

Youth Build

Olman, Robert

Oct - May 2011

#2

YBTC

Enrollment

YouthBuild File Paperwork Checklist

12/11/2008

Participant Name: Olman Robert Enrolled in WIA: (yes) no
 Enrollment Date: 10/1/2010 Exit Date: _____
 Age at Enrollment: 18 DOB: 2/12/1992

| 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 | | ✓ |
| 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) | | |
| Offender Verification Adult ____ Youth ____ N/A ____ | MIP | |
| Migrant Youth | | N/A |
| Incarcerated Parent | | N/A |
| ADDITIONAL DOCUMENTS | | |
| Math Test (select one) TABE Score <u>563</u> Grade Level <u>8.8</u> Work Keys Score ____ | | ✓ |
| Reading Test (select one) TABE Score <u>676</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: Robert Olman

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 1

Children Living with Participant 1

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 SSI, SSD, SSA
TANF
To select multiple services, hold the 'CTRL' key and click with mouse 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
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
TANF
To select multiple services, hold the 'CTRL' key and click with mouse 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

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

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

(If other, please specify)



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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

Robert Olman ([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](#)

- 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 | Staying at someone's apartment, room, or house (Unstable) |
| Limited English proficient | No |
| Voter Registration | |
| Drivers License | No |



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YOUTH SERVICES PROGRAMS
890 Parsons Rd. - Traverse City, MI 49686

*** EMERGENCY INFORMATION SHEET ***

Date 7-18-11

Name Robert Drake Olman Social Security # 386-13-1070

645-4 Ray Hill ~~Traverse City~~ Traverse City MI 49686
(Address) (City) (Zip)

Phone # 421-8494 Birthdate 2/12/92 Age 19

Emergency Contact Person Robert S. Olman / Father
(Relationship)

Phone # ~~421-8494~~ 946-3637, 645-1390
(Home) (Business)

Family Doctor _____

Hospital Preference Minson

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 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 in the YouthBuild Program.

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) Robert D. Olman | |
| | Business name/disregarded entity name, if different from above | |
| | Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see Instructions) ▶ _____ | |
| | <input type="checkbox"/> Exempt payee | |
| Address (number, street, and apt. or suite no.) 645 Bay Hill, apt. #4 | | Requester's name and address (optional) |
| City, state, and ZIP code Traverse City, MI, 49686 | | |
| 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 the "Name" line 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.

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

| | |
|---------------------------------------|--|
| Social security number | |
| 3 8 6 - 1 3 - 1 0 7 0 | |
| Employer identification number | |
| | |

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- 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 ▶ Robert D. Olman | Date ▶ 7-19-11 |
|------------------|---|-----------------------|

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

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: Robert Olman
(Please Print)

YB Participant Signature: Robert D. Olman

Today's Date: July 19, 2011

YB Staff Signature and Title: Sharon Blackford Const. Asst.



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CASE OVERVIEW

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

* 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-xxx-xxxx)

Phone 2 (nnn-xxx-xxxx)

Other Phone (nnn-xxx-xxxx)

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-xxx-xxxx)

Additional Personal contact name

Additional Personal contact phone (nnn-xxx-xxxx)

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 Olman First Robert Birth Date 2/12/92 Gender M F

Address: 858 Gladewood lane County Grand Traverse

City, State, Zip Traverse City, MI, 49686 Home Phone (231) 946-5657

Race/ethnicity: white Marital Status: none Cell/pager (251) 944-6759

Monthly Household Income \$ _____ E-mail: _____

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

Robert S. Olman, 858 Gladewood, 946-5657

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 in a homeless shelter with friends 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). MIP, Alcohol

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: TC High, Traverse City, MI

Dates you attended: 2008-present Highest grade you completed: 11

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 _____

Have you taken any machine shop classes? YES NO

If yes, please describe when and where East Junior High, always worked w/tools

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

If yes, please describe when and where CFR class for Youth Corps.

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 Youth Corps

Start date December? End date not sure

Describe your duties dry wall, insulation, painting, boat re-modeling

Name of employer Eric Clone, Youth Corps.

Employer address Out of Traverse City High

Phone number _____

How much are you paid per week? minimum wage

May we contact your employer as a reference? YES NO

Name of supervisor Eric Clone

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

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 EYE wear, I only have one eye

When was your most recent physical? last year

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 would like to learn construction trades. They are skills I can use through out my whole life and I want to learn more than I already know. (Expand my knowlege) Also it seems like a great chance to get experience in a growing field.

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?

My Motivation is to work towards a construction certificate and learn as much as I can so I can put it to use. I want to be able to provide for my family in a respectable way.

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

I get along good w/others, I am a fast learner, and I am very interested in this field of work.

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: Robert S. Olman Phone number(s) 231 946-3637

Relationship: Father

Name: Michelle Snyder Phone number(s) 231-645-1387 (cell)

Relationship: Step-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: Robert D. Olman Date: 9-10-10

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 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 Robert D. Olman
am a family of 2, am homeless, no source
of income 1 Daughter

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.

