

Checklist – Substitute Teachers

Name: _____ Phone: _____ Email: _____

School: _____

Welcome to MEP Services. Your work is vital to the educational program and mission of our schools. In order to complete your personnel file we will need you to complete the forms in the packet and submit them **along with the items listed below**. Please mail, fax or email (see below) the completed paperwork back to MEP Services. All paperwork needs to be signed and completed prior to your first assignment.

Resume & References

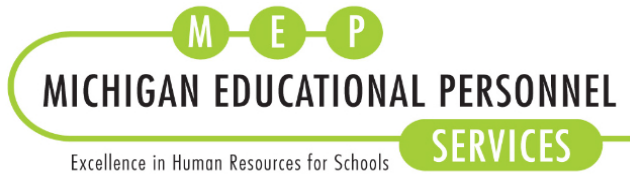
Official transcripts – Please send an official copy to show a minimum of 90 credit hours and/or teaching certificate (front & notarized back) if you have one – teacher substitute candidates must have either a minimum of 90 credit hours or a valid teaching certificate.

RETURN ALL FORMS LISTED BELOW:

_____ Form 1	Checklist	_____ Form 8	Unprofessional Conduct Check
_____ Form 2A	Application	_____ Form 9	Crime Waiver
_____ Form 2B	Applicant Statement	_____ Form 10	Fingerprint Release
_____ Form 3	W4	_____ Form 11	Handbook Acknowledgement
_____ Form 4	MI W4	_____ Form 12	Network & Internet Use
_____ Form 5A	Local W4 Detroit Resident	_____ Form 13	Form I-9 (Form must be signed by supervisor or office manager)
_____ Form 5B	Local W4 Grand Rapids Res	_____ Form 14	BloodBorne Pathogens Completion Cert.
_____ Form 6	Direct Deposit (include "voided" check)		
_____ Form 7	REP Report Data		

Contact MEP Services Human Resources, at 810-229-5145 or by email at dvimr@mepservices.com or kfox@mepservices.com if you have any questions about these forms.

MEP Services, 869 S. Old US 23, Suite 500, Brighton, MI 48114 Ph: 810-229-5145 Fax: 810-229-5402



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION					
Last Name	First Name	M.I.	Social Security #		
Street Address	APT #	City		State	Zip
Home Phone Number	Mobile Phone Number		EMAIL Address		

- | | YES | NO |
|--|-------|-------|
| 1. Are you a U.S. Citizen or otherwise lawfully permitted to work in the U.S. ? | _____ | _____ |
| 2. Are you over 18 years of age? | _____ | _____ |
| 3. Do you have any relative employed by MEP Services?
If yes, please indicate: _____ | _____ | _____ |
| 4. Do you have work, education or licensure records under another name?
If yes, please indicate: _____ | _____ | _____ |
| 5. Are you a certified teacher? How many years teaching experience? _____ | | |
| 6. Have you ever been discharged or suspended or asked to resign from employment? | _____ | _____ |
| 7. Have you ever been convicted (including a plea of guilty or no contest) of a crime (misdemeanor or felony) by a court, including a military court? | _____ | _____ |
| 8. Are there any felony charges pending against you? | _____ | _____ |
| 9. Have you ever been convicted of any offense involving criminal sexual conduct, attempted criminal sexual conduct, assault with intent to commit criminal sexual conduct, felonious assault on a child, cruelty, torture or indecent exposure involving a child? | _____ | _____ |
| 10. Have you ever signed a non compete agreement or a non solisitation agreement? | _____ | _____ |

Failure to answer the questions truthfully may result in termination
IF YES TO ANY OF THE ABOVE QUESTIONS, PROVIDE DATES, DETAILS AND BACK UP DOCUMENTATION

EDUCATION			
School Level	Name and Location	Did you graduate?	Degree Obtained/Area Of
HIGH SCHOOL			
COLLEGE			
GRADUATE LEVEL			
OTHER TRAINING			

FORMER SCHOOL EMPLOYERS (Starting with most recent)		
EMPLOYER	START DATE	END DATE
REASON FOR LEAVING	JOB TITLE	
EMPLOYER	START DATE	END DATE
REASON FOR LEAVING	JOB TITLE	

OTHER FORMER EMPLOYERS (Starting with most recent)		
EMPLOYER/SCHOOL	START DATE	END DATE
REASON FOR LEAVING	JOB TITLE	
EMPLOYER/SCHOOL	START DATE	END DATE
REASON FOR LEAVING	JOB TITLE	

EMERGENCY CONTACT INFORMATION		
EMERGENCY CONTACT	CONTACT PHONE NUMBER	RELATIONSHIP TO APPLICANT

APPLICANT STATEMENT

PLEASE READ CAREFULLY

I authorize that the facts set forth in this application for employment are true and complete. I hereby authorize my references, local/state and national police agencies, and/or previous employers, unless otherwise noted in the application, to provide information concerning my previous employment history, motor vehicle record, criminal record history, fingerprint check and/or any related records. I hereby waive my right to receive written notice with regard to the release of disciplinary action (including any and all "unprofessional conduct") by my current or prior employers. Further, I release all such persons who formerly employed me, persons providing a character reference and/or any schools I attended from liability or damages incurred as a result of furnishing the above information. I hereby release without limitation MEP Services, its employees, agents, and affiliates, from any liability in connection with the release or use of such background information. I understand that false statements, misrepresentation, or omissions of facts or circumstances on this application and/or during my interviews shall be considered sufficient cause for rejection of my application or discharge from employment at any time.

Michigan law provides that disabled persons are entitled to certain legal rights including, where appropriate, accommodation. If you are disabled and need accommodation, you must notify MEP Services in writing of the need for accommodation within 182 calendar days of the date you know or should have known of the need for accommodation. Failure to give timely written notice of the need for accommodation may result in loss of legal rights under Michigan law.

I agree that if I am employed by MEP Services, the employment relationship is "at-will" which means that either MEP Services or I may terminate the employment relationship at any time with or without cause or notice. I understand and agree that no manager, supervisor or representative of MEP Services other than the President, has the authority to enter into any agreement for employment for any specified period of time or enter into any agreement contrary to any provisions in this Applicant Statement. I understand that to be binding, such an agreement must be in writing directed to me personally, and signed by both the President and me. No other practice, procedure, written or oral policy or statement by anyone, including other management personnel, can alter the at-will employment relationship. I acknowledge that my assigned, job responsibilities, compensation, work hours and place of work may be modified by MEP Services.

As a condition of application for employment and for employment, if employed, I agree not to file any action, suit or charges relating to my employment or application for employment with MEP Services more than 180 days (or in less time if any applicable law so requires) after the event and/or employment practice or action complained of and I agree to waive any state or federal statutes of limitation to the contrary (except those requiring a shorter period), to the extent permitted by applicable law. While I understand that the statute of limitations for claims arising out of an employment action may be longer than 180 calendar days, I agree and understand that any employer action that is the subject of a lawsuit or action, including those related to discrimination, benefits, termination of employment, or other terms or conditions of employment, is barred if it is not filed within the 180 day period (or in less time if any applicable law so requires) and I understand and agree that the 180 day period (or applicable shorter period) will not be extended for any reason, including continuing violations and I agree to waive the application of continuing violations doctrines.

This provision does not prohibit the timely filing of a charge of discrimination under federal law with the EEOC and the EEOC's right to investigate is maintained. However, filing a charge or claim with an administrative agency, including the EEOC or internally with the Company, does not toll (hold in abeyance) the 180 calendar day period for my filing of a civil suit and if I wish to obtain individual relief, I understand that any lawsuit must be filed within 180 days of the complained of action. I have read, understand, and agree to the above statements and conditions of employment.

Signature: _____ Date: _____

It is the policy of MEP Services not to discriminate in its employment and personnel practices because of a person's race, color, creed, religion, sex, national origin, age, height, weight, marital status, disability, or any other basis protected by federal, state, or other applicable law.

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2012
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 _____ 6 \$ _____
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

DW-4

EMPLOYEE'S WITHHOLDING CERTIFICATE FOR CITY OF DETROIT INCOME TAX

O-3142-1054F

1. Print Full Name		Social Security No.	Office, Plant, Dept.	Employee Identification No.		
2. Address, Number and Street		City, Township or Village where you reside		State Zip Code		
3. Predominant Place of Employment Print name of each city where you work for this employer and circle closest % of total earnings in each.		City	Under 25% 40% 60% 80% 100%	Renaissance Zone Exemption		
		City	Under 25% 40% 60% 80% 100%	Renaissance Zone Exemption		
YOUR WITHHOLDING EXEMPTIONS: <small>(See instructions on reverse side.)</small>	Check blocks which apply	4. Exemptions for yourself	<input type="checkbox"/> Regular exemption	<input type="checkbox"/> Additional exemption if 65 or over at end of year	<input type="checkbox"/> Additional exemption if blind	Enter number of exemptions checked →
		5. Exemptions for your wife (husband)	<input type="checkbox"/> Regular exemption	<input type="checkbox"/> Additional exemption if 65 or over at end of year	<input type="checkbox"/> Additional exemption if blind	Enter number of exemptions checked →
EMPLOYEE: File this form with your employer. Otherwise he must withhold CITY OF DETROIT income tax from your earnings without exemption. EMPLOYER: Keep this certificate with your records. If the information submitted by the employee is not believed to be true, correct and complete, the INCOME TAX DIRECTOR must be so advised.		6. (a) Exemptions for your children	Number	6. (b) Exemptions for your other dependents	Number	Enter total of line 6 (a plus b) →
		7. Add the number of exemptions which you have claimed on lines 4, 5 and 6 above and write the total →				
I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief						
8. Date			Signature			

