY PROTECTED STATUS. THIS POLICY APPLIES TO ALL TERMS, CONDITIONS AND PRIVILEGES OF EMPLOYMENT AND ALL POLICIES OF TRACTOR SUPPLY COMPANY.

Employers Within Your Transportation Range

Name of Employer: Tractor Supply
Position Desired: General labor Wage (if known) ?
Application Completed? 7/28/11 Date Submitted: 7/28/11
What were you told about any job openings? job openings are available

Name of Employer: Wendys
Position Desired: Food service Wage (if known) ?
Application Completed? 7/29/11 Date Submitted: 7/29/11
What were you told about any job openings? not hiring

Name of Employer: Cinema (outlet mall)
Position Desired: _____ Wage (if known) ?
Application Completed? 7/29/11 Date Submitted: Collin handed in Resume
What were you told about any job openings? taking applications

Name of Employer: Cherry Growers
Position Desired: General labor Wage (if known) _____
Application Completed? 7/28/11 Date Submitted: 7/28/11
What were you told about any job openings? ?

Name of Employer: _____
Position Desired: _____ Wage (if known) _____
Application Completed? _____ Date Submitted: _____
What were you told about any job openings? _____

Name of Employer: _____
Position Desired: _____ Wage (if known) _____
Application Completed? _____ Date Submitted: _____
What were you told about any job openings? _____



Résumé Tracking Sheet

Keep track of your résumé submissions. Use this sheet instead of sticky notes or loose notebook paper. This sheet will be a helpful tool to begin building a network of contacts or just stay better organized.

To download another sheet like this one, go to: www.NVMichWorks.org. > "Job Seeker Services"

www.NVMichWorks.org

Service Centers: **Cadillac** 775-3408 **Kalkaska** 887-4448 **Manistee** 723-2535 **Petoskey** 347-5150 **Traverse City** 922-3700

Date submitted	Company submitted to	For what position	Submitted online	Submitted via mail	Follow up with (person)	Phone number	Email address	Were you "find the job (paper site)?"	Sent "thank you"
1/28/11	Tractor Supply	General labor						Newspaper	NA

This is a sampling of the many job sites on the Internet. You are not limited by this list. To find other sites go to www.yahoo.com or www.google.com and search for jobs by location (town/state):

www.nichworks.org | www.hofjobs.com | www.dice.com | www.job.com
www.careers.rnsn.com | www.indeed.com | www.monster.com | www.jobstet.com
www.bluecollarcrossing.com | www.michigan.gov/careers | www.worktree.com | www.manufacturingmvp.com
www.careerbuilder.com | www.thingamajob.com | <http://nmtl.org/raigslist.org/> | www.bluecollarjobs.com | www.linkedin.com (networking) | www.ontargetjobs.com

Check Our Website for Links to Local Employers, Temp Agencies/Recruiters & Research:
www.NVMichWorks.org
 Click on: "Job Seeker Services"

Remember to re-activate your résumé on The Talent Bank every 30 days.

YouthBuild Participant Transition Plan

Name: Collin Hukett

Employment Goal: Working with people
inside work

Steps: Apply at Rico's Pantry shelf
Glen's, Menard's
Cracker barrel, Red Lobster, Applebee's

Education Goal: Finish high school
Back to the high

Steps: ↑ attendance good

Transportation Status: Has D.L.

Steps: No access to car
Would walk, won't ride bike

Housing Status: Living w/ Mom (stable)

Steps:

Clothing or other Supportive Service Needs:

Call for help w/ uniforms if necessary

Steps:

Personal documentation (birth certificate, social security card, state id or other picture id):

Has d.o.b. does not carry h.s. card
mom Has

Steps:

Financial (bank and or checking account):

Has savings account

Steps:

Needs to check to see if still open

Other Barriers:

Steps:

Employment Questionnaire for YouthBuild TCAPS Post Program Planning (updated 7/24/11)

Name Collin J Hulett Birth Date 7-25-93

Street Address: 1748 Green Lawn Dr PO Box _____

City, State, Zip Grawn, Mi 49637 County GT

Home Phone (231) 276-9596 Cell (231) 360-6069

Email Address: N/A Are you on Facebook? yes no

Children: yes number: N/A If yes, do you have daycare? yes no Please describe N/A

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

Do you have a valid driver's license? yes no If no, why not? N/A

How far from your home are you willing and able to travel for work? 15-20 miles

Do you have access to transportation for a job? Please explain: yes - mom can drive him

Complete all that apply:

Youth offender (explain) N/A

Adult offender (explain) N/A Do you have outstanding court fines? If yes, how much? NO

I have a physical or mental disability that may prevent me from doing certain jobs: yes no (If yes, please explain)
N/A

IMPORTANT - Please list three individuals who can always reach you. Include home, cell, and work phone numbers.

