

Clover Hill Park Cemetery of Congregation Sharrey Zedek  
2425 E. 14 Mile Road, Birmingham, MI 48009  
Phone: 248-723-8884

**TEMPORARY, SEASONAL EMPLOYMENT APPLICATION**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_

Social Security: \_\_\_\_\_

Drivers License/State I.D. \_\_\_\_\_

Previous Employment \_\_\_\_\_

\_\_\_\_\_

Have you had previous grounds work experience? \_\_\_\_Yes \_\_\_\_No

If you answered "Yes", please state where- \_\_\_\_\_

**Cemetery Hours: M—Fri: 8:00 a.m.—4:30 p.m. & Sunday 8:00 a.m.—4:30 p.m**

What hours and days are you available to work? \_\_\_\_\_

What date can you start? \_\_\_\_\_

\_\_\_\_\_

Would you be agreeable to taking a physical examination? \_\_\_\_Yes \_\_\_\_No

Would you be agreeable to taking a drug screening exam? \_\_\_\_Yes \_\_\_\_No

This application does not guarantee employment nor bind Clover Hill Park Cemetery to any specific commitments.

According to the terms of the Union Contract, no "Temporary Summer Employee" shall be hired prior to March 1 of any calendar year, nor shall they be retained in employment past December 15 of any calendar year. Please initial this understanding: \_\_\_\_\_

(Employee Initials)

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Checked by: \_\_\_\_\_

Remarks: \_\_\_\_\_

Employee ID \_\_\_\_\_ Start Date \_\_\_\_\_ Hourly Rate \_\_\_\_\_

## Emergency Contact Information

Employee Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Address \_\_\_\_\_

\_\_\_\_\_

Contact Telephone # \_\_\_\_\_

***Clover Hill Park Cemetery of Congregation Shaarey Zedek  
2425 E. Fourteen Mile Road  
Birmingham, MI 48009  
248-723-8884***

## **Unemployment Insurance Statement**

I \_\_\_\_\_, by signing this letter, acknowledge that  
(please print)

I have been informed by Clover Hill Park Cemetery that the company does not make contributions to the Federal Unemployment Tax Act or to the Michigan Unemployment Insurance Agency.

Clover Hill Park Cemetery is a non-profit, religious organization and as such, has a special tax-exempt status and is not liable for Michigan or federal unemployment taxes.

I fully understand that I will **NOT** be entitled to unemployment benefits upon leaving Clover Hill Park Cemetery, and fully understand that my employment with Clover Hill Park Cemetery will be on a seasonal, temporary basis.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Employee's Withholding Certificate**

OMB No. 1545-0074

- ▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
 ▶ Give Form W-4 to your employer.  
 ▶ Your withholding is subject to review by the IRS.

**2022****Step 1:****Enter  
Personal  
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 **ONLY** if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2:****Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or  
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐

**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for **only ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3:****Claim  
Dependents**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$

Multiply the number of other dependents by \$500 . . . ▶ \$

Add the amounts above and enter the total here . . . 3 \$

**Step 4  
(optional):****Other  
Adjustments**

- (a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . 4(a) \$

- (b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . 4(b) \$

- (c) **Extra withholding.** Enter any additional tax you want withheld each pay period . . . 4(c) \$

**Step 5:****Sign  
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ Employee's signature (This form is not valid unless you sign it.)

▶ Date

**Employers  
Only**

Employer's name and address

First date of  
employment

Employer identification  
number (EIN)

# MI-W4

(Rev. 12-20)

## EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. Read instructions on page 2 before completing this form.

Issued under P.A. 281 of 1967.

▶ 1. Full Social Security Number			▶ 2. Date of Birth		
▶ 3. Name (First, Middle Initial, Last)			4. Driver's License Number or State ID		
Home Address (No., Street, P.O. Box or Rural Route)			▶ 5. Are you a new employee? <input type="checkbox"/> Yes If Yes, enter date of hire..... (mm/dd/yyyy) <input type="checkbox"/> No		
City or Town	State	ZIP Code			
6. Enter the number of personal and dependent exemptions (see instructions) ..... ▶ 6.					
7. Additional amount you want deducted from each pay (if employer agrees) ..... 7. \$ .00					
8. I claim exemption from withholding because (see instructions): a. <input type="checkbox"/> A Michigan income tax liability is not expected this year. b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____ c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____					
<b>EMPLOYEE:</b> If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records. See additional instructions on page 2.					
Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number I am allowed to claim. If claiming exemption from withholding, I certify that I do not anticipate a Michigan income tax liability this year.					
9. Employee's Signature					▶ Date

### EMPLOYER: Complete the below section.

10. Employer's Name		▶ 11. Federal Employer Identification Number	
Address (No., Street, P.O. Box or Rural Route)	City or Town	State	ZIP Code
Name of Contact Person	Contact Phone Number		

**INSTRUCTIONS TO EMPLOYER:** Keep a copy of this certificate with your records. All new hires must be reported to the State of Michigan. See [www.mi-newhire.com](http://www.mi-newhire.com) for information.

In addition, a copy of this form must be sent to the Michigan Department of Treasury if the employee claims 10 or more exemptions or claims they are exempt from withholding. Send a copy to:

Michigan Department of Treasury  
Tax Technical Section  
P.O. Box 30477  
Lansing, MI 48909



Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	<div>QR Code - Section 1 Do Not Write In This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: _____ OR	
2. Form I-94 Admission Number: _____ OR	
3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page

