



## APPLICATION FOR PROFESSIONAL POSITION

Date \_\_\_\_\_

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Last Name

First Name

Middle Initial

---

Address

Apartment #

---

City

State

Zip Code

Home Phone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Bus. Phone ( ) \_\_\_\_\_

Pager ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_

For I-9 verification please complete the following:

Social Security number \_\_\_\_\_

Driver's License number \_\_\_\_\_

Alien Registration number (if applicable) \_\_\_\_\_

In the case of a school emergency (i.e. inclement weather, canceled classes, etc.), please give an alternate number where you can be reached.

Phone number ( ) \_\_\_\_\_

In case of emergency we should notify:

\_\_\_\_\_ Relationship \_\_\_\_\_

Phone number ( ) \_\_\_\_\_

**EDUCATIONAL BACKGROUND** *Begin with most recent*

School and Location	# of years	Did you graduate? yes or no	Degree received	Date received

Do we have a copy of your resume? \_\_\_\_\_

Do we have a copy of your Curriculum Vitae? \_\_\_\_\_

Do we have a copy of any specialized certificates? \_\_\_\_\_

**EMPLOYMENT BACKGROUND**

Please describe your previous professional experience

Start with latest first *(If for any reason you do not wish us to contact them please indicate)*

Name and Location of Institution	Dates	Courses taught or position	Can we contact them?

Describe your personal professional development over the last three years.

*(Include courses, conventions, seminars and professional memberships)*

Date of Activity	Activity	Sponsored By

**REFERENCES** *(at least three)*

Name	Address	Phone	Can we contact them?

I certify that the information contained in this application is true to the best of my knowledge. I also understand that an official copy of my complete transcripts is necessary.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

*The Michigan Jewish Institute admits students without regard to race, religion, color, age, sex, sexual orientation, marital status, disability/handicap or national origin, granting all the rights, privileges, programs and other activities generally accorded or made available to students at the institute.*

*The Michigan Jewish Institute expressly forbids sexual harassment and discrimination in hiring, terms of employment, promotion, placement and discharge of employees, admission, training and treatment of students, the use of Institute facilities, and the awarding of contracts.*

**Please submit or complete the following documents:**

Resume/Curriculum Vitae

Transcript Release Form (for most advanced degree)

Annual Faculty Development Plan and Summary (Faculty positions only)

I-9

W-4 and MI W-4





# INSTRUCTION/ADMINISTRATION INFORMATION

750 FIRST STREET, NE, SUITE 980  
WASHINGTON, DC 20002-4241  
TEL: (202) 336-6780  
FAX: (202) 842-2593  
WWW.ACICS.ORG

List your typical duties for a week. List all classes taught and other duties performed, indicating the number of hours spent doing each (D=day, e=evening (please circle)).

Subject Taught or Duty Performed	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

What percentage of your working time has been spent during the past month in:

Teaching \_\_\_\_\_ Administration \_\_\_\_\_ Counseling \_\_\_\_\_ Field Work \_\_\_\_\_ Other (explain) \_\_\_\_\_

**PROFESSIONAL DEVELOPMENT INFORMATION** (for administrators only. Faculty members must have annually updated Faculty Development Plans with supporting documentation in their personnel files.

- Names, dates, and locations of methods courses or workshops attended in the past three years.
- Names, dates, and locations of conventions or educational meetings attended during the past three years.
- Organization and/or professional societies (related to your present position), in which you now hold membership.
- List visits made to prospective employers of your students, businesses, other schools, and/or related organizations during the past year.

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE, TO THE BEST OF MY KNOWLEDGE.