Robert D. Olman 10-1-10
 PARTICIPANT SIGNATURE & DATE

Justin G. [Signature]
 CORROBORATING WITNESS SIGNATURE

858 Gladewood LN
 PARTICIPANT ADDRESS

Teacher/leader
 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



Registrant Statement

WAS 2008

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT I Robert Olman
live with friends. Have a child and have received
Special Ed. services.

need updated

If registrant 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.

[Signature] 12/11/08
REGISTRANT'S SIGNATURE & DATE

[Signature]
CORROBORATING WITNESS SIGNATURE

REGISTRANT'S ADDRESS

WITNESS' RELATIONSHIP TO REGISTRANT

OFFICE USE ONLY

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

income, family size, barrier, pregnant/parenting youth

Dana Moore 12/11/08
SIGNATURE & DATE OF CERTIFYING OFFICIAL

Student Name
 Olman, Robert D.

Student ID: 23010477 Grade: 11 Gender: M

Birth Place: Traverse City Date Of Birth: 02/12/92

Parent Guardian:
 Robert Olman
 819 Gladewood Ln
 Traverse City, MI 49686
 231-946-3637

Enter Date: 08/26/97
 Leave Date:
 Class Of: 2010
 State ID: 4200

School Name/Address
 Traverse City High School
 3962 Three Mile Rd North
 Traverse City, MI 49686
 Tel: 231-933-5860 Fax: 933-5885
 Counselor:

| Crs ID | Course Title | Mark | Ab | Credit | Credit Summary - 2005 requirements | | | |
|--|--------------------|------|----|--------|------------------------------------|--------|-------|--------|
| East Junior High Grd 09 1/2007 | | | | | Subject Area | Req | Cmp | Def |
| 9008 | ACS- LA/SS | C | | 0.500 | | 0.000 | | |
| 9114 | ACS- SS/LA | C | | 0.500 | Cumulative Credits | 0.000 | | |
| 9204 | Biology | D | | 0.500 | Economics | 0.500 | 0.500 | |
| 9307 | Algebra I | D+ | | 0.500 | Elective | 10.000 | 8.500 | |
| 9407 | Spanish (Cont.) | C- | | 0.500 | Government | 0.500 | 0.500 | |
| 9602 | Drawing & Painting | B | | 0.500 | Humanities | 0.000 | | |
| Crd Alt: 3.000 Cmp: 3.000 Total: 1.833 | | | | | Language Arts | 0.000 | | |
| East Junior High Grd 09 6/2007 | | | | | Lang Arts Elective | 3.000 | 1.000 | |
| 9008 | ACS- LA/SS | C | | 0.500 | Lit/Writing | 0.000 | | |
| 9114 | ACS- SS/LA | C | | 0.500 | Lang Arts/Composition | 0.000 | | |
| 9204 | Biology | I | | 0.000 | Lit/Comp | 0.000 | | |
| 9307 | Algebra I | F | | 0.000 | Literature | 0.000 | | |
| 9606 | Pottery & Sculpt | C+ | | 0.500 | Math | 0.000 | | |
| 9707 | Physical Educ I | B- | | 0.500 | Math Elective | 2.000 | 1.000 | |
| Crd Alt: 3.000 Cmp: 2.000 Total: 1.800 | | | | | Phys Ed | 1.000 | 1.000 | |
| Central Senior High Grd 10 1/2008 | | | | | Science Elective | 2.000 | 0.500 | |
| 0706 | Wghts/Cond | D | 7 | | Science | 0.000 | | |
| 0743 | Phys Ed II | C | 3 | 0.500 | Speech | 1.000 | 1.000 | |
| 1082 | In Lang Arts | D- | 2 | 0.500 | Social Studies | 0.000 | | |
| 1181 | Mod Wid Hist I&II | D | 2 | 0.500 | Soc Studies Elective | 1.000 | 1.000 | |
| 1289 | Environ Sci | B+ | 2 | 0.500 | Wid History 2 | 0.500 | 0.500 | |
| 1382 | Geometry | D- | 6 | 0.500 | Wid History I | 0.500 | 0.500 | |
| Crd Alt: 2.500 Cmp: 2.500 Total: 1.445 | | | | | Writing | 0.000 | | |
| Central Senior High Grd 10 6/2008 | | | | | -----Total Credits----- | 22.000 | 9.500 | 12.500 |
| 0184 | Intro Psych | F | 8 | | GPA Summary | | | |
| 0639 | Drawing | F | 42 | | Total GPA: | 1.763 | | |
| 2082 | In Lang Arts | C | 3 | 0.500 | | | | |
| 2181 | Mod Wid Hist I&II | D | 7 | | | | | |
| 2289 | Environ Sci | D- | 6 | 0.500 | | | | |
| 2382 | Geometry | F | 7 | | | | | |
| Crd Alt: 1.000 Cmp: 1.000 Total: 0.612 | | | | | | | | |
| Traverse City High School Grd 11 11/2008 | | | | | | | | |
| 0191 | Am Gov/Econ | A | 14 | | | | | |
| 0191 | Am Gov/Econ | A | 14 | | | | | |
| 0906 | Marketing/Business | B+ | 13 | 0.500 | | | | |
| 0970 | Mentor/Reading | CR | 40 | | | | | |
| 1070 | Lang Arts 11-1 | I | 19 | | | | | |
| 1288 | Forensic Science | A- | 10 | 0.500 | | | | |
| Crd Alt: 1.000 Cmp: 1.000 Total: 3.750 | | | | | | | | |

