



CMG EMPLOYMENT NEW HIRE PAPERWORK

Name Adam Jerome Lee Gregory

First

Middle

Last

Maiden

Present Address

4513 Driftwood Place

Boulder

CO

80301

Street

City

State

Zip

Telephone 720-530-9998

E-Mail adamthedude2015@gmail.com

Referred by Indeed

Do you have any responsibilities or commitments that will prevent you from meeting a specified work schedule?

Yes No If so, please explain _____

Do you have any pre-scheduled days off in the next three-six months?

Yes No If so, please lists all dates _____

Military Experience:

Have you ever been in the Armed Forces? Yes No

Are you currently an active member of the Reserve or National Guard? Yes No

Branch _____ Specialty _____

Date Entered _____ Discharge Date _____



Direct Deposit/Payroll Debit Card Authorization Form

Employees have the option of receiving wages by Direct Deposit or Payroll Debit Card.
If you do not provide a written payroll election a Payroll Debit Card will be provided.

Employee Name: Adam J Gregory

Payroll Election:

- Direct Deposit (Please see Section A)
 Payroll Debit Card (Please see Section B)

Section A: Direct Deposit

Bank Name: Case

Routing Number: 102001017

Account Number: 829866869

Account Type: Check Savings: Other:

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account information that I provided is incorrect.

Initial: A. J. G. Date: 3/9/2023

Section B: Payroll Debit Card

Routing Number:

Account Number:

Initial: _____ Date: _____

I have received my Payroll Debit Card, welcome brochure, program fees, conditions and disclosures. By activating my Payroll Debit Card on my first pay day I am agreeing to the program terms, conditions and disclosures that are included or made available to me from time to time from the financial institution. I authorize CMG to debit my Payroll Debit Card account for the fees described to me in the provided material.

Section C: Additional Accounts

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: Check Savings: Other:

I request that the following funds be deposited to the account listed in Section C:

- _____% of my original deposit
 \$ _____ from my original deposit

Initial: _____ Date: _____

I authorize CMG to directly deposit my wages and other payments as necessary into my account(s) as designated above and to initiate, debit entries and adjustments for any credit entries made in error to my account(s).

I have been informed how to gain access to my electronic pay stubs if needed.

Employee Signature: Adam J. Gregory

Date: 3/9/2023



"your workforce management & staffing experts"

ANTI-HARASSMENT POLICY

It is Corporate Management Group's (CMG) policy that all employees should be able to enjoy a work environment free from all forms of discrimination, including harassment. As such, CMG is committed to vigorously enforcing their Anti-harassment Policy. This policy applies to all employees of the organization (without regard to position) and individuals not directly connected to CMG (e.g., an outside vendor, consultant, customer or guest). Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation or veteran status. Harassment is considered a form of discrimination and is specifically included among the prohibitions under Title VII of the Civil Rights Act of 1964. In addition, retaliation or reprisal taken against anyone who has expressed concern about harassment or discrimination against the individual raising the concern is illegal.

The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as "unwelcome sexual advances, requests for sexual favors, sexual comments, or other verbal or physical acts of a sexual or sex-based nature including, but not limited to drawings, pictures, jokes, and/or teasing where (1) submission to such conduct is made either explicitly or implicitly a term or a condition of an individual's employment; (2) an employment decision is based on an individual's acceptance or rejection of such conduct; or (3) such conduct interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment."

The Anti-harassment Policy prohibits harassment and/or retaliation by any individual employed by, doing business with or for, or visiting CMG. Employees who believe they have been the subject of harassment and/or retaliation or an employee who may have been witness to harassment and/or retaliation must report the incident immediately. Information and/or allegations must be reported to a manager of CMG (by telephoning 866.920.1425 or 303.920.1425). Only those who have an immediate need to know, including the alleged target of harassment or retaliation, the alleged harassers or retaliators, and any witnesses may find out the identity of the complainant. All individuals contacted in the course of an investigation will be advised that all persons involved in a charge are entitled to respect and that any retaliation or reprisal against an individual who is an alleged target of harassment or retaliation, who has made a complaint, or who has provided information in connection with a complaint, is a separate violation of CMG's policy. All information will be disclosed only on a need-to-know basis to allow CMG to

investigate and resolve the incident. CMG recognizes the serious nature of harassment and therefore will endeavor to protect the employee who may have been subjected to harassment, any witnesses and the party against whom allegations have been filed to every possible extent.