Signature of Faculty/Staff  
Member \_\_\_\_\_

Date \_\_\_\_\_



Michigan Jewish Institute  
6890 West Maple Road  
West Bloomfield, MI 48322-3032  
248-414-6900 or infor@mji.edu  
www.mji.edu

## ANNUAL FACULTY DEVELOPMENT PLAN/SUMMARY

Purpose: The purpose of a faculty development plan is to enhance faculty expertise.  
(For help with this form: Please email inquiries to [jbgardin@mji.edu](mailto:jbgardin@mji.edu))

Name \_\_\_\_\_  
Area of Teaching Specialization    Gen Ed, CIS, BIS, JS (circle all applicable)  
Status    Part-time Adjunct or Full Time (circle one)  
Time Period Covered by the Plan    Academic year 20    - 20

### In-service Activities Scheduled:

Date	In-Service Topic	Check if Attending	Documentation Attached

**Professional Growth Activities to be completed should include: any continuing education; professional membership; information on any current employment outside of MJI**  
(documentation must be attached for previous activities)

Date	Professional Growth Activity	Check if Attending later in current year	Documentation Attached

Please feel free to add rows to the above tables, as needed.

-more-

In the space provided below, give an explanation as why you have chosen to participate in the activities listed in your plan, i.e., explain why this plan is suited to your needs as an instructor:

**Explanation:**

\_\_\_\_\_  
Signature (Faculty)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Supervisor)

\_\_\_\_\_  
Date

*RELEASE OF INFORMATION*  
*Disclosure and Authorization*

In connection with my employment application, and, if applicable, my continued employment with the Michigan Jewish Institute, I hereby authorize the Michigan Jewish Institute, through its employees, representatives, agents and independent contractors, now or at any time I am employed by the Michigan Jewish Institute, to obtain from a consumer reporting agency a copy of a consumer report and/or an investigative consumer report on me (in accordance with the Fair Credit Reporting Act, Title VI – Consumer Credit Reporting (15 U.S.C. 1881 et. Seq.) as amended by the Consumer Credit Reporting Reform Act of 1994, effective October 1, 1997).

I further authorize the Michigan Jewish Institute to conduct a comprehensive review of my background including public record information, criminal records, motor vehicle records, credit, bankruptcy proceedings, workers' compensation claims, names and dates of previous employers, reason for termination of employment and work experience, a general background investigation and any other searches or investigations the Michigan Jewish Institute deems necessary to confirm, determine or evaluate my prior employment, military status, academic achievement, credentials/professional licenses, general credit worthiness, credit standing, general background, character and general reputation. All information obtained pursuant to the Disclosure and Authorization form shall be utilized to determine my eligibility for employment and continued employment, as the case may be.

I also authorize and direct all individuals and entities including, without limitation, all schools, businesses, corporations, credit bureaus, law enforcement agencies, armed forces, employment commissions and governmental agencies to release any and all information without restriction or qualification pursuant to this Disclosure and Authorization. I agree to release the Michigan Jewish Institute and all parties from liability and from any damage that may result from giving or receiving such information.

A photocopy or facsimile of this Disclosure and Authorization form shall be considered as effective and valid as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

# Form W-4 (2008)

**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 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## 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:   
 { • 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 \$1,500 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G** **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.   
 • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. **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.**   
 { • 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 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 (\$25,000 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.

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

Form <b>W-4</b> <small>Department of the Treasury Internal Revenue Service</small>	<b>Employee's Withholding Allowance Certificate</b>  ► <b>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.</b>	OMB No. 1545-0074 <b>2008</b>
1 Type or print 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. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
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)	5 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2008, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> 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 <small>(Form is not valid unless you sign it.)</small> ►		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)

**Deductions and Adjustments Worksheet**

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1** Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . **1** \$ \_\_\_\_\_
- 2** Enter: 

{	\$10,900 if married filing jointly or qualifying widow(er)	}	. . . . .	<b>2</b>	\$ _____
\$ 8,000 if head of household					
\$ 5,450 if single or married filing separately					
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest . . . . . **4** \$ \_\_\_\_\_
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) . . . . . **5** \$ \_\_\_\_\_
- 6** Enter an estimate of your 2008 nonwage income (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_
- 7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” . . . . . **7** \$ \_\_\_\_\_
- 8** **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction . . . . . **8** \_\_\_\_\_
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . **9** \_\_\_\_\_
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** \_\_\_\_\_
- 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” . . . . . **2** \_\_\_\_\_
- 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_
- Note.** If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
- 5** Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
- 6** **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
- 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . **7** \$ \_\_\_\_\_
- 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_
- 9** Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,500	0	\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
4,501 - 10,000	1	6,501 - 12,000	1	65,001 - 120,000	880	35,001 - 80,000	880
10,001 - 18,000	2	12,001 - 20,000	2	120,001 - 180,000	980	80,001 - 150,000	980
18,001 - 22,000	3	20,001 - 27,000	3	180,001 - 310,000	1,160	150,001 - 340,000	1,160
22,001 - 27,000	4	27,001 - 35,000	4	310,001 and over	1,230	340,001 and over	1,230
27,001 - 33,000	5	35,001 - 50,000	5				
33,001 - 40,000	6	50,001 - 65,000	6				
40,001 - 50,000	7	65,001 - 80,000	7				
50,001 - 55,000	8	80,001 - 95,000	8				
55,001 - 60,000	9	95,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 100,000	12						
100,001 - 110,000	13						
110,001 - 120,000	14						
120,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.





## **EMPLOYEE ACKNOWLEDGEMENT OF RECEIPT: MJI CONFIDENTIALITY OF STUDENT RECORDS POLICY**

I acknowledge that I have received a copy of the MJI Confidentiality of Student Records Policy Statement. Furthermore:

I will not, directly or indirectly, use, make available, sell, disclose or otherwise communicate to any third party, other than in my assigned duties and for the benefit of the student or MJI, any of the students' Confidential Information, either during or after my employment with MJI. Furthermore, I acknowledge that I am aware that the unauthorized disclosure of Students' Confidential Information may be highly prejudicial to their interests, an invasion of privacy, an improper disclosure of otherwise secret information and completely against MJI policy.

I shall maintain at my workstation and/or any other place under my control only such Confidential Information as I have a current "need to know." I shall return to the appropriate person or location or otherwise properly dispose of Confidential Information once that need to know no longer exists. I shall not make copies of or otherwise reproduce Confidential Information unless there is a legitimate business need for such reproduction.

Upon request or when my employment with MJI terminates, I will immediately deliver to MJI all copies of any and all materials and information received from, created for, or belonging to MJI including, but not limited to, those which relate to or contain Student Confidential Information.

---

Employee signature

---

Date

**EMPLOYEE ACKNOWLEDGEMENT OF RECEIPT:**

**MJI POLICIES AND PROCEDURES MANUAL**

I acknowledge that I have received a copy of the MJI Policies and Procedures manual via electronic delivery (e.g., CD, diskette or off the MJI website). I have read it and understand all MJI policies or I have had them explained to me so that I understand them. Furthermore, I agree to abide by all MJI policies and procedures as they now exist or as they may be promulgated in the future. I will conduct my activities as they relate to MJI, accordingly.

Upon request or when my employment with MJI terminates, I will immediately deliver to MJI all copies of any and all paper, electronic or other materials and information received from, created for, or belonging to MJI.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

**EMPLOYEE ACKNOWLEDGEMENT OF RECEIPT: MJI ELECTRONICS ASSETS MANAGEMENT POLICY NO. EAM 1001**

I acknowledge that I have received a copy of the MJI Policy on Electronic Assets Management, Policy Number EAM 1001. I have read it and understand it or I have had it explained to me so that I understand it. Furthermore, I agree to abide by all the particular issues raised in the policy and will conduct my activities as they relate to MJI Electronic Assets, accordingly.