EMPLOYEE'S WITHHOLDING CERTIFICATE FOR GRAND RAPIDS INCOME TAX

1. Print Full Name		Social Security No.		Office, Plant, Dept.		Employee Identification No			
2. Address, Number and Street		City, Township or Village where you reside				State	Postal Code		
3. Place of Employment		City		Under 25 %	40%	60%	80%	100%	
Print name of each city where you work for this employer and circle closest % of total earnings in each.		City		Under 25%	40%	60%	80%	100%	
YOUR WITHHOLDING EXEMPTIONS	Check blocks which apply	4. Exemptions for yourself	<input type="checkbox"/> Regular exemption	<input type="checkbox"/> Additional exemption if 65 or over at end of year	<input type="checkbox"/> Additional Exemption if blind	Enter number of exemptions checked		→	
		5. Exemptions for your spouse	<input type="checkbox"/> Regular exemption	<input type="checkbox"/> Additional exemption if 65 or over at end of year	<input type="checkbox"/> Additional Exemption if blind	Enter number of exemptions checked		→	
EMPLOYEE: File this form with your employer. Otherwise they must withhold GRAND RAPIDS income tax from your earnings without exemption.		6. (a) Exemptions for your children:		Number	6. (b) Exemptions for your other dependents:		Number	Enter total of line 6 (a plus b)	→
EMPLOYER: Keep this certificate with your records. If the information submitted by the employee is not believed to be true, correct and complete, the CITY INCOME TAX DEPARTMENT must be so advised. To answer residency questions call the Income Tax Department at (616) 456-3415.		7. Add the number of exemptions which you have claimed on line 4, 5 and 6 above and write the total							→
I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief									
8. Date		Signature							

SEE INSTRUCTIONS

Revised 7/2004

INSTRUCTIONS FOR COMPLETING EMPLOYEE'S WITHHOLDING CERTIFICATE FOR GRAND RAPIDS INCOME TAX FORM GRW-4

GENERAL INSTRUCTIONS—Check the box in the upper right hand corner to indicate your residency status and enter the requested data on lines 1 and 2.

LINE 3 INSTRUCTIONS—If you are a nonresident and work for this employer in two or more cities or communities, print the names of the two Michigan cities or communities where you perform the greatest percentage of your work. Circle the closest percent of total earnings for work done or services rendered in each city or community listed. The estimated percent of total earnings from this employer for work done or services performed within taxing cities (Line 3) is for withholding purposes only. In determining final tax liability this estimate is subject to substantiation and audit.

DEPENDENTS—To qualify as your dependent (line 6), a person (a) must receive more than one-half of his or her support from you for the year, and (b) must have less than \$3,000 gross income during the year (except your child who is under 19 years of age or who is a full-time student under 24 years of age), and (c) must not be claimed as an exemption by such person's husband or wife, and (d) must be a citizen or resident of the United States or a resident of Canada, Mexico, the Republic of Panama or the Canal Zone (this does not apply to an alien child legally adopted by and living with a United States citizen abroad), and (e) must (1) have your home as his principal residence and be a member of your household for the entire year, or (2) be related to you as follows:

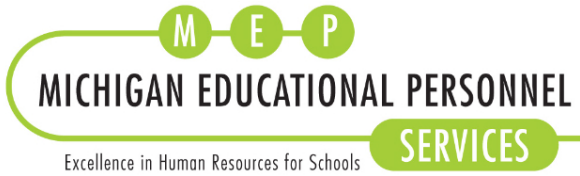
- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law.
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law.
- Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law.
- Your uncle, aunt, nephew, or niece (but only if related by blood).

INCREASE IN EXEMPTIONS—You should file a new certificate at any time if the number of your exemptions increases.

DECREASE IN EXEMPTIONS—

1. You must file a new certificate within 10 days if the number of exemptions previously claimed by you **DECREASES** for any of the following reasons:
 - (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims their own exemption on a separate certificate.
 - (b) The support of a dependent for whom you claimed exemption is taken over by someone else, so that you no longer expect to furnish more than half of their support for the year.
 - (c) You find that a dependent for whom you claimed an exemption will receive \$3,000 or more of income of their own during the year.
2. **CHILD TURNS 19**—File a new certificate within 10 days of the start of the tax year in which your child, for whom you claimed exemption, turns 19 years of age or, if a full-time student, 24 years of age.
3. **DEATH OF SPOUSE OR DEPENDENT**—You must file a new certificate by December 1 of the year in which the death of your spouse or dependent for whom you claimed exemption occurs. (Death of a spouse or a dependent does not affect your withholding until the next year.)
4. **CHANGE OF RESIDENCE**—You must file a new certificate within 10 days after you change your residence from or to a taxing city.
5. **CHANGE IN EMPLOYMENT**—You must file a new certificate by December 1 each year if your estimate of the percentage of work done or services rendered in Grand Rapids (Line 3) will change for the ensuing year.

EXTRA EXEMPTIONS—Additional exemptions allowed for federal income tax purposes and claimed on Schedule A of federal Form W-4 are not allowed for Grand Rapids income tax purposes.



**MANDATORY AUTHORIZATION AGREEMENT FOR
AUTOMATIC PAYROLL DEPOSITS
AND IPAY INFORMATION**

Direct Deposit:

All employees must sign up for direct deposit. You can choose up to 2 different accounts to deposit your paycheck into. Please note that it may take up to 2 pay periods before direct deposit is activated, a check will be mailed during this time. **PLEASE INCLUDE A COPY OF A VOIDED CHECK** and return this form to your HR Specialist at MEP Services.

Changing Direct Deposit Accounts:

Please give MEP Services a minimum of 3 weeks notice when changing account information. If an account is closed after payroll has been processed you will need to re-open the account to accept the funds.

IPay:

Pay statements will be available online through the use of a system called **IPay**, no paper check stubs will be mailed to you. In order for you to view your pay stubs and W2s you must first register for an IPay account.

How to register for an IPay Account:

**You can not register for ipay until you have received your first paycheck. Retain a copy of these instructions for future reference.*

1. Go to <https://ipay.adp.com>.
2. Click **Register Now** and then click **Register Now** again.
3. Enter the **Registration Pass Code** which is: CSP-enroll.
4. Follow the registration steps, including security questions that will be used in the event you forget your ID or Pin.
5. Provide the **Verify and Record Your ID and Password** information, keep a record of this information.
6. Once you have registered successfully click the **Close** tab.

Upon completing the registration process, you may access your payroll statements at <https://ipay.adp.com>. Under the section called "Things I Can Do" you will see the option labeled "Change My Notifications". If you click on this you can request the online program to send you an email notifying you when a new payroll statement has been posted.

Employee Name:	Academy:
Deposit #1	
Bank Name	Bank Phone Number:
Routing Number:	Account Number:
Deposit Amount:	Savings: <input type="checkbox"/> or Checking: <input type="checkbox"/>
Deposit #2	
Bank Name	Bank Phone Number:
Routing Number:	Account Number:
Deposit Amount:	Savings: <input type="checkbox"/> or Checking: <input type="checkbox"/>

Authorization:

I hereby authorize MEP Services to deposit my payroll earnings into the account(s) listed above, and if necessary, debit entries or adjustments for any deposits made in error to my (our) account. This authority is to remain in full force and effect until written notice from me has been received by the company in such a manner as to afford reasonable time to act on it.

Signature: _____ **Date:** _____

R.E.P. DATA FORM

The following information is required for the State Registry of Educational Personnel (R.E.P.). The information contained on this form has no bearing or consequence concerning MEP Services considering you for employment. Please fill out each line of information requested below for State of Michigan reporting purposes.

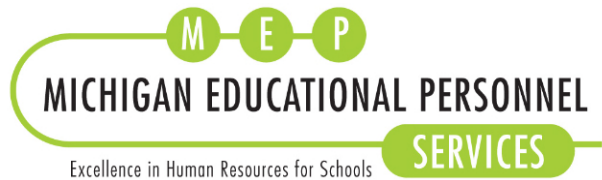
R.E.P. INFORMATION			
Last Name:	First Name:	M.I.:	Date of Birth:
Social Security #:		Gender :	
Credential License Number:	Type of Credential:		
Highest Education Level: <input type="checkbox"/> High School <input type="checkbox"/> BA <input type="checkbox"/> Masters <input type="checkbox"/> Other		Michigan Institution:	
Non-Michigan Institution:			

In addition to the Federal EEO-5 reporting requirements for public schools, the Michigan School Safety Legislation requires that all school districts report ethnicity, in addition to the above information, for all personnel. This information is reported as part of Michigan Department of Education Registry of Educational Personnel (R.E.P.) It will only be used for reporting purposes.

Federal and state legislation mandates the collection of multiracial data separate from the five major racial-ethnic categories. If you consider yourself to be multi-racial, answer "yes" in the multi-racial box below and continue to Option 2.		
Do you consider yourself to be multi-racial?	<input type="checkbox"/> Yes (go to option 2)	<input type="checkbox"/> No (go to Option 1)
OPTION 1: RACE (please choose only one)		
<input type="checkbox"/> Caucasian or White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> American Indian or Alaskan Native
OPTION 2: RACE - Multi racial/ethnic (please choose all that apply).		
<input type="checkbox"/> Caucasian or White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> American Indian or Alaskan Native

Racial/Ethnic Codes:

- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America.
- Asian American:** A person having origins in any of the original peoples of the Far East, Southeast Asia, Or Indian subcontinent, such as Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American:** All persons having origins in any of the black racial groups of Africa.
- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa and not specifically included in another group.



**Authorization, Release and Waiver
Request for Unprofessional Conduct Check
PA 189 Form**

In connection with my application for employment through MEP Services, and pursuant to Section 1230b of the Revised Michigan School code of 1976, Act No. 451 of the Public Acts of 1976. I, the undersigned, hereby authorize my current and/or former employer(s) to disclose to MEP Services any unprofessional conduct by myself and to make available to MEP Services copies of all documents in my personnel record maintained by my current and/or former employer(s) relating to that unprofessional conduct including my fingerprint results.

I further release my current and/or former employer(s), from any liability from providing the information described above and I waive any written notice required under section 6 of the Bullard-Plawecki employee right to know act, Act No. 397 of the Public Acts of 1978, being section 234.506 of the Michigan Compiled Laws.

It is my understanding that MEP Services and their agents will hold any information obtained in the course of this investigation strictly confidential. Information gathered will be used only for the purpose of evaluating my qualifications for employment in the position for which I have applied. I understand that MEP Services cannot hire an applicant who does not sign this statement, as described in the Act 451 of Public Acts of 1976, 1230b(1).

Applicant Name: _____

Applicant Signature: _____ Date: _____

School: _____

PROVIDE MEP SERVICES WITH THE NAME AND COMPLETE ADDRESS OF A PRESENT OR IMMEDIATE PAST EMPLOYER. RETURN THIS FORM TO MEP SERVICES ONLY. DO NOT TAKE THIS FORM DIRECTLY TO YOUR PREVIOUS EMPLOYER.

Name of Previous Employer: _____

Address: _____

City, State, Zip Code _____

Phone: _____ Fax: _____

THIS SECTION IS TO BE COMPLETED BY THE CURRENT OR FORMER EMPLOYER OF THE ABOVE-NAMED APPLICANT. This form is required for all personnel working in a state educational building per the Public Act 189. As a private employer, personal reference, or mentor of an individual seeking employment in the educational community, we are required by this Act to acquire any documentation of unprofessional conduct of our new employee which may have been your previous employee/associate. Public Act 189 requires the current or former employers to provide the requested information no later than **20 business days** after receiving the request. Your prompt response will be appreciated. **Please fax your response to: 810-229-5402**

As a result of checking our personnel records of the above-named individual, please be informed that: *(please check one)*

There was no unprofessional conduct on the part of the individual while he/she was employed.

Copies of documents relating to unprofessional conduct by this individual are attached per Michigan Public Act 189 of 1996

Your Signature: _____ Date: _____

Title: _____ Company: _____

◆ This Section is for MEP Services' Use Only ◆

FIRST REQUEST

SECOND REQUEST

THIRD REQUEST

CRIME WAIVER
AUTHORIZATION FOR CRIMINAL HISTORY CHECK

Crime Waiver

Pursuant to Public Act 68 of 1993 and Public Act 83 of 1995, I _____
 Print full legal name

- _____ 1. I have not been convicted of, or plead guilty or nolo contendere (no contest) to any crimes including substantiated child abuse.
- _____ 2. I have been convicted of or plead guilty or nolo contendere (no contest) to substantiated child abuse or the following crimes (use separate sheet to explain nature of conviction, date and court).
 - a. _____
 - b. _____
 - c. _____
 - d. _____

If yes we must receive one of the following that we will submit to the Michigan Department of Education:
1. A judgment of sentence 2. A register of actions or 3. A copy of court docket or certificate of conviction.

I understand and agree that pursuant to Public Act 68 of 1993 and Public Act 83 of 1995:

- (1) the Board of Education of the school district or governing body of the nonpublic school (the "school") must request a criminal history check on me from the Central Records Division of the Michigan Department of State Police and Federal Bureau of Investigation (FBI);
- (2) until that report is received and reviewed by the school, I am regarded as a conditional employee; and
- (3) if the report received from the Michigan Department of State Police or the FBI 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 contract is voidable at the option of the school.

Criminal History Check

I understand that it is this company's procedure to secure, when needed, conviction criminal history information as part of their pre-employment/volunteer screening process using the information provided below.

Name (please print): _____

Maiden Name/Names Previously Used: _____

Date of Birth: _____

I authorize MEP Services to secure a criminal history record of information from the appropriate law enforcement agency, consistent to the State of Michigan Regulations. I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, MI. I authorize MEP Services to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search. I also authorize MEP Services to obtain fingerprints from my previous employer when necessary.

Signature: _____

Date: _____



FINGERPRINT RELEASE

Every new hire must sign, date and return this release

[Empty box for date]

Date Fingerprinted or Scheduled to be Fingerprinted

FINGERPRINTS TRANSFER

Please complete this section if your fingerprints are already maintained at a school, ISD or agency. Two attempts will be made to obtain your prints, if unsuccessful you will need to be reprinted.

Your Name: _____

ISD, School, or Agency Name: _____

ISD, School, or Agency Address: _____

City, State, Zip Code _____

ISD, School or Agency Phone: _____ Fax: _____

This signed release authorizes fingerprint information to be forwarded to:

MEP Services
869 S. Old US 23, Suite 500, Brighton, MI 48114
Ph: 810-229-5145 Fax: 810-229-5439

In connection with my application for employment through MEP Services, and pursuant to Section 1230b of the Revised Michigan School code of 1976, Act No. 451 of the Public Acts of 1976. I, the undersigned, hereby authorize the above stated ISD, School, or Agency to disclose to MEP Services all information and reports about the criminal record check maintained by said ISD, School or Agency and to make available to MEP Services copies of all documents related to said criminal record check.

I further release the above ISD, School, or Agency from any liability from providing the information described above and I waive any written notice required under section 6 of the Bullard-Plawecki employee right to know act, Act No. 397 of the Public Acts of 1978, being section 234.506 of the Michigan Compiled Laws.

It is my understanding that MEP Services will hold any information obtained in the course of this investigation will be held strictly confidential.

Applicant Signature: _____ Date: _____

THIS SECTION FOR OFFICE USE ONLY

FIRST REQUEST

SECOND REQUEST

THIRD REQUEST

Livescan Fingerprint Instructions

It is the policy of the Michigan Department of Education and of MEP Services that anyone working at a Michigan public school must be fingerprinted and finger print results must be on file with MEP Services prior to their first day of work. This includes all employees, independent contractors, and vendors working on a regular or continuous basis or under contract. Please follow the directions below in order to schedule your appointment for fingerprinting. MEP Services will receive your print results within 2-3 days of your appointment, and at that time we will inform the school office manager that you are eligible to begin your assignment. You cannot begin work until MEP Services receives your print results. Please contact MEP Services if you have any questions.

Appointments can be made online at mi.ibtfingerprint.com (or call L-1 Enrollment at 866-226-2952) or any Livescan Facilitator

You will need to bring the Livescan Fingerprint Request Form, a picture ID and a check for payment to your fingerprint appointment. Rates vary by location.

For residents of Livingston County, LESA offers walk-in appointments for MEP Services staff at a reduced price. Go to www.livingstonesa.org or call for available times and directions.

Directions for filling out Livescan Fingerprint Request Form

Section I - CJIS Information - Number 5 Requesting Agency ID: Use the chart below to find the school you are being fingerprinted for and enter the Agency ID. Note: If you will be working for more than one school only one school Agency ID/Name is necessary.

Section I - CJIS Information - Number 6 Agency Name: Enter the school name for which you are being fingerprinted.

Section II - Applicant Information - Type or print clearly all fields.

Fingerprint Reason Code - Enter "SE - School Employment, mcl 380.1230"

Sign and Date the form and take it with you to your scheduled appointment along with your picture ID and payment.

REQUESTING AGENCY INFORMATION

Please use the appropriate codes below for the listed agency:

American Montessori Academy	Agency ID: 13906H
Ann Arbor Learning Community	Agency ID: 6772E
Charyl Stockwell Academy/CSPA	Agency ID: 14331K
Clara B Ford Academy	Agency ID: 68071T
Conner Creek Academy East/Michigan Collegiate H.S.	Agency ID: 14408L
Crescent Academy	Agency ID: 13907M
Detroit West Preparatory Academy	Agency ID: 84661M
FlexTech High School	Agency ID: 88529K
Huron Academy	Agency ID: 14334P
Jalen Rose Leadership Academy	Agency ID: 88528A
Kensington Woods High School	Agency ID: 14332T
Leelanau Montessori	Agency ID: 84664A
Mt. Clemens Montessori Academy	Agency ID: 84660H
Pansophia Academy	Agency ID: 3762H
Summit Academy	Agency ID: 13917H
Summit Academy North	Agency ID: 80346M
Sunrise Education Center	Agency ID: 5650M
Vista Meadows Academy	Agency ID: 84663L
West Michigan Aviation Academy	Agency ID: 83576A
All other MEP Services employees	Agency ID: 9944A

Reason Fingerprinted: SE - School Employment, mcl 380.1230

LIVESCAN FINGERPRINT REQUEST

Return completed form after fingerprint capture to:
Employer or state licensing authority ***

I. CJIS Information: Type or clearly print answers to all fields.	
1. Date Printed	2. Picture ID Type Presented
3. TCN Number	4. Live Scan Operator
5. Requesting Agency ID	6. Agency Name

II. Applicant Information: Type or clearly print answers to all fields.			
1a. First Name	1b. Middle Initial	1c. Last Name	
2. Date of Birth	3. Race	4. Sex	
5. Address			
6. City	7. State	8. ZIP Code	

Fingerprint Reason
Code:

I understand the personal information and fingerprints submitted by live scan are used to search against criminal identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above.

I further understand MSP and the FBI may also retain the submitted information and fingerprints as permitted by the Federal Privacy Act of 1974 (5 USC § 552a(b)) for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to: governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety.

Signature: _____

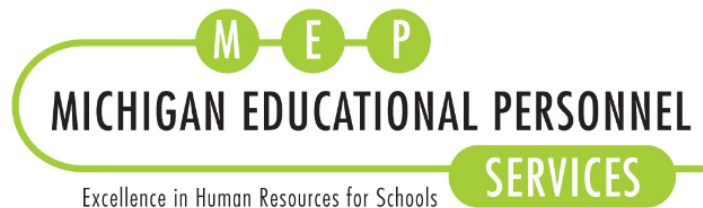
Date: _____

28 CFR §16.34- Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

****DISCLAIMER: ALL FINGERPRINTS PROCESSED WITH INCORRECT FINGERPRINT CODES ARE THE RESPONSIBILITY OF THE REQUESTING AGENCY. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT FINGERPRINT CODES. ****

AUTHORITY: MCL 28.214, MCL 28.273 & MCL 28.162 COMPLIANCE: Voluntary, however failure to complete this Agreement will result in denial of request.

**HANDBOOK ACKNOWLEDGEMENT**

The Employee Handbook is an important document intended to help you become acquainted with MEP Services and the School. Please print out the most recent copy of the Employee Handbook at www.mepservices.com and review.

I hereby acknowledge that I have received one copy of the MEP Services Employee Handbook (effective _____), and agree to read and study its contents, including the Prohibition of Unlawful Discrimination and Harassment Policy, as well as, the Electronic Communications Policy. I understand that the contents of this Handbook govern, in part, the terms and conditions of my employment.

In consideration of my employment I agree and understand that my employment, compensation, and benefits can be terminated with or without cause, and with or without notice, at any time, at either my option or at the option of MEP Services, it being mutually understood and agreed that my relationship with MEP Services is one of employment-at-will, and no representative of MEP Services other than the President, has any authority to enter into any agreement for employment for any period of time or to make any agreement contrary to the foregoing, and any such agreement must be in writing and signed by both the President and myself.

I also understand that this Handbook supersedes all previous Handbooks, oral or written representations, policies and procedures, and may be amended, rescinded, or deviated from at the sole discretion of MEP Services, except that the at-will employment relationship may only be modified as described above.

In addition, all fringe benefits (including bonuses) that I receive as a result of my employment may be modified by MEP Services and do not vest by reason of employment or otherwise. All employment benefits are subject to the terms and conditions of the applicable insurance policies and/or plan documents.

 Employee Signature

 Date

 Employee Name (Print)

PLEASE RETURN THIS PAGE TO THE MEP SERVICES ADMINISTRATION OFFICE.

MEP Services
HR Director
869 S. Old US 23, Suite 500
Brighton, MI 48114

NETWORK AND INTERNET ACCEPTABLE USE AGREEMENT
(This signed contract must be on file.)

The Academy is committed to the effective use of technology to both enhance the quality of student learning and the efficiency of Academy operations. It also recognizes that safeguards have to be established to ensure that the Academy's investment in both hardware and software is achieving the benefits of technology and inhibiting negative side effects.

In order for anyone to use the local and wireless network, Internet connection and/or data and exchange servers, he/she must read these guidelines and sign this Agreement.

A user name and password will be issued to users upon receipt of this signed Agreement. Until then network use will not be allowed. The use of the Internet is a privilege, not a right. **Inappropriate behavior or violation of the acceptable use agreement may lead to penalties including the revocation of a user's account, disciplinary action, including termination, and/or legal action.**

Inappropriate Internet and network use is not limited to the following:

- using offensive or inappropriate language or language that would promote violence or hatred;
- harassing anyone by sending uninvited communication;
- sending or accessing electronic information from accounts that do not belong to you without the owner's authorization;
- accessing unauthorized or inappropriate areas of the network and changing or interfering with information found in the network;
- accessing areas blocked by the Academy's firewall without authorization;
- soliciting or distributing e-mail for non-educational or non-business purposes;
- misrepresenting oneself or others;
- making unauthorized copies of software or information, such as software pirating;
- printing of materials excessively;
- downloading and/or installing unauthorized software, including games, on Academy computers without specific permission from Administration;
- accessing, uploading, downloading, distributing, or transmitting pornographic, obscene, sexually explicit, or threatening material or other materials harmful to minors;
- violating federal copyright laws or otherwise using the property of another individual or organization without permission. All work must be original work. Copy and pasted material may only be used as a resource when properly cited;
- violating any local, state or federal statute; and
- accessing personal social networking sites, such as but not limited to Facebook, Twitter, MySpace, YouTube, etc., without specific permission from the Administration.

I understand that the Academy administration reserves the right to change these rules at any time.

I agree to comply with Network and Internet Acceptable use guidelines as stated in this Agreement, the Employee Handbook, the Academy staff handbook, Academy Board policies, guidelines and procedures.

I understand that the assignment of a password does not guarantee confidentiality. There is not expectation of privacy as to prevent examination or monitoring. I understand that the Academy reserves the right to examine all data stored in the machines and/or network (including e-mail) to make sure that all users are in compliance with these regulations.

I understand that the Academy monitors the on-line activity of staff in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors in accordance with the Children's Internet Protection Act (CIPA). The Academy reserves the right to monitor or review Internet files, including web pages and usage logs. Any flash drive used at the Academy must also be free of any inappropriate content.

I understand that all computers, local and wireless network, Internet connection and/or data and exchange servers are the Academy's property and shall only be used for educational and business purposes.

I understand that computer hardware (monitors, terminals, keyboards, mice, etc.) are Academy property and any mistreatment or damage will be considered destruction of property or vandalism.

I understand that the Academy makes no guarantees, implied or otherwise, regarding the reliability of the data connection. The Academy and any of the sponsoring organizations shall not be liable for any loss or corruption of data resulting while using the Internet connection.

I understand that I shall not access personally identifiable information from an unsecured location or an unsecured network. I shall ensure that all such student information is protected from unauthorized viewing, including parents, volunteers, or anyone that does not have a legitimate educational purpose in viewing the information. I understand that all information contained on the Academy's system is to be considered confidential and proprietary and should not be distributed outside of the Academy unless approval is obtained from Administration.

I agree not to participate in the transfer of inappropriate or illegal materials or material that may be considered treasonous or subversive through the Network and Internet connection. I realize that in some cases, the transfer of such material may result in legal action against me. Should I happen to find materials that may be deemed inappropriate, I shall refrain from downloading this material, immediately leave the Internet site, shall not identify or share the location of this material, and will immediately report it to the Administration. I am aware that the transfer of certain kinds of materials is illegal, and punishable by fine or jail sentence.

I understand that the Academy strongly condemns the illegal distribution of software otherwise known as pirating. I understand that software piracy is a Federal offense punishable by fine or imprisonment.

I agree not to allow other individuals to use my account or use other individuals' accounts for Network and Internet activities.

I understand that through the use of the Internet any actions taken by me will reflect upon the Academy system as a whole. As such, I shall behave in a ethical and legal manner.

I release MEP Services, the Academy, and all other sponsoring organizations related to the Internet connection from any liability or damages that may result from the use of the Internet connection. In addition, I will accept full responsibility, as well as legal and financial liability, for the results of my actions regarding my use of the Internet. I release the school and related organizations from any liability relating to consequences resulting from my use of the Internet.

Signature _____ Date _____

Print Name _____

This policy and all its provisions are subordinate to local, state, and federal statutes.

PLEASE RETURN THIS PAGE TO THE MEP SERVICES ADMINISTRATION OFFICE.

MEP Services
HR Specialist
869 S. Old US 23
Suite 500
Brighton, MI 48114

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

**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	_____	_____	_____
Issuing authority: _____		_____	_____	_____
Document #: _____		_____	_____	_____
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) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

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

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

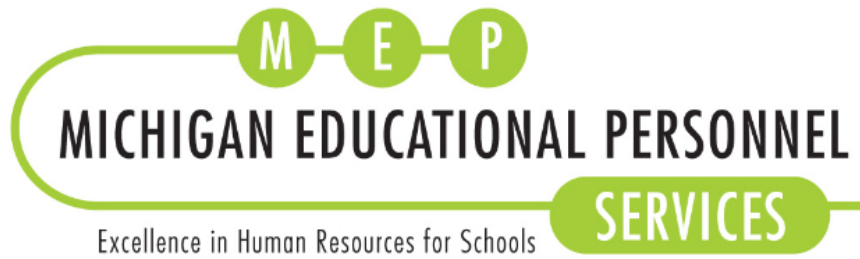
**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	5. Native American tribal document
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	6. U.S. Citizen ID Card (Form I-197)
	10. School record or report card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



Dear Staff,

Each year, there are trainings/courses that must be completed by employees prior to their start date.

❖ Bloodborne Pathogens for School Employees

It is important that you are up to date with your training every school year. This is why we have implemented a fast and convenient way to complete the trainings: online through an easy to use website, www.learnport.org.

Please follow the steps below to complete your trainings:

1. Go to www.learnport.org
2. On the left side of the page, click on “Login/Sign up,” go to “Create New Account”.
 - Enter User Information
 - Enter Manager name: Check Box to skip this section.
 - Select Organization: Select School Employee or Guest
 - Job Title: Click “Search” to display a list of job titles, please select the one that applies to you, if none do, select “Other”.
3. You should now be logged into your new Learnport Account. Please keep your username and password for your records.
4. To locate the correct blood-borne pathogens course, click on the tab “Learning Center” at the top of the page.
5. Next, click on “Course Catalog” and to search for the correct course type the course’s name listed above (exactly as shown or it may not appear).
6. Click on the course to begin!

Once you have completed the course and quiz, you will need to print out verification to send to MEP Services for your file. Go to “My Workspace”, then “My Transcript”. Here you will find Certifications for your completed courses.

If you need assistance using www.learnport.org, please call the Learnport Help Desk at (888) 889-2840.

Thank you,

MEP Services