Done - 922-3737

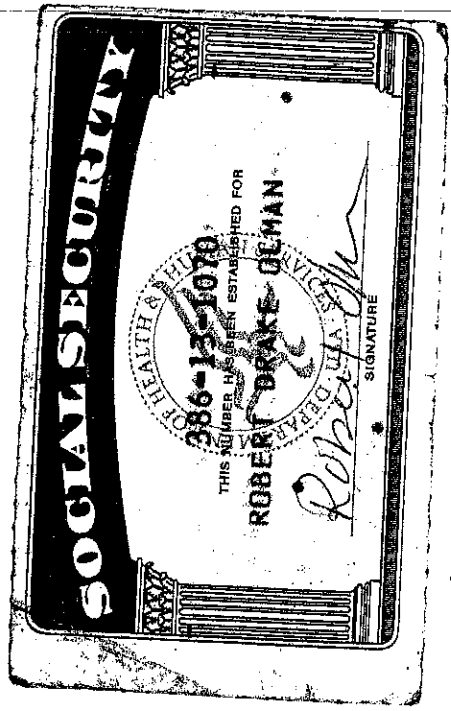
(TI) Transfer grades

Comments:

 School Official's Signature

Transcript is unofficial unless signed by a school official

Date: 12/11/08



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 Trave
of the Circuit Court thereof, the same being a Court of Recor
a Seal, do hereby certify that the following is a copy of a birt
remaining in my office.

| <u>RECORD NUMBER</u> | <u>DATE OF BIRTH</u> | | | <u>LAST NAME</u> | <u>FIRST NAME</u> | <u>MIDDLE NAME</u> |
|--------------------------|----------------------|------------|---------------------------|------------------|--------------------|--------------------|
| | <u>MONTH</u> | <u>DAY</u> | <u>YEAR</u> | | | |
| 320 | 02 | 12 | 1992 | OLMAN | ROBERT | DRAKE |
| SEX: | MALE | | BIRTH PLACE: | TRAVERSE CITY | | |
| <u>PARENT FIRST NAME</u> | <u>MIDDLE NAME</u> | | <u>LAST NAME (MAIDEN)</u> | <u>AGE</u> | <u>BIRTH PLACE</u> | |
| CARMEN | MARIE | | CISNEROS | 20 | MICHIGAN | |

2/27/92 Date Recorded

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

5/02/95

Virginia A. Watson, Clerk

Debra Schultze Deputy



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

KEY INFORMATION

Congratulations, Mr. Olman.

You are now registered with Selective Service.

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

| |
|---|
| <p>Selective Service Number: 9209480556</p> <p>Date of Registration 9/21/2010</p> |
|---|

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: 5/27/2010

©2009 Selective Service System



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.

Robert D. Olman

Printed full name of participant

Address: 858 Gladewood lane

Phone: (231) 946-3637

Witness for the undersigned (representative of agency): _____

Robert D Olman

Signature of participant

10-1-10

Date

Signature of parent (if participant is a minor)

Date

ACKNOWLEDGEMENT OF RECEIPT OF COMPLAINT PROCEDURES

I Robert D. Olman 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 10/11/10
(insert date)

Signature: Robert D. Olman

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

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

Robert D. Sloman

Date:

10-1-10

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 _____

Other _____

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

Robert D. Olman
Signature

Robert D. Olman
Printed Name

10/1/13
Date

Parent signature (if child is a minor)

Printed Name

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.

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

Form I-9, Employment Eligibility Verification

Please 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 eligible 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>Olman</u> | First <u>Robert</u> | Middle Initial <u>D</u> | Maiden Name |
| Address (Street Name and Number) <u>819 Gladwood Lane (W)</u> | | Apt. # | Date of Birth (month/day/year) <u>12/1972</u> |
| City <u>Traverse City</u> | State <u>MI</u> | Zip Code <u>49686</u> | Social Security # <u>386-13-1570</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 or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #) _____

| | |
|--|---|
| Employee's Signature <u>Robert D. Olman</u> | Date (month/day/year) <u>11-2-08</u> |
|--|---|

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: _____ | | <u>SD 1D</u> | | <u>SS</u> |
| Issuing authority: _____ | | <u>I3010477</u> | | <u>386-13-1070</u> |
| Document #: _____ | | <u>08/09</u> | | _____ |
| Expiration Date (if any): _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): _____ | | _____ | | _____ |

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 11-2-08 and that to the best of my knowledge the employee is eligible 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>Traverse City Area Public Schools 412 Webster St, PO Box 32; Traverse City, MI 49685</u> | | Date (month/day/year) <u>12-4-08</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) |
|-----------------------------|--|

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

| | | |
|-----------------------|-------------------|---------------------------------|
| Document Title: _____ | Document #: _____ | Expiration Date (if any): _____ |
|-----------------------|-------------------|---------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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) |
|--|-----------------------|