Upon request or when my employment with MJI terminates, I will immediately deliver to MJI all copies of any and all electronic materials and information received from, created for, or belonging to MJI including, but not limited to, a description of all electronic directory trees and their subdirectories and associated files that I have in my possession or that I have created.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date



# MICHIGAN JEWISH INSTITUTE

## Academic Transcript Request - For faculty position

Attention Registrar at:

Name of School Attended: \_\_\_\_\_

Attended <input type="checkbox"/> Main Campus <input type="checkbox"/> Other Location: _____ _____
---

Address: \_\_\_\_\_

_____	_____	_____	_____
City	State	Postal Code	Country

Please  Fax or email (and)  Mail one copy of my official academic transcript to:

(248) 414-6907  
or  
info@mji.edu

HUMAN RESOURCES  
Michigan Jewish Institute  
19900 W. Nine Mile Rd., Ste. 200  
Southfield, MI 48075-3934

In reference to my application  for admission  for employment

Please send my transcript (check one):

- AS SOON AS POSSIBLE  AFTER MY GRADES ARE LISTED FOR THE CURRENT SEMESTER  
 AFTER MY DEGREE IS POSTED  HOLD FOR \_\_\_\_\_

Student's Name last first middle	Social Security No
Name enrolled under, if different	Birth Date day / month / year
Dates of Attendance	Date of Graduation
Phone / daytime ( )	Phone / evening ( )
Current Address	email address
City	State Postal Code Country

My signature below authorizes you to issue my transcript as indicated on this page.

Signature \_\_\_\_\_ Date \_\_\_\_\_



RETURN COMPLETED APPLICATION TO:  
 INTERNATIONAL EVALUATION SERVICES  
 P.O. BOX 505  
 MARLBORO, NJ 07746-0505  
 Tel: (732) 462-5502 Fax: (732) 462-5664

## APPLICATION FOR EVALUATION

***PLEASE SEE INSTRUCTIONS ON REVERSE SIDE BEFORE FILLING OUT THIS FORM***

**1. PURPOSE OF EVALUATION:**

O Immigration  Employment O Further Education O Professional O Certification/Licensing

**2. BASIC APPLICATION FEES (choose one)**

General Document Review (\$50) O Course by Course Report (\$100) O Professional/Work Experience (\$250)

**3. RUSH SERVICE FEES (choose one)**

O Same Day (\$125) O One (1) Day (\$100) O Four (4) Days (\$75)

(Rush Fees are in addition to the Evaluation Fees)

**4. EXTRA COPIES** Copies Requested \_\_\_\_\_ (at \$10 each) Notarized Evaluations \_\_\_\_\_ (at \$10 each)

**5. INCLUDE PAYMENT WITH EVALUATION REQUEST: Amount Enclosed \$ \_\_\_\_\_**

**6. APPLICATION** (please print or type)

Name \_\_\_\_\_  
(Last/Family name) ( First/Given) (Middle or other)

Mailing Address: MJI Human Resources Department  
 19900 West Nine Mile Road, Ste. 200  
 Southfield, MI 48075-3934

7. Day Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

S.S./ID No. (optional) \_\_\_\_\_ O Male O Female

8. Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

9. Have you ever submitted an application to IES? O Yes O No If yes, Date \_\_\_\_\_ IES Reference # \_\_\_\_\_  
 From whom did you learn about IES? \_\_\_\_\_

10. Please list all educational institutions attended, beginning with secondary school and including the one you are currently attending.

Name of Institution	Degree/Diploma	Year of Graduation	Country	Dates of Attendance	
				From	To

I hereby certify that all the information provided herewith by me is correct, I have read and understood the instructions and conditions provided in this application and agree to the terms stated herein. I understand that this report is advisory and not binding upon any agency or institution that uses it. Finally, I release International Evaluation Services and its officers from any liability for damages resulting from the use to which I or any agency or institution puts the evaluation report.

Signature of Applicant or Legal Representative \_\_\_\_\_ Full Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

**THIS STATEMENT MUST BE SIGNED IN ORDER TO HAVE AN EVALUATION PREPARED**

## INSTRUCTIONS AND TERMS

### Section I (Required Documentation)

- o Check or Money Order payable to: **International Evaluation Services.**
- o A **self addressed, stamped envelope** (9.5" x 4.25" business size).
- o Clear and legible photocopies of all original educational documents must accompany each application.
- o All final degrees, diplomas and certificates.
- o All transcript/grade reports/marksheets that show all the subjects studied/examinations/and grades.
- o All non-English documents must be submitted with a complete, literal, word-for-word official English translation.
- o IES will not require original documents unless their authenticity is questionable
- o In addition, for combined professional/educational evaluations, the following is also required:
  - a) Detailed resume listing job titles, responsibilities, and number of years employed;
  - b) Professional diploma(s)/Certificate(s), if any;
  - c) Letter(s) from employer(s) stating number of years employed, duties and job title(s), including last job title attained;
  - d) A thorough description of the job duties.

### Section II (Types of Evaluation Reports)

- o **General Document Review** - This report includes an evaluation and explanation of each educational diploma or certificate and its American equivalencies. This report is best suited for those seeking employment, professional licensing, and/or immigration status. Be sure to enclose copies of all terminal diplomas or certificates.
- o **Course-by-Course Report** - In addition to describing each educational diploma or certificate, this report provides comparable American grade and credit equivalencies for undergraduate and graduate level education. This report is best suited for those wishing to be considered for advanced standing at a college and/or university, or for other matters such as licensing and employment, where specific subject areas must be identified.
- o **Professional/Work Experience** - This report includes an educational evaluation combined with work experience in accordance with INS Regulation 8CFR214.2(H)(4)(iii)(DX5).

### Section III (Fee Schedule)

- o **General Document Review . . . . . \$50.00**
- o **Course- by-Course Report . . . . . \$100.00**
- o **Work Experience/Professional Report . . \$250.00**

Reports are usually generated within (10) to (15) business days from the receipt of all fees and documentation.

### (Rush Service - fees in addition to the evaluation fee)

- o **Same Day** - The evaluation is completed, faxed, and mailed **on the same business day: \$125.00**
- o **Priority Rush** - The evaluation is completed, faxed, and mailed **within one (1) business day: \$100.00**
- o **Rush Service** - The evaluation is completed, faxed, and mailed **within four (4) business days: \$75.00**

### (Extra Copies/Notarized and Mailing Service)

- o **Additional Copies:** One original report is included in the evaluation fee. Additional copies requested with the initial evaluation report cost **\$10.00** each. If the request is made at a later date, each copy requires a fee
- o **Notarized Evaluation Report:** Each notarized evaluation report requires a fee of **\$15.00.**
- o **Mailing Service (fees subject to change):**  Domestic Overnight (add **\$15.00**)  Certified Mail (add **\$5.00**)

### Section IV (Procedures and Terms)

**Request for Additional Documentation or Information** - In case of incomplete documentation and information, a document request will be issued. An evaluation report will be prepared after all necessary documents have been submitted to International Evaluation Services.

**Re-evaluation** - Re-evaluations based on documents not submitted with the original request are considered new evaluations, and a second payment of the basic fee is required.

**Re-Assessment of Educational Equivalencies** - IES evaluations are based upon the investigation and interpretation of the most current information and resources available to qualified evaluators in the United States. IES reserves the right to modify educational equivalencies as new and additional information becomes available.

**Forged and/or Altered Documents** - IES reserves the right to verify the authenticity of documents submitted to us by contacting the issuing institution(s). If IES is notified that the document(s) has/have been forged, altered/or tampered in any way, the evaluation report will be canceled. All documents become the property of International Evaluation Services. All the recipients on the application form will be notified, and no fees will be refunded.

**International Evaluation Services** reserves the right not to accept an application for evaluation.

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**THE EVALUATION STANDARDS FOLLOWED ARE THOSE APPROVED BY THE  
NATIONAL COUNCIL OF THE EVALUATION OF FOREIGN EDUCATIONAL CREDENTIALS**