

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

Position Applying For:	Name (Last, First, Middle): <b>Turner, Samuel, Nathan</b>	Other names under which you have attended school or been employed:
	City, State & Zip: <b>Westminster, CO, 80030</b>	
Social Security Number: <b>524-67-7104</b>	Home Phone: -	Cell Phone: <b>785-201-2363</b>
		Email: <b>SamuelNTurner@yahoo.co</b>
Are you eligible to work in the United States? <small>We participate in the E-Verify program.</small>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are you applying for:	<input checked="" type="checkbox"/> F/T <input checked="" type="checkbox"/> P/T	
Do you have any responsibilities or commitments that will prevent you from working the required schedules or anticipate any absences from work on a regular basis?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, please explain:
Have you ever been convicted of any law violations (excluding minor traffic)? Please include any plea of guilty or no contest. <small>Answering yes is not automatic grounds for disqualifications. Any offer of employment will be subject to a successful background investigation.</small>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, please explain:
Have you in the past 7 years or are you currently in the process of filing bankruptcy? <small>Answering yes is not automatic grounds for disqualification. Candidates may be subject to a credit check.</small>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
How did you learn about this employment opportunity at Nationsearch Staffing Solutions? Check all that apply: <input checked="" type="checkbox"/> Job Bulletin (Posting) <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:		

**EDUCATION**

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

**SKILLS:** Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

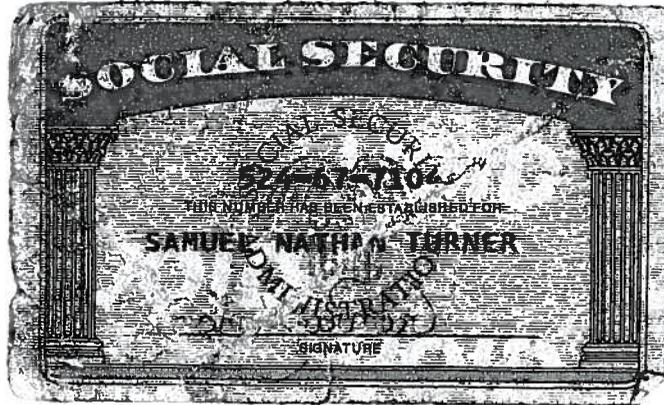

**WORK EXPERIENCE-**Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

**PLEASE NOTE:** Nationsearch Staffing Solutions reserves the right to contact all employers for reference information. However, current employers will not be contacted without written consent from applicant.

Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name:		
Supervisor's Name & Title	Phone #:	
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name:		
Supervisor's Name & Title	Phone #:	
Primary duties:		Reason for Leaving:





7104

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last <u>Turner</u>		First <u>Samuel</u>	Middle Initial <u>N</u>	Maiden Name
Address (Street Name and Number) <u>7890 Wolff Ct.</u>			Apt. #	Date of Birth (month/day/year) <u>7/22/1981</u>
City <u>Westminster</u>	State <u>Co.</u>	Zip Code <u>80030</u>	Social Security # <u>524-67-7104</u>	

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year) \_\_\_\_\_

Employee's Signature: Samuel Turner Date (month/day/year): 12/5/2012

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	<u>Driver License</u>	AND	<u>SS Card</u>
Issuing authority: _____		<u>Kansas</u>		<u>SS Admin</u>
Document #: _____		<u>ko2-53-8275</u>		<u>524-67-7104</u>
Expiration Date (if any): _____		<u>7-22-16</u>		
Document #: _____				
Expiration Date (if any): _____				

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 12-18-12 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Tina Kool</u>	Print Name <u>Tina Kool</u>	Title <u>Account Manager</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>CM6 12000 N. Washington St. #29D, Thornton, CO 80241</u>		Date (month/day/year)

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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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	Date (month/day/year)
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## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

Documents that Establish Both  
Identity and Employment  
Authorization

### LIST B

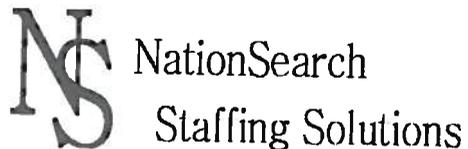
Documents that Establish  
Identity

### LIST C

Documents that Establish  
Employment Authorization

	OR	
<p>1. U.S. Passport or U.S. Passport Card</p>		<p>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</p>
<p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p>		<p>1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States</p>
<p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p>	<p>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</p>	<p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p>
<p>4. Employment Authorization Document that contains a photograph (Form I-766)</p>	<p>3. School ID card with a photograph</p>	<p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p>
<p>5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form</p>	<p>4. Voter's registration card</p>	<p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p>
	<p>5. U.S. Military card or draft record</p>	
	<p>6. Military dependent's ID card</p>	<p>5. Native American tribal document</p>
	<p>7. U.S. Coast Guard Merchant Mariner Card</p>	<p>6. U.S. Citizen ID Card (Form I-197)</p>
	<p>8. Native American tribal document</p>	
	<p>9. Driver's license issued by a Canadian government authority</p>	
<p><b>For persons under age 18 who are unable to present a document listed above:</b></p>	<p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p>	
<p>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</p>	<p>10. School record or report card</p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>
	<p>11. Clinic, doctor, or hospital record</p>	
	<p>12. Day-care or nursery school record</p>	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**



11160 Huron St., #100, Northglenn, CO  
Toll Free 800-827-9550  
www.NationSearchStaffingSolutions.com

## Sick Leave Policy

All employees assigned to LenderLive are entitled to 8 hours of Sick Leave per month beginning the first of the month following date of employment. To earn the 8 hours of Sick Leave you must work a full 40 hour week, each week. Anyone who works less than 40 hours a week, will accrue a percentage of the 8 hour monthly allowance.

Any unused accrued Sick Leave will be forfeited if not used by the last day of your anniversary month. Sick Leave cannot be carried over to the next year.

Upon your assignment ending at LenderLive, you will not be paid for any accrued Sick Leave.

The pay rate for Sick Leave is \$12.00 an hour for all positions and shifts, regardless of your actual pay rate.

12/5/12

Date

Samuel Turner

Employee

# Form W-4 (2011)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>1</u>
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>0</u>
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>1</u>
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	<u>1</u>
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b>	<u>0</u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children . . . . .</li> </ul>	<b>G</b>	<u>0</u>
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> <li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	<b>H</b>	<u>4</u>

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h3>Employee's Withholding Allowance Certificate</h3> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2011</div>
1 Type or print your first name and middle initial. Last name <u>Samuel N</u> <u>Turner</u>		2 Your social security number <u>524-67-7104</u>
Home address (number and street or rural route) <u>7890 Wolff Ct.</u>		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
City or town, state, and ZIP code <u>Westminster, Co, 80030</u>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>4</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶ <input type="checkbox"/>		
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.) ▶ <u>Samuel Turner</u>		Date ▶ <u>12/5/12</u>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
<u>CMG 12000 N. Washington St. #290, Thornton, CO 80241</u>		10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-". . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2011 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-". . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,700 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

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

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

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____

**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.

<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**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 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 - 120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 - 110,000 -	12						
110,001 - 120,000 -	13						
120,001 - 135,000 -	14						
135,001 and over	15						

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

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

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

# NATIONSEARCH STAFFING SOLUTIONS

## CONFIDENTIALLY AGREEMENT

In consideration for employment by Nationsearch Staffing Solutions (NSSS) on assignment to NSSS clients, I hereby agree never to communicate, divulge, use or disclose, directly or indirectly, for my own behalf or for the benefit of another, any confidential business information or trade secrets with which I may come in contact during the course of my employment duties with NSSS. I understand and agree that this Agreement shall survive any termination of assignment and/or employment and that any violation of this Agreement is considered a serious offense and may result in termination of employment and/or liability for civil damages.

Employee Signature: Samuel Turner

Printed name of Employee: Samuel Turner

Date: 12/5/12

**IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION**

Name: Samuel Turner

Address: 7890 Wolff Ct. Westminster, Co, 80030

Home Phone: 785-201-2363

Person(s) to contact in case of an emergency on the job (in order of preference):

1. Name: Jennifer Turner

Phone (work): \_\_\_\_\_

Phone (home): 785-407-7052 (cell)

2. Name: James Turner

Phone (work): \_\_\_\_\_

Phone (home): ~~785~~ 303-229-5493 (cell)

Additional information you want Employer Solutions Group and our clients to know in the event of an emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Nationsearch Staffing Solutions

### Employment Guidelines

Once your placement has been made, you will likely be filling a position that will require your immediate attention. Our client will, therefore, be counting on your complete cooperation and professionalism. Nationsearch Staffing Solutions (NSS) asks that you adhere to the following Employment Guidelines:

- If you are unable to report to work or anticipate being late for any reason, please call both the Client Company and NSS immediately. If you call outside business hours, please leave a voicemail message.
- All personal phone calls (texting) and personal computer use should be kept to a minimum. Please refrain from any social media interaction on company time. Misuse of these privileges will likely force the client to end your placement.
- Your hourly rate of pay should never be discussed with fellow co-workers. All salary issues should be discussed exclusively with NSS.
- Tardiness and absenteeism must be kept to a minimum. This is the #1 reason clients end placements.
- It is expected that you show up to work dressed in professional attire. Please pay particular attention to the dress code enforced by our client's company. No tank tops, halter tops, or tube tops. Skirts must be a professional length. No mini-skirt or micro-mini. If jeans are permitted be sure they are clean and free of rips and/or tears. Hair must be clean and professional in style.
- While we at NSS appreciate your individual sense of style our, clients may have a policy in place that requires all tattoos to be covered and piercings to be removed. In this regard, we ask that you respect the guidelines set forth in our client's dress code.
- Should you need to end your placement please provide NSS with 2 weeks notice.
- It is expected that you adhere to all rules and regulations set forth by NSS as well as those set by the client company.

### Payroll Process

- NSS employees will complete a timesheet on a weekly basis. These timesheets MUST be signed by your Supervisor.
- NSS employees will submit their hours to [payroll@nationsearchstaffing.com](mailto:payroll@nationsearchstaffing.com) NO LATER THAN THURSDAY end of business for Friday processing.
- Checks will be delivered via direct deposit from Capital Management Group every Friday.

Signed: Samuel Turner

Date: 12/5/12

**PLEASE READ CAREFULLY**  
**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Nationseach Staffing Solutions, (hereinafter called "the Company"),

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 retain an employee Nationsearch Staffing Solutions, 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 written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and Nationsearch Staffing Solutions may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures, and such changes may include reduction of benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I hereby give the Company permission to contact, schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your application, the Company 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, the Company, 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 the company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

A handwritten signature in black ink, appearing to be 'S. J. W.', written over a horizontal line.

## Notification of Colorado Law Requirements- Unemployment Acknowledge

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 need 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 NationSearch Staffing Solutions and Corporate Management Group 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 NationSearch Staffing Solutions and Corporate Management Group once my assignment ends. I also acknowledge that I have received a separate copy of this form. ST (Initial)

Samuel Turner  
Employee Signature

12/5/12  
Date

Samuel Turner  
Employee (please print name here)

Nationsearch Staffing Solutions  
Acknowledgement of Instructions & Procedures  
For Job Assignments

I understand that, if I am hired for placement by Nationsearch Staffing Solutions (NSS), I will work at, or out of, the work sites of clients of NSS.

I understand that the clients of NSS are under no obligation to continue my placement. When a client ends my job assignment, I understand that it does not necessarily end my status for other assignments from NSS.

I understand and agree that, if hired, I cannot receive payment for my hours worked unless a time sheet, signed by the client and myself, is turned into, and received by NSS. Unless otherwise instructed, I am solely responsible for obtaining the authorized signature of the client and for turning the time sheet in to NSS.

If hired for temporary placement, I agree to comply with the policies, rules, regulations, and procedures of NSS and its clients for which I accept temporary job assignments. I will immediately inform NSS of any problems or concerns that arise in the course of my assignments. I acknowledge that I received written guidelines and instructions from NSS, as well as the NSS Policy on Sexual Harassment.

Samuel Turner  
Signature

Samuel Turner  
Printed name

12/5/17  
Date



## 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: Samuel Furman

Date: 12/5/12



Nationsearch.com 11160 Huron St. #100 Northglenn, CO. 80234  
 Phone 800.827.9550 Fax 800.827.6118

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES**

I hereby authorize Nationsearch.com, and its designated agents and representatives to conduct a review of my background through a consumer report and /or an investigative consumer report to be generated for employment purposes, promotion, reassignