



# CITY OF BATTLE CREEK

## CITY CLERK

Thank you for your interest in serving the City of Battle Creek as an Election Inspector. The City has 23 precincts that serve 39,000 voters. Duties of an Election Inspector include assisting voters at the polls, checking registrations, entering names in Poll Books, setting up voting stations, etc.

To be an Election Inspector, the following conditions must be met:

- ✓ A U. S. Citizen
- ✓ 16 to 18 years of age and a resident of the State of Michigan **or** 18 years of age and a registered voter in the State of Michigan
- ✓ **Form CA-7 Work Permit is required from your school and parent/guardian if you are under 18 years of age and limited to 10 hours in one day (Complete attached yellow form)**
- ✓ Attend an Election Inspector 2 Year Certification training session
- ✓ Ability to work at any Polling location
- ✓ Ability to work from 6:00 AM on Election Day until the polls close and final balancing is completed
- ✓ Available to complete additional balancing at the Calhoun County Board of Canvassers as necessary (the week of the election and the following week).
- ✓ **Cannot have ever been convicted of a Felony or Election Crime ever**

Inspectors normally work a 16 hour day beginning at 6:00 A.M. and are paid \$9 per hour.

Please complete the enclosed application documents and return them to the City Clerk's Office, along with a copy of your driver's license or ID and your Social Security card. Your application cannot be processed without identification and SS information.

Sincerely,

*Victoria L. Houser*

Victoria L. Houser  
City Clerk

By signing below you acknowledge that you understand and meet the above requirements to be an Election Inspector.

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

\_\_\_\_\_  
Date:

10 NORTH DIVISION SUITE 111 P.O. BOX 1717 BATTLE CREEK MICHIGAN 49016-1717

PHONE (269) 966-3348 FAX (269) 966-3555 WEB: [WWW.BATTLECREEKMI.GOV](http://WWW.BATTLECREEKMI.GOV)

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**APPLICANT STATEMENT**

I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions – verbal or written – may disqualify me from further consideration for employment and may result in discipline or dismissal, at the City’s discretion, if discovered at a later date.

I authorize a thorough investigation of all statements and references contained in this application and of my employment, educational and criminal history, including discipline and attendance records, and agree to cooperate in such investigation. I release from all liability and responsibility all persons and entities requesting or supplying such information and waive any right to notice of such disclosure.

I understand that employees of the City who are not represented by a collective bargaining unit, are employed on an at-will basis, and are subject to termination at any time, with or without notice, discipline, or warning, for any or no reason. No person other than the City Manager, or his designee, has authority to offer employment for any specified period or to make any different agreement. No such agreement will be enforceable unless it is in writing, pertains specifically to me, and is signed by the City Manager, or his designee. Without limiting the foregoing, I further understand that I am required to abide by all rules and regulation of the City and to work the hours, days and shifts (either day or night) scheduled by the management of the unit in which I am employed.

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**Employee Signature**

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**Print Name**

**ACKNOWLEDGEMENT OF  
TEMPORARY EMPLOYMENT**

I understand I am being employed by the City of Battle Creek in a temporary capacity only and for such time as my services are required. I understand that this temporary employment does not entitle me to any special consideration for permanent employment. I further understand that my temporary employment is “at-will” and may be terminated by either party at any time without resort to any disciplinary procedures set forth for permanent employees. I also understand that I am not eligible to participate in any fringe benefit program, retirement program, or any other programs available to permanent employees (unless required by law) and in the event I am allowed participation in any benefit or program, then my continued participation may be voluntarily withdrawn or terminated by the City of Battle Creek at any time.

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**Employee Signature**

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**Date**

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**Print Name**

# State of Michigan Election Inspector Application

(Complete in your own handwriting and return to your local City/Township Clerk - find your local Clerk at [mi.gov/vote](http://mi.gov/vote))

## personal information

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

Phone #'s Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Registered in  City or  Township of \_\_\_\_\_ Pct # \_\_\_\_\_ Ward # \_\_\_\_\_

County of \_\_\_\_\_

Political Party Affiliation (**REQUIRED**; must be a recognized state party & may not be Independent):

Republican  Democratic  Libertarian  U.S. Taxpayers  Green  Natural Law  Working Class

Have you ever been convicted of a felony or election crime?  Yes  No

## education and experience information

Education Background (include highest grade completed or degree held) \_\_\_\_\_

Employment Background (include current or last place of employment and type or work performed)

Languages other than English that you speak (if any) \_\_\_\_\_

Please rate your computer experience (data look-up, database processing, creating .pdfs, etc.):

1 = not experienced, 5 = very experienced

1  2  3  4  5

Past experience as an election inspector, if any (include name of jurisdiction) \_\_\_\_\_

Do you have transportation?  Yes  No

Will you work at any polling place?  Yes  No If not, explain: \_\_\_\_\_

## signature and certification

I CERTIFY THAT I am not a member or a known active advocate\* of a political party other than the party identified above. I FURTHER CERTIFY THAT the foregoing statements are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\* A "known active advocate" of another political party is defined to mean a person who 1) is a delegate to the convention or an officer of another party; 2) is affiliated with another party through an elected or appointed government position or; 3) has made documented public statements specifically supporting by name another political party or its candidates in the same calendar year as the election at which the person will serve as an inspector. "Documented public statements" means statements reported by the news media or written statements with a clear and unambiguous attribution to the applicant.

ANY FALSE STATEMENTS MADE ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT.

Approved by State Director of Elections (August 2017)

# Form W-4 (2018)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

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

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2018</span>
<b>▶ Whether you're 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>				
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. <b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate."	
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 800-772-1213 for a replacement card. <input type="checkbox"/>	
5	Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .			5
6	Additional amount, if any, you want withheld from each paycheck . . . . .			6 \$
7	I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• 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></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶			
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 ( <b>Employer:</b> Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)

your wages and other income, including income earned by a spouse, during the year.

**Line G. Other credits.** You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

### **Deductions, Adjustments, and Additional Income Worksheet**

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### **Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### **Instructions for Employer**

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/programs/css/employers](http://www.acf.hhs.gov/programs/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).

**Personal Allowances Worksheet (Keep for your records.)**

- A** Enter "1" for yourself . . . . . **A** \_\_\_\_\_
- B** Enter "1" if you will file as married filing jointly . . . . . **B** \_\_\_\_\_
- C** Enter "1" if you will file as head of household . . . . . **C** \_\_\_\_\_
- D** Enter "1" if: {
  - You're single, or married filing separately, and have only one job; or
  - You're married filing jointly, have only one job, and your spouse doesn't work; or
  - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.} **D** \_\_\_\_\_
- E Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
  - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.
  - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.
  - If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.
  - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . . **E** \_\_\_\_\_
- F Credit for other dependents.**
  - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.
  - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
  - If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" . . . . . **F** \_\_\_\_\_
- G Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here . . . **G** \_\_\_\_\_
- H** Add lines A through G and enter the total here . . . . . **H** \_\_\_\_\_

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

**Deductions, Adjustments, and Additional Income Worksheet**

- Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.
- 1** Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details . . . . . **1** \$ \_\_\_\_\_
  - 2** Enter: {
    - \$24,000 if you're married filing jointly or qualifying widow(er)
    - \$18,000 if you're head of household
    - \$12,000 if you're single or married filing separately} . . . . . **2** \$ \_\_\_\_\_
  - 3 Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
  - 4** Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . . **4** \$ \_\_\_\_\_
  - 5 Add** lines 3 and 4 and enter the total . . . . . **5** \$ \_\_\_\_\_
  - 6** Enter an estimate of your 2018 nonwage income (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_
  - 7 Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . **7** \$ \_\_\_\_\_
  - 8 Divide** the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . . **8** \_\_\_\_\_
  - 9** Enter the number from the **Personal Allowances Worksheet**, line H above . . . . . **9** \_\_\_\_\_
  - 10 Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1, page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . **10** \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . **1** \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 through 9 below to figure 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 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. 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 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

**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. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. 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 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, the District of Columbia, and

U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use 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 aren't required to provide the information requested on a form that's 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.



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **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	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<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. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**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*





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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

**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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

**State of Michigan  
 Combined Offer of Employment and Work Permit/Age Certificate  
 CA-7 for minors 16 and 17 years of age**

Permit Number for School Use (optional)
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**Employer Information:**

- The employer must have a completed front and back yellow work permit form on file **before** a minor begins work.
- The employer or an employee who is 18 years of age or older must provide competent adult supervision at all times.
- The employer of the minor must comply with federal, state, and local laws and regulations including nondiscrimination against any applicant or employee because of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status, or disability.
- The employer must return the work permit to the issuing officer upon termination of the minor's employment.

**Directions: Please type or print using black ink pen. ALL FIELDS MUST BE COMPLETED. Back of this form must have summary of requirements.**

**Section I: Each Box must be Completed by Minor Applicant and Parent/Guardian**

Name of Minor:		Address:		City:	ZIP:
Age:	Date of Birth Month/Day/Year:	Last Four Digits of Social Security Number:		Contact Telephone Number for Minor:	
Name of School (present or last attended):		Address:		City:	ZIP:
<b>Last Grade Completed:</b> School Status (check one): <input type="checkbox"/> in school <input type="checkbox"/> home school <input type="checkbox"/> online/Cyber/Virtual school <input type="checkbox"/> not attending school				Type of Business (i.e., fast food, manufacturing):	
Signature of Minor: (x)		Name of Parent/Guardian (circle one):		Parent/Guardian Telephone:	

**Section II: Each Box must be Completed by the Employer - Offer of Employment**

Name of Business :		Address:		City:	ZIP:
Earliest Starting Time 6:00 a.m. No earlier than 6:00 am No earlier than 6:00 am	Latest Ending Time 10:30p.m. No later than 10:30 pm(Sun-Thurs) No later than 11:30 pm (Fri-Sat)	Hours per Day: <b>No more than 8</b>	Number of Days per Week: <b>No more than 6 per week</b>	Total Hours of Employment: <b>No more than 24 when school in session; No more than 48 when school not in session</b>	
Applicant's Job Title:	Hourly Wage:	Name Job Duties/Tasks to be Performed by Minor:		Name Equipment/Tools to be Used by Minor:	
Will the minor be working under an hours deviation granted by the Michigan Department of Education? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach the Individual Application for Hours Deviation for 16 and 17 Year Old Minors along with this original yellow CA-7 and mail to: <b>MDE/OCTE P.O. Box 30712, Lansing, Michigan 48909</b> , for approval					
Signature of Employer: (x)		Title:		Telephone:	Date:

**Section III: Each Box must be Completed by School's Issuing Officer – Must be Signed by the Issuing Officer to be Valid**

This is to certify that: (1) the minor personally appeared before me, (2) this form was properly completed, (3) listed job duties are in compliance with state and federal laws and regulations, (4) listed hours are in compliance with state and federal laws and regulations, (5) this form was signed by student and employer, and I authorize the issuance of this work permit.	Evidence of Age Confirmed by (issuing officer checks one): <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Arrival in the U.S. <input type="checkbox"/> Driver's License <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> School Record <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Other (describe)		Number of Work Hours per Week, when School is in Session: <b>No more than 24 hours per week</b>
			Number of Work Hours while school is not in session (Summer, Spring, Xmas vacation): <b>No more than 48 hours per week</b>
	Name of School District:  Address:  City, State, ZIP:  Telephone Number:		Printed Name of Issuing Officer:  Signature of Issuing Officer:  (x)

## Summary of Requirements CA-7 MICHIGAN WORK PERMIT AND AGE CERTIFICATE

The **Minimum Age for Employment is 14 years** except that a minor 11 years of age or older may be employed as a youth athletic program referee or umpire for an age bracket younger than his/her own age or as a golf or bridge caddy; 13 years of age or older may be employed to perform services which entail setting traps for formal or informal trap, skeet and sporting clays shooting events or in some farming occupations described in section 4(3) of the Youth Employment Standards Act 90 of 1978. ***Adult supervision is required, at all times.***

**Who Needs a CA-7 Yellow Work Permit?** A 16 or 17 year old minor attending any type of schooling (***including but not limited to home school – cyber school – online school – virtual school***) or not attending school or is an out of state resident and not specifically exempt from the Youth Employment Standards Act (P.A. 90 of 1978) sections ***409.116; 409.117; 409.118; 409.119***. This completed (all sections I, II, III) yellow CA-7 work permit allows a minor to be employed, only by the employer at the location, listed in Section II; therefore, ***minor shall not begin*** employment in an occupation regulated by this act until the person proposing to employ the minor procures and keeps on file at the place of employment a completed original yellow CA-7 which is valid ***until minor turns 18 or graduates***, as long as the minor works for the same employer.

**Who Issues the Work Permit?** A State of Michigan issuing officer is the chief administrator of a school district, intermediate school district, public school academy, or nonpublic school, or a person authorized by that chief administrator in writing to act on his/her behalf.

**Employment of Minors:** A minor under 18 years of age shall not be employed in, about, or in connection with an occupation that is hazardous or injurious to minor's health or personal well-being or which is contrary to standards established by state and federal acts, (i.e., construction, slicers, motor vehicle operation, power-driven machinery).

### **Instructions for Completing and Issuing:**

1. The Minor obtains the yellow CA-7 from a State of Michigan Issuing Officer of the school district and completes Section I.
2. The Minor takes the yellow CA-7 to the Person/Employer proposing to employ the minor to complete Section II.
3. The Employer/Person gives the yellow CA-7 back to the minor to return to the State of Michigan Issuing Officer who verifies age of minor (using best available evidence ***409.105 of Public Act 90 of 1978***) and ensures compliance with state and federal laws and regulations.
4. The State of Michigan Issuing Officer, after reviewing all information in Sections I, II and III then sign and date in Section III.
5. The State of Michigan Issuing Officer makes copy of CA-7 and place copy in minor's permanent school file and returns original to the minor.
6. The Minor gives completed original yellow CA-7 Work Permit to the Employer/Person listed in Section II ***before*** beginning work.

The failure or refusal to issue a work permit by the school may be appealed by the minor in accordance with Public Act 306 of 1969.

**Employer's Responsibilities:** The issuance of a work permit ***does not authorize*** employment of minors contrary to state or federal laws and regulations.

- Must have a valid (front and back) and completed original yellow CA-7 Work Permit form ***before*** a minor begins work.
- Shall keep the original yellow work permit form and any approved deviation with parental consent on file at the place of employment.
- Must provide competent adult supervision, at least 18 years of age or older, at all times.
- Must comply with federal, state, and local laws and regulations including nondiscrimination against any applicant or employee because of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status, or disability.
- Records required by Public Act 90 of 1978, as amended, must be maintained and made available for inspection by an authorized representative of the department.
- Must return the work permit to the issuing officer upon termination of the minor's employment.
- Must post all required work place poster at work site/work location; "Posting Requirement" may be downloaded at [www.michigan.gov/rmde](http://www.michigan.gov/rmde).

**Issuing Officer's Responsibilities:** A copy of the CA-7 and any Michigan Department of Education deviation forms shall be filed in the minor's permanent school file. Work permits shall not be issued if the work is hazardous or injurious, information is incomplete, or if the minor's employment is in violation of state or federal laws and regulations.

### **Minors 16 or 17 Years of Age Work Hours:**

1. No more than 6 days in one (1) week.
2. No more than a weekly average of 8 hours in one (1) day.
3. No more than 10 hours in one (1) day.
4. No more than 24 work hours in one (1) week when school ***is in*** session ***regardless*** of the number of school hours.
5. No more than 48 work hours in one (1) week when school ***is not*** regularly in session (Christmas, Spring or Summer vacation, etc.)
6. Not more than 5 hours continuously without a documented and uninterrupted 30 minutes or more meal or rest period.
7. Sunday - Thursday between the hours of 6:00 a.m. and 10:30 p.m.
8. Friday - Saturday between the hours of 6:00 am and 11:30 p.m., and not regularly attending school (i.e., summer vacation, etc).

**Hours Deviations:** At any time an employer may apply through the Office of Career and Technical Preparation for a General Hours or an Individual Application for Hours Deviation allowing the minor to work beyond the legal hours of employment allowed by the act (***409.120(2)***).

**Michigan Youth Employment Standards Act (P.A. 90 of 1978):** For information about the law, rules, and regulations contact the Office of Career and Technical Preparation, PO Box 30712, Lansing, MI, 48909, phone 517/373-3373, [www.michigan.gov/octp](http://www.michigan.gov/octp) and click on 'Career Preparation System', then select 'Work Based Learning Guide For Risk Management' and go to section 6.

**Federal Fair Labor Standards Act:** For information about federal child labor provisions contact the U.S. Department of Labor, Wage and Hour Division, at 1-866-4USWAGE or [www.youthrules.dol.gov](http://www.youthrules.dol.gov).

**Revocation of Permit:** A permit may be revoked by the school issuing officer if: (1) poor school attendance results in a level of school work lower than that prior to beginning employment or (2) the Michigan Department of Education/U.S. Department of Labor informs the school of an employer's violations of state or federal laws or regulations. Any minor who has a permit revoked shall be informed of the appeal process by the school.

**THIS DEVIATION IS NOT VALID WITHOUT ORIGINAL FRONT AND BACK YELLOW WORK PERMIT**

**INDIVIDUAL APPLICATION FOR HOURS DEVIATION  
FOR 16 AND 17 YEAR OLD MINORS**

Michigan Department of Education  
Office of Career and  
Technical Education

**Mailing Address:**

P.O. Box 30712  
Lansing, MI 48909  
Telephone#: (517) 335-6041  
Facsimile#: (517) 373-8776  
www.michigan.gov/mde

**FOR OFFICE USE ONLY**

Approval Date: \_\_\_\_\_

Expiration Date: *Minor's 18<sup>th</sup> birth date  
and/or graduate*

Authority: Act 90, Public  
Acts of 1978 as amended

MDE is an equal opportunity employer/program. Auxiliary aids, services, and other reasonable accommodations are available, upon request, to individuals with disabilities. Call (517) 335-6041 to make your needs known to this agency.

**EMPLOYER INFORMATION**

**IMPORTANT:** Deviation of hours cannot be granted unless this form is completed and returned for review and approval. If approved by the Department, the deviation is valid for the purpose indicated. ***An adult supervisor must be present during the period of time during which the minor works.***

Business Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Corporate Name: \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Corporate Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**MINOR DUTIES/RESPONSIBILITIES TO BE PERFORMED:**

Location where minor will work the deviated hours if approved by the Department:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

- **During the period the employee attends school, the business listed above requests approval to employ the named employee before the hour of 6:00 a.m. or after the hour of 10:30 p.m. as follows:**

**Sunday through Thursday:** \_\_\_\_\_ **Friday & Saturday:** \_\_\_\_\_

- **The business requests approval to employ the named employee, not attending school, during the following hours before 6:00 a.m. or after 11:00 p.m.:**

\_\_\_\_\_

**EMPLOYEE INFORMATION**

Minor's Name (Please Print) \_\_\_\_\_ Last Four Digits of Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PLEASE COMPLETE OTHER SIDE**

# STATEMENT OF SCHOOL ATTENDANCE

**NOTE: This section must be signed and dated by school's representative and minor's original front and back work permit must attached to this form.**

The named minor attends school \_\_\_\_\_ hours per week.

\_\_\_\_\_  
Name and Address of School Attended by Minor

\_\_\_\_\_  
Signature of School Representative

\_\_\_\_\_  
Date

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## PARENTAL/LEGAL GUARDIAN PERMISSION STATEMENT

I give my permission for \_\_\_\_\_ to work the deviated hours indicated on this application (***not to exceed 24 work hours in one (1) week when minor is in school and school is in session or 48 work hours when school is not in session***).

\_\_\_\_\_  
Signature of  Parent OR  Legal Guardian (**Check appropriate Box**)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Parent or Legal Guardian

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Signature of Employer or Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name of Employer or Representative

\_\_\_\_\_  
Date Application Signed

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**By signing this form the employer certifies that all statements in this application are true and that:**

1. Records will be maintained on the premises where the minor is employed, certifying that **work hours do not exceed 24 in one (1) week if minor is a student in school and school is in session** OR **48 work hours when school is not in session** (effective October 18, 2011)
2. The employment of all minors at this establishment will comply with the provision of Act 90.
3. Records required by Act 90 will be maintained and made available for inspection by an authorized representative of the department.

**Any minor employed under the provisions of this deviation shall not be employed:**

1. More than six (6) days in one (1) week.
2. An average of 8 hours per day in one (1) week.
3. Ten (10) hours in one (1) day.
4. Subject to subdivision (e), 48 work hours in one (1) week when school is **not** in session.
5. 24 work hours in one (1) week, **if minor is a student in school and school is in session** (effective October 18, 2011).
6. Not more than 5 hours continuously without a full and documented 30 minute meal or rest break.
4. In violation of any of the Department's standard.

**A Parent or Guardian may deny or revoke approval for the minor to work the deviated hours requested.**

The Director or their representative of the Department of Education may **deny or revoke** a deviation when the employer is in violation of any standard of the Department, or **modify** a deviation to comply with a related state or federal standard.

An employer may request a hearing to review a modification or denial by submitting written notice to the department. Upon receipt of the written appeal, a hearing will be scheduled before an administrative law judge, providing the employer an opportunity to justify the deviation.

**THIS APPROVAL DOES NOT APPLY IF FEDERAL LAW OR A MUNICIPAL ORDINANCE ESTABLISHES A MORE RESTRICTIVE HOURS STANDARD.**