Harassment is unlawful and has a negative impact on employees. Violation of the Anti-harassment Policy will not be tolerated by CMG and may result in discipline up to and including termination. Offensive acts or conduct have no legitimate business purpose; accordingly, any employee, regardless of his/her position within CMG, who it is determined has engaged in such conduct will be made to bear the full responsibility for such unlawful conduct.

With respect to sexual harassment, the following is prohibited:

1. Unwelcome sexual advances, request for sexual favors, and all other verbal or physical conduct of a sexual or otherwise offensive nature, especially where:
 - Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
 - Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
 - Such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment.
2. Offensive comments, jokes, innuendoes and other sexually-oriented statements.

If Harassment Occurs:

1. When possible, confront the harasser and tell him/her to stop. Sometimes a simple confrontation will end the situation.
2. If confrontation is unsuccessful, immediately contact your CMG supervisor to report the harassment.
3. An investigation will be conducted and appropriate action taken, including disciplinary measures. We will investigate, in confidence; all reported incidents of harassment and retaliation.

Employee Signature: Adam J. Gregory

Date: 3/9/2023



Notification of Colorado Law Requirement
Unemployment Acknowledgement

EMPLOYEE COPY

According to Colorado Statutes section 8-73-105.3. A temporary employee who is given a notice that the employee is required to contact or notify the employer upon completion of an assignment and to be available to work, as agreed upon at the time of hire, during a specified period of time, on specified dates, or upon call by the employer on an as-needed basis and who does not contact or notify the employer upon completion of an assignment in compliance with the notice and is not available to work at the agreed-upon times is deemed to have voluntarily terminated employment for the purpose of determining benefits pursuant to section 8-73-108 (5) (e). Also, a temporary employee who agrees to work on an as-needed basis and refuses all work within three separate pay periods when contacted by the employer is deemed to have voluntarily terminated employment for reasons that may or may not allow an award of benefits pursuant to section 8-73-108.

It is your responsibility to contact or notify CMG once your assignment ends. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact or notify CMG once an assignment ends. I also acknowledge that I have received a separate copy of this form.

A.J.G. (Initial)

Adam J. Gregory

Employee Signature:

3/9/2023

Date:

Adam J Gregory

Employee (please print your name here)

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

▶ 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.

OMB No. 1545-0074

2022

Step 1:
Enter
Personal
Information

(a) First name and middle initial Adam	Last name Gregory	(b) Social security number 415-55-8575
Address 4513 Driftwood Place		▶ 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 www.ssa.gov .
City or town, state, and ZIP code Boulder, Colorado, 80301		
(c) <input checked="" 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, 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 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 ▶ \$ 0
Multiply the number of other dependents by \$500 ▶ \$ 0
Add the amounts above and enter the total here

3	\$ 0
4(a)	\$
4(b)	\$
4(c)	\$

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

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

3/9/2023
Date

**Employers
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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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 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) Gregory		First Name (Given Name) Adam		Middle Initial J	Other Last Names Used (if any) None	
Address (Street Number and Name) 4513 Driftwood Place			Apt. Number	City or Town Boulder	State CO	ZIP Code 80301
Date of Birth (mm/dd/yyyy) 2/22/1987	U.S. Social Security Number 41555-3475		Employee's E-mail Address adamthedude2015@gmail.co		Employee's Telephone Number 720-530-9998	

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):

1. A citizen of the United States

2. A noncitizen national of the United States (See instructions)

3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

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: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee
Adam J. Gregory

Today's Date (mm/dd/yyyy) **3/9/2023**

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 _____





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

Section 2: Employer or Authorized Representative Review and Verification

(Employers or the 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.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization
Document Title		Document Title <i>Drivers License</i>		Document Title <i>Birth Certificate</i>
Issuing Authority		Issuing Authority <i>State of Colorado</i>		Issuing Authority <i>State of Tennessee</i>
Document Number		Document Number <i>14-196-7403</i>		Document Number <i>87-007324</i>
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy) <i>2/22/27</i>		Expiration Date (if any) (mm/dd/yyyy) <i>N/A</i>
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): 3/10/23 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Shannon Donovan</i>	Today's Date (mm/dd/yyyy) <i>3/10/23</i>	Title of Employer or Authorized Representative <i>Recruiter</i>
Last Name of Employer or Authorized Representative <i>Donovan</i>	First Name of Employer or Authorized Representative <i>Shannon</i>	Employer's Business or Organization Name <i>LMG</i>
Employer's Business or Organization Address (Street Number and Name) <i>1501 W. 124th Ave Unit 500</i>	City or Town <i>Westminster</i>	State <i>CO</i>
		ZIP Code <i>80234</i>

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

A: New Name (if applicable)			B: Date of Rehire (if applicable)	
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)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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PAULORA DOOS

RIVER LICENSE



1 GREGORY

2 ADAM JEROME LEE

3 4513 DRIFTWOOD PL

4 BOULDER, CO 80301

5 ISS: 01/17/2023

6 Sex: M 7 Hgt: 6'-00"

8 Class: R 9 NONE

10 Eye: HAZ

11 DOB: 02/22/1987

12 DL#: 17-196-74

13 EXP: 02/22/202

02/22/1987

CERTIFICATE OF LIVE BIRTH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

87-007324

141-

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED

80000
21
80000-

TYPE AND PRINT IN PERMANENT BLACK INK

PREPARE SEPARATE FORM FOR EACH CHILD IF MULTIPLE BIRTH

007241397

ATTENDANT MUST SIGN IN PERMANENT BLACK INK

CHILD - NAME 1. Adam Jerome Lee Gregory			DATE OF BIRTH (MONTH, DAY, YEAR) 2a. 2-22-87		2b. 4:50 P.M.
SEX 3. Male	THIS BIRTH - SINGLE, TWIN, TRIPLE, ETC. (SPECIFY) 4a. Single		IF NOT SINGLE BIRTH - BORN FIRST, SECOND, ETC. (SPECIFY) 4b.		
COUNTY OF BIRTH 5a. Smith	CITY, TOWN, OR LOCATION OF BIRTH 5b. South Carthage	INSIDE CITY LIMITS (SPECIFY YES OR NO) 5c. yes	HOSPITAL - NAME (IF NOT IN HOSPITAL, SPECIFY PRIVATE RESIDENCE, DOCTOR'S OFFICE, ETC.) 5d. Carthage General Hospital, Inc.		
MOTHER - MAIDEN NAME 6a. Linda Paulette Key (Gregory)			AGE (AT TIME OF THIS BIRTH) 6b. 38	STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 6c. Tennessee 43	
RESIDENCE - STATE 7a. Tennessee	COUNTY 7b. Smith	CITY, TOWN, OR LOCATION 7c. Elmwood	STREET AND NUMBER 7d.	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7e. NO	CENSUS TRACT NO. 7f. 71
FATHER - NAME 8a.			AGE (AT TIME OF THIS BIRTH) 8b.	STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 8c.	
9. CERTIFY THAT I HAVE INSPECTED THIS CERTIFICATE FOR ACCURACY					
9. MOTHER'S SIGNATURE <i>Linda Gregory</i>			10. ATTENDANT - M.D. OTHER (SPECIFY) 10b. M. D.		
1. CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE			DATE SIGNED (MONTH, DAY, YEAR) 10c. 2-23-87		
10a. SIGNATURE <i>Richard T. Rutherford</i>			10b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 10c. Hwy 70N Carthage, Tenn. 37030		
10d. NAME (TYPE OR PRINT) Dr. Richard T. Rutherford					
REGISTRAR - SIGNATURE <i>Just S. Fair - Deputy</i>			DATE RECEIVED BY LOCAL REGISTRAR 11b. Feb. 25, 1987		
11a. MOTHER'S MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 12. Route # 1, Box 22 Elmwood, Tennessee 38560					

CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner



1 3 8 2 5 3 5 7

Date Issued: Jan-04-2022

25357