Name: Diana Hulett Relationship to you: Mom

Phone number(s) 231 360-9776

Email address: N/A

Name: Caleb Lentz Relationship to you: Cousin

Phone number(s) 231 640-0027

Email address: N/A

Name: Jacki Hulett Relationship to you: Grand ma

Phone number(s) 231 946-6158

Email address: N/A

Work Information

In order of preference, list three types of work you are qualified to do this summer in your order of preference:

1. server 2. cashier 3. Auto body

How many hours per week are you available to work? 30 Are you returning to school this fall? yes

If returning to school, do you hope to keep working PT? yes no

Employers Within Your Transportation Range

Name of Employer: Chili's

Position Desired: _____ Wage (if known) _____

Application Completed? _____ Date Submitted: _____

What were you told about any job openings? _____

Name of Employer: Apple Bees

Position Desired: _____ Wage (if known) _____

Application Completed? _____ Date Submitted: _____

What were you told about any job openings? _____

Name of Employer: Red Lobster

Position Desired: _____ Wage (if known) _____

Application Completed? _____ Date Submitted: _____

What were you told about any job openings? _____

Name of Employer: Cracker Barrel

Position Desired: _____ Wage (if known) _____

Application Completed? _____ Date Submitted: _____

What were you told about any job openings? _____

Name of Employer: _____

Position Desired: _____ Wage (if known) _____

Application Completed? _____ Date Submitted: _____

What were you told about any job openings? _____

**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 Hewlett</i>		Address: <i>1748 Greenlaw Dr</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>49685</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>Collin Hewlett</i>		Name of Parent/Guardian (circle one): <i>Diana Hewlett</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>231-922-1327</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 <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>	Printed Name of Issuing Officer: <i>Rose Ann Lautner</i>	Title: <i>Sec</i>
City, State, ZIP: <i>3962 3 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>

Worksite # _____
For Office Use Only

*** EMERGENCY INFORMATION SHEET ***

Date June 10

Name Collin Hullett

1748 Green Lawn Dr Green MI 49637
(Address) (City) (Zip)

Phone # 231 276 9596 Birthdate 07 25 93 Age 17

Emergency Contact Person Diana Hullett MOM
(Relationship)

Phone # 231 276 9596 360 6069 933 5089 ^{work}
(Home) (Business)

Emergency Contact Person Amy Brooks ACMA
(Relationship)

Phone # 231-642 1397
(Home) (Business)

Family Doctor Dr. Smith Phone# _____

Hospital Preference MMC

If you have any medical conditions listed below please check the appropriate spaces.

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures	<input type="checkbox"/> Skin Allergies
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Hearing Problem	<input type="checkbox"/> Food Allergies (Be specific) _____
<input checked="" type="checkbox"/> Asthma	<input type="checkbox"/> Vision Problem	_____
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Speech Problem	Other Allergies (Be specific) _____
<input type="checkbox"/> Back Problems	<input type="checkbox"/> Bee Sting Allergies	_____

Are you allergic to any medications? Yes No Are you currently taking any medications? Yes No

If yes, please list _____ If yes, please list _____

Other Pertinent Information _____

The information on this form is confidential and is collected only for the purpose of insuring the health and safety of each and every worker on the Work Experience Program.

Please keep this form at your worksite in case of an emergency

Request for Taxpayer Identification Number and Certification

Give form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return) <i>Collin Hulett</i>	
Business name, if different from above	
Check appropriate box: <input checked="" type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) <i>1748 green lawn Dr</i>	Requester's name and address (optional)
City, state, and ZIP code <i>Green MI 49637</i>	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number <i>385 15 3310</i>
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ <i>Collin Hulett</i>	Date ▶ <i>June 9 2011</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

YouthBuild Program Participant Handbook Acknowledgment

By signing below, I acknowledge that:

1. I have received a copy of the **YouthBuild Program Participant Handbook**.
2. I was presented with all the information in the handbook and had the opportunity to ask questions concerning its content.
3. If I have future questions regarding any of this information, I will contact my YouthBuild supervisor.
4. I will adhere to all YouthBuild policies and procedures.
5. The policies and procedures contained in this handbook are subject to change.
6. Failure to fulfill these responsibilities could result in early termination of my participation in the YouthBuild Program.
7. My signature on this document indicates my full consent to adhere to the terms, conditions and policies contained in the handbook.

Additionally, I agree that upon completion of the summer extension, I will work independently within the context of the YB program in pursuit of outside employment and/or college, vocational training, or military admission. This will include completion of both career development and post secondary preparatory computer programs, filling out financial aid information, admission applications and scheduling informational interviews OR filling out job applications, preparing for interviews, and making interview arrangements with potential employers.

YB Participant Name: _____

Collin Hullett

(Please Print)

YB Participant Signature: _____

Collin Hullett

Today's Date: _____

June 10

YB Staff Signature and Title: _____

Kim Grice - YB mgr.

**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: Collin Mulett		Address: 1748 Greenlawn Dr.		City: Grand	ZIP: 49637
Age: 17	Date of Birth Month/Day/Year: 7/25/93	Last Four Digits of Social Security Number: 3310		Contact Telephone Number for Minor: 276-9596	
Name of School (present or last attended): TCHS		Address: 3962 N. 3 mile rd.		City: Traverse City	ZIP: 49686
School Status (check one): <input checked="" type="checkbox"/> in school <input type="checkbox"/> left school <input type="checkbox"/> home schooled				Last Grade Completed: 11	
Signature of Minor: (x) <i>[Signature]</i>		Name of Parent/Guardian (circle one): Diana Mulett		Parent/Guardian Telephone: 366-9776	

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

Name of Business: Traverse City Area Public Schools		Address: 412 Webster Street		City: Traverse City	ZIP: 49686
Earliest Starting Time a.m./p.m.: 8:00	Latest Ending Time a.m./p.m.: 5:00	Hours per Day: 5	Number of Days per Week: 5	Total Hours of Employment per Week: 25	
Applicant's Job Title: YouthBuild Assistant	Hourly Wage: 7.40	Job Duties/Tasks to be Performed by Minor: Building materials		Equipment/Tools to be Used by Minor: Shovels, hammers	
Will the minor be working under an existing hours deviation granted by the Michigan Wage & Hour Division? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach a copy of the approved Michigan hours deviation and retain parent/guardian consent at the work site.					
Signature of Employer: (x) <i>[Signature]</i>		Title: Program Coordinator		Telephone: 933-5895	Date: 9/14/10

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: 30
			Number of Hours able to Work while Attending School: 18
Name of School District: Traverse City Area Public Schools	Printed Name of Issuing Officer: Roseann Lautner		Title: asst
Address: 3962 Three mile rd school	Signature of Issuing Officer: <i>[Signature]</i>		Issue Date: 11/16/10
City, State, ZIP: Traverse City MI 49686	Telephone Number: 231-933-5860		

**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, including 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.

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 517/322-1821; www.michigan.gov/wagehour or for questions regarding work permits; contact the Office of Career and Technical Preparation, P.O. Box 30714, Lansing, MI, 48909, phone 517/373-3373, www.michigan.gov/octp and click on 'Career Preparation System', then select 'Work Base 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.

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 inform 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.

REGISTRATION FOR THE YOUTH PROGRAM OF THE WORKFORCE INVESTMENT ACT
 Department of Labor and Economic Growth - Bureau of Workforce Transformation

THIS INFORMATION IS REQUIRED BY PUBLIC LAW 105-200 OF AUGUST 7, 1998, TO DETERMINE PROGRAM ELIGIBILITY AND/OR MEET FEDERAL REPORTING REQUIREMENTS. THE DEPARTMENT OF LABOR AND ECONOMIC GROWTH WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP ON THE BASIS OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, DISABILITY OR POLITICAL BELIEFS.

Last Name: Hulet First Name: Collin MI: J
 Address: 1748 Green Lawn Drive City: Grand Haven State: MI Zip: 49437
 Phone: (231) 276-9596 County: Grand Haven Alternate Contact Name: Dianna Hulet
 Alternate Phone: (231) 360-9776 Birth Date: 07/25/1993 Social Security #: 385-15-3310

Personal Characteristics
 Gender (M/F): M
 Hispanic/Latino (Y/N): N
 Racial Group: (check all that apply)
 African American: _____
 American Indian/Alaskan Native: _____
 Asian: _____
 Hawaiian Native/Other Pacific Islander: _____
 White: X
 Disability (Y/N): N
 Citizen (US/Eligible. Non) (Y/N): Y
 Selective Service Registered (Y/N or NA): _____
 Veterans Status (select one)
 Yes, Equal to, Less Than 180 Days: _____
 Yes, Eligible Veteran: _____
 Yes, Other Eligible Person: _____ No: _____
 Campaign Veteran (Y/N): _____
 Disabled Veteran (Select one): Yes _____
 Yes Special Disabled: No
 Recently Separated Veteran (Y/N): _____
 Employment at Registration (select one)
 Employed: _____
 Employed but Received Notice of Termination or Military Separation: _____
 Not Employed: X
 Wages per hour Prior Six Months: _____
 Unemployment Compensation Programs (select one)
 Eligible claimant referred by WPRS: _____
 Eligible claimant not referred by WPRS: _____
 Exhaustee: _____
 Neither claimant nor exhaustee: X
 Migrant/Seasonal Status
 Not a Migrant/Seasonal Farmworker: X
 Seasonal Farmworker: _____
 Seasonal Farmworker - Field Worker Only: _____
 Migrant Farmworker: _____
 Migrant Farmworker - Field Worker Only: _____
 Migrant Food Processor: _____
Dislocated Worker Section
 Date of Dislocation: _____
 Has Notice or is Terminated or Laid-off from employment (Y/N): _____ and is Eligible for or Exhausted Unemployment compensation (Y/N): _____ or

Assistance Information
 Income (annual): \$ _____
 Family Size: 3
 TANF (Y/N): _____
 General Assistance (GA), Refugee Assistance (RCA), or Supplemental Security Income (SSI) (Y/N): _____
 Food Assistance (Y/N): _____
 Pell Grant (Y/N): _____
 Disaster Relief Assistance (NEG Only): _____
 Low Income (Y/N): _____
 5% Funding: _____
Barriers to Employment
 Limited English Language Proficiency (Y/N) _____ (not for eligibility)
 Single Parent (Y/N): _____
 Foster Child (Y/N): _____
 Homeless (Y/N): _____
 Runaway Youth (Y/N): _____
 Offender (Y/N): _____
 Pregnant or Parenting Youth (Y/N): _____
 Youth-Needs Special Assistance (Y/N): _____
 Behind a Grade Level (Y/N): _____
 Other Barrier (Y/N): _____ (5% window low income is no)
 If YES, Barrier: _____
Education
 Education Level:
 No school grades completed: 11
 Number of elementary/secondary school grades completed (1-12): 11
 High School Graduate _____
 Certificate of Equivalency or (GED): _____
 One Year Post HS: _____
 Two Years Post HS: _____
 Three Years Post HS: _____
 Bachelor's Degree or equivalent: _____
 Education beyond the Bachelor's degree: _____
 No formal Education: _____
 Attained certificate of attendance/completion: _____
 Attained other post-secondary degree or certification: _____
 Attained Associates degree or diploma: _____
 Education Status at Registration (Select the one that applies)
 Student, High School or less: _____
 Student, Attending Post High School: _____
 Not Attending School, High School Dropout: _____
 Not Attending School, HS Graduate: _____
 Student Alternative School: X

Meets One-Stop Center Attachment to Workforce (Y/N) Y and is Unlikely to Return to Prior Industry or Occupation (Y/N) Y or Has Notice or is Terminated or Laid-off from employment Due to Plant, Facility, or Enterprise Closure (Y/N) Y or Employed at Facility Announced to Close within 180 Days (Y/N) Y or Self-employed but Unemployed because of General Economic Conditions or Natural Disaster (Y/N) Y or A Displaced Homemaker (Y/N) Y or Employed at Facility Announced to Close, No Date (Y/N) Y

Enrolled in Education (Y/N) Y
 Basic Literacy Skills Deficiency (Y/N): _____
 English Reading Grade Level: _____
 OR Test Score: _____, Name and Test Form

 Math Grade Level: _____
 OR Test Score: _____, Name and Test Form

 Regional Skills Alliance Participant (Y/N) Y
 Dislocated Worker Scholarship Participant (Y/N) Y
 Career Advancement Account (Y/N) Y

CERTIFICATION: READ CAREFULLY. I certify that I have reviewed this application and that the information given is true to the best of my knowledge. I am aware that the information I have provided is subject to review and certification and I may have to provide documents to support this application. I understand the refusal to provide requested documents may result in my termination from the program. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud or perjury. I allow release of this information for verification purposes and understand it will be used to determine eligibility.

Are you related to anyone involved in the administration of the WIA program in the State of Michigan? (Y/N) Y
 If Y (Yes), indicate name and county, or agency and relationship: _____

WIA Registration Date: ___ / ___ / ___

Applicant Signature: Cedric M. White

Intake Worker Signature: _____ Date: ___ / ___ / ___ Eligible: Yes No

Comments / Notes:

