

Application for Employment

Welcome to PCMI. We look forward to your valuable contributions and hope your experience with us is a truly fulfilling one. This packet is the first step towards becoming a verified & compliant PCMI employee. Please fully complete this application along with your required compliance training and submit these forms to our HR Compliance department.

After receiving your Employment Packet, we will complete a background check & verification process to ensure you are compliant with state & regulatory requirements. Upon completion you will be sent our Post Employment Packet to complete your application.

Primary Employment Relationship

Professional Contract Management, Inc. is an equal opportunity employer. Employment decisions are based on merit and business needs and not race, color, citizenship status, national origin, ancestry, gender, age, religion, creed, non-disqualifying disability, marital status, veteran status, political affiliation or any other factor protected by law. PCMI complies with the law regarding reasonable accommodation for handicapped and disabled employees.

Your employment with PCMI is an “at-will” employment relationship. You are free to terminate your employment with PCMI at any time, with or without reason. Likewise, PCMI has the right to terminate your employment, with or without reason, at the discretion of PCMI.

The individual schools and/or ISD’s are not your employer. PCMI is your employer and therefore any request for employment verification, wage information, etc. should be directed to: PCMI Corporate Office, attention: Human Resources, 140 Kent Street, P.O. Box 516, Portland, MI 48875. Please note, all requests of this nature must be in writing.

PCMI Contact Information:

PCMI - Bay Arenac Office
4228 Two Mile Rd.
Bay City, MI 48706
(989) 667-3216
Fax: (989) 667-3286

Certification & Truthfulness

I certify that all information I have provided in order to apply for and become an employee of PCMI is true, completed and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to 1) eliminate me from further consideration for employment, 2) may result in my immediate discharge from my current district assignment and employment with PCMI, whenever it is discovered. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing information about me. If I am hired, I understand that I am free to resign at any time, with or without cause or prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause or prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of PCMI is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing language are valid unless they are in writing and signed by PCMI’s president. I also understand that if I am hired, I will be required to provide proof of identity and legal authorizations to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

By signing this form, you acknowledge and agree with the employment relationship, worksite policies and procedures, certification and release as well as the compensation arrangements set forth in this document.

PLEASE DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT CAREFULLY.

I certify that I have read, fully understand and agree to all of the terms of the foregoing Applicant Statement.

Signature

Date



An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

THIS IS A FILLABLE FORM.
 ON THE LAST PAGE YOU
 CAN "PRINT" OR "SAVE AS"

PERSONAL INFORMATION					
LAST NAME		FIRST NAME		M.I.	SOCIAL SECURITY NUMBER
ADDRESS			APT#	CITY	STATE ZIP
HOME NUMBER		MOBILE/CELL NUMBER		EMAIL (REQUIRED)	
DISTRICT POSITION(S) APPLYING FOR					
DISTRICT YOU WOULD LIKE TO BE ASSIGNED TO:		PHONE NUMBER		POSITION	

- YES NO Are you legally authorized to work in the United States?
- YES NO Are you over 18 years of age?
- YES NO Have you ever been dismissed from employment or refused reemployment?
- YES NO Have you ever been convicted of a crime, pled guilty to a crime, or pled no contest to a crime?
- YES NO Have you ever been convicted of or pled guilty to any of the following crimes: criminal sexual conduct in any degree, assault with intent to commit criminal sexual conduct in any degree, attempt to commit criminal sexual conduct in any degree, felonious assault on a child, child abuse in any degree, attempt to commit child abuse in any degree, cruelty, torture or indecent exposure involving a child?
- YES NO Have you ever been convicted of or pled guilty to delivering or distributing controlled substances to a minor?
- YES NO Have you ever been convicted of or pled guilty to recruiting or inducing a minor to commit a felony?
- YES NO Have you ever been convicted of or pled guilty to a felony?

If you marked "Yes" to questions number 3 through 8, please provide dates and details:

EDUCATION			
SCHOOL LEVEL	NAME AND LOCATION	DID YOU GRADUATE?	DEGREE OBTAINED / AREA OF STUDY
HIGH SCHOOL			
COLLEGE			
GRADUATE LEVEL			
OTHER TRAINING			

FORMER SCHOOL EMPLOYERS (STARTING WITH THE MOST RECENT)			
SCHOOL DISTRICT		START DATE	END DATE
REASON FOR LEAVING			JOB TITLE
SCHOOL DISTRICT		START DATE	END DATE
REASON FOR LEAVING			JOB TITLE

OTHER FORMER EMPLOYERS (STARTING WITH THE MOST RECENT)			
EMPLOYER		START DATE	END DATE
REASON FOR LEAVING			JOB TITLE
EMPLOYER		START DATE	END DATE
REASON FOR LEAVING			JOB TITLE



AUTHORIZATION, RELEASE, AND WAIVER
Release of liability related thereto and Employment History Check
PA 189 FORM

To provide to PCMI any information regarding my employment history and, in addition, to disclose any other information which is job related, including all items within my personnel file and pursuant to Public Act 189 of the Public Acts of 1996 begin section 380.1230b of Michigan Compiled Laws, authorized any current or former employer(s) to disclose any unprofessional conduct and provide copies of all documents in my personnel record maintained by my current or former employer(s) relating to any unprofessional conduct as defined by Public Act 189 of 1996 which reads:

“Unprofessional conduct” means one or more acts of misconduct, one or more acts of immorality, moral turpitude, or inappropriate behavior involving a minor; or commission of a crime involving a minor. A criminal conviction is not an essential element of determining whether or not a particular act constitutes unprofessional conduct. MCL 380.1230 (8b)

I acknowledge PCMI’s right to investigate any and all references and secure additional information regarding my employment history, including any and all disciplinary action and/or the events surrounding the termination of employment.

Pursuant to Public Act 189 of 1996, I waive my right of prior notice under the Bullard-Plawecki Employee Right to Know Act, Act No. 397 of the Public Acts of 1978, being section 423.506 of Michigan Compiled Laws and I hereby release my current and former employer, and employees acting on behalf of my current and former employer, from any liability for providing information regarding connection with this employment history verification.

Applicant’s Signature: _____ **Date:** _____

Print Applicant Name: _____ **Social Security # (Last 4 digits):** _____

To meet the requirements of PA 189, this form must be returned to our office. PCMI will submit this form to the employer listed below for completion. Please return this form with your packet. If you have any questions or concerns, please contact the Human Resource Department at PCMI, (517) 647-7533.

Please complete this section, providing us with the name and complete address of a present or immediate past employer. Please print legibly.

Name of Company/School: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Fax: _____

**** To be completed by employer ****

EMPLOYER: NOTE TO CURRENT/PREVIOUS: Public Act 189 of 1996 requires you to provide PCMI copies of any and all information relating to unprofessional conduct contained within the above named person’s personnel file within 10 days of the receipt of request. The Act provides that, “an employer or an employee acting on behalf of the employer that discloses information under the section in good faith is immune from civil liability for the disclosure.”

Please return copies of all such documents along with a signed copy of this request. If no documentation of unprofessional conduct is contained within personnel file, please note it at the bottom of this form and return it to PCMI. Maintain one copy for your records. Thank you for your assistance. If you have any questions or concerns, please contact the Personnel Department at PCMI (517) 647-7533.

_____ I certify that no documentation of unprofessional conduct exists within the above named person’s personnel file.
 _____ I have enclosed items relating to unprofessional conduct.

Signed by Employer **Print Name** **Title** **Date**



CRIMINAL BACKGROUND CHECK DECLARATION, RELEASE, AND AUTHORIZATION

___ 1. I have not been convicted of or pled guilty or no contest to any crimes.

___ 2. I have been convicted of or pled guilty or no contest to the following crimes (use separate sheet to explain nature of conviction, date, and court.)

- a.
- b.
- c.

I understand and agree that consistent with 1993 Public Act 68 and 1995 Public Act 83:

1. PCMI on behalf of the School District, educational agency, or governing body of the Nonpublic school ("the School") must request a criminal history and records checks on me from the Central Records Division of the Michigan Department of State Police and the Federal Bureau of Investigation (F.B.I.).
2. Until that report is received and reviewed by PCMI and any educational agency to which I may be assigned, I am regarded as a conditional employee; and
3. If the report received from the Department of State Police or the F.B.I. is not the same as my representation(s) above respecting either the absence of any conviction(s) or any crimes of which I have been convicted, my employment could be terminated at the option of PCMI and may be denied assignment within some or all school districts.

Certification of Truthfulness

I certify that all statements on this Application for Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and, if found to be false, will be sufficient reason for not being employed, or if employed, may result in my dismissal.

Criminal History and Records Checks

I authorize PCMI and the School District/ISD to secure a criminal checks from the appropriate law enforcement agency, consistent with current PCMI and school board policies and the State of Michigan regulations.

I also authorize PCMI and the School District/ISD to release information about the criminal checks information the School District received concerning me to any employee of a non-public school or other School District to whom I apply for substitute teaching or other educational services. I understand this information is required in evaluating my suitability for employment consistent with 1993 Public Act 68 and 1995 Public Act 83. I fully release the School District and any non-public school or other School District to the maximum extent permitted by law from any liability whatsoever in connection with either the release or the use of the report obtained from Michigan Department of State Police and the Federal Bureau of Investigation (F.B.I.).

In addition, if applicable, I authorize the School District/ISD to obtain from _____ (School District/ISD), all information and reports about the criminal history check conducted by the School District/ISD.

APPROXIMATE DATE WHEN FINGERPRINTED		
LAST NAME (please print)	FIRST NAME	MIDDLE INITIAL
SIGNATURE		DATE
	SOCIAL SECURITY NUMBER (Last 4 Digits only)	



FINGERPRINT RELEASE FORM

APPROXIMATE DATE WHEN FINGERPRINTED	SCHOOL DISTRICT OR ISD FINGER PRINTED AT	
LAST NAME (please print)	FIRST NAME	MIDDLE INITIAL
	SOCIAL SECURITY NUMBER (Last 4 Digits)	

I, _____ (your name) **authorize PCMI and**
 _____ (school requesting finger prints) **to obtain from the above**
 stated school district/ISD (where prints are maintained), all information and reports about
 the criminal record check maintained by said school district/ISD pursuant to Public Act 99
 as amended by Public Act 68. I understand this information is required by P.A. 99,
 amended by P.A. 68. I fully release that above stated school district/ISD (where prints are
 maintained), PCMI and _____ (school requesting finger prints) **to the**
 maximum extent permitted by law from any liability whatsoever in connection with either
 the release or use of the report required by P.A. 99 amended and P.A 68.

 Signature

 Date (mm/dd/yyyy)

NEW ON LINE TRAINING REQUIREMENTS:

1. BLOODBORNE PATHOGEN
2. F.E.R.P.A.
3. HAZARD COMMUNICATIONS
4. SEXUAL HARRASSMENT

PCMI EMPLOYEE ASSIGNED TO:

All PCMI employees will be required to complete **ALL FOUR** training modules before being activated as an employee. To access these modules follow these instructions:

- Log onto the Internet (open your internet browser, i.e. Internet Explorer, Firefox, Netscape, etc.)
- Go to www.gcntraining.com . Then click on the “**LOGIN TO VIEW TRAINING**” button.
- STEP 1: type in _____ in the “**ORGANIZATION ID (username)**” box.
- STEP 2: If this is your first time on this site, click on the “**CREATE A PERSONAL ID**” button and go to STEP 3. (If you are returning to take a test or to finish up a test then type in your first, middle initial and last name –with no spaces, into the “**UNIQUE ID**” field and then hit “**SUBMIT**” and go to STEP 5.)
- STEP 3: Type in your first name, middle initial and last name (with no spaces) in the box and click on “**CHECK ACCOUNT AVAILABILITY**” button.
- STEP 4: Enter your “**PERSONAL INFORMATION**” Enter your first name, middle initial and last name. Select the District you’ll be working in, if you’re working in multiple districts, just select one. Enter your home phone number including area code and then enter your email address. When complete, click “**SUBMIT.**”
- STEP 5: Welcome page. Click on the down arrow to select the test you are going to take, then select “**VIEW**” to take the test.
- STEP 6: **IMPORTANT** – after completing your training, PRINT your certificate and include with your completed application packet.

Notice of Privacy
**Employee Social Security Numbers and Other Employee
Personal Information**

1. Confidentiality. We ensure to the extent practicable the confidentiality of employee social security numbers and other employee personal information. Such information is never disclosed to other individuals or third parties unless required for the processing of payroll and benefits.
2. Unlawful Disclosure. The personnel working in the operations of Professional Contract Management, Inc. (PCMI) are prohibited from the unlawful disclosure of any social security numbers of PCMI employees. They are also prohibited from the unlawful disclosure of any other employee personal information to any other individuals or third parties.
3. Limitation on Access. Access to employee social security numbers, and any other employee personal information, is limited to those working in the operations of PCMI and those independent contractors who require the social security number or other information for processing of payroll or benefits.
4. Disposition of Social Security Numbers. Documents containing Social Security Numbers and other personal information are retained for the period of time required by law and then shredded.
5. Penalties for Violation. Any employee working in the operations of Professional Contract Management, Inc. who violates our Social Security Number Privacy Policy, or our Employee Personal Information Policy, is subject to summary termination and criminal reporting and prosecution depending upon the severity of the violation.

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When you have completed this packet, please print and fax this packet along with your GCN training certificate to: 989-667-3286.