



### CMG EMPLOYMENT NEW HIRE PAPERWORK

Name Christina Leigh Jeffries East  
First Middle Last Maiden

Present Address 11133 Zephyr Street Westminster CO 80021  
Street City State Zip

Telephone 480.250.4714 E-Mail mssljeffries@msn.com

Referred by \_\_\_\_\_

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 7/11/24, 7/15/24, 8/8/24, 8/9/24, 10/4/24, 10/7/24

#### 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 \_\_\_\_\_

Application Waiver

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days or 520 hours (based on the client site I am employed at) and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant



Date: 5/8/2024

# Emergency Contact Information

In the event of an emergency CMG will contact the follow contacts

Please list two people in order of priority.

| Contact # 1                |                          |
|----------------------------|--------------------------|
| Name: Mike Jeffries        | Home Phone: 480.250.4614 |
| Relationship:<br>Spouse    | Cell Phone: 480.250.4614 |
| Contact # 2                |                          |
| Name: Brittany Kirkpatrick | Home Phone: 720.530.8006 |
| Relationship:<br>Neighbor  | Cell Phone: 720.530.8006 |

Additional information you would like CMG and our clients to know in the event of an emergency:

---

---

---

---

---

---



# Employment Eligibility Verification

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

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the **Instructions**.

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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)<br><b>Jeffries</b>  |  | First Name (Given Name)<br><b>Christina</b>   |                      | Middle Initial (if any)<br><b>L</b>                     | Other Last Names Used (if any)<br><b>East</b> |  |
| Address (Street Number and Name)<br><b>11133 Zephyr Street</b>  |  |   | Apt. Number (if any) | City or Town<br><b>Westminster</b>                      |   | State<br><b>CO</b>                                 |
| Date of Birth (mm/dd/yyyy)<br><b>05/11/1968</b>   |  | U.S. Social Security Number<br><b>230239681</b>   |                      | Employee's Email Address<br><b>mscljeffries@msn.com</b> |   | Employee's Telephone Number<br><b>480.250.4714</b> |
| <p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p> |  | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): |                      |   |   |  |
|   |  | <input checked="" type="checkbox"/> 1. A citizen of the United States   |                      |   |   |  |
|   |  | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)                                    |                      |   |   |  |
| <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)  |  |   |                      |   |   |  |
| <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)   |  |   |                      |   |   |  |
| Signature of Employee<br><i>[Signature]</i>   |  | Today's Date (mm/dd/yyyy)   |                      |   |   |  |

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the **Preparer and/or Translator Certification** on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

|                           | List A                  | OR | List B  | AND | List C |
|---------------------------|-------------------------|----|---|-----|--------|
| Document Title 1          | <b>US Passport</b>      |    |   |     |        |
| Issuing Authority         | <b>US Dept of State</b> |    |   |     |        |
| Document Number (if any)  | <b>6676302298</b>       |    |   |     |        |
| Expiration Date (if any)  | <b>02/15/2032</b>       |    |   |     |        |
| Document Title 2 (if any) |                         |    | <b>Additional Information</b><br><br><br><br><br><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |     |        |
| Issuing Authority         |                         |    |   |     |        |
| Document Number (if any)  |                         |    |   |     |        |
| Expiration Date (if any)  |                         |    |   |     |        |
| Document Title 3 (if any) |                         |    |   |     |        |
| Issuing Authority         |                         |    |   |     |        |
| Document Number (if any)  |                         |    |   |     |        |
| Expiration Date (if any)  |                         |    |   |     |        |

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

|  |  |   |  |   |
|--|--|---|--|---|
| Last Name, First Name and Title of Employer or Authorized Representative<br><b>Ness Tinsman Senior Recruiter</b> |  | Signature of Employer or Authorized Representative<br><i>[Signature]</i>  |  | First Day of Employment (mm/dd/yyyy)<br><b>05/13/2024</b> |
| Employer's Business or Organization Name<br><b>Codebase Management Group</b>                                     |  | Employer's Business or Organization Address, City or Town, State, ZIP Code<br><b>1581 W 124th Ave Suite 500, Westminster CO 80234</b> |  |   |

For reverification or rehire, complete **Supplement B, Reverification and Rehire** on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.  
 \* Documents extended by the issuing authority are considered unexpired.

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

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

| LIST A<br>Documents that Establish Both Identity and Employment Authorization   | OR | LIST B<br>Documents that Establish Identity   | AND | LIST C<br>Documents that Establish Employment Authorization  |
|---|----|---|-----|--|
| <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 an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <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 individual's status or parole 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                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol> |
| <p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.<br/>                     For receipt validity dates, see the M-274.</p>  |    |   |     |  |
| <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>  | OR | <p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>   | AND | <p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>  |

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,  
Preparer and/or Translator Certification for Section 1**

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

**USCIS  
Form I-9  
Supplement A**  
OMB No. 1615-0047  
Expires 07/31/2026

|  |   |   |
|--|---|---|
| Last Name (Family Name) from Section 1.<br><b>Jeffries</b> | First Name (Given Name) from Section 1.<br><b>Christina</b> | Middle Initial (if any) from Section 1.<br><b>L</b> |
|--|---|---|

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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 |                         | Date (mm/dd/yyyy) |                         |
| Last Name (Family Name)             | First Name (Given Name) |                   | Middle Initial (if any) |
| Address (Street Number and Name)    | City or Town            | State             | ZIP Code                |

**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 |                         | Date (mm/dd/yyyy) |                         |
| Last Name (Family Name)             | First Name (Given Name) |                   | Middle Initial (if any) |
| Address (Street Number and Name)    | City or Town            | State             | ZIP Code                |

**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 |                         | Date (mm/dd/yyyy) |                         |
| Last Name (Family Name)             | First Name (Given Name) |                   | Middle Initial (if any) |
| Address (Street Number and Name)    | City or Town            | State             | ZIP Code                |

**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 |                         | Date (mm/dd/yyyy) |                         |
| Last Name (Family Name)             | First Name (Given Name) |                   | Middle Initial (if any) |
| Address (Street Number and Name)    | City or Town            | State             | ZIP Code                |



## 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: Christina Jeffries

### Payroll Election:

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

### Section A: Direct Deposit

Bank Name: Huntington National Bank  
Routing Number: 044000024  
Account Number: 02648430988  
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: CF Date: 5/8/2024

### 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: CF Date: 5/8/2024





## **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: 

Date: 5/8/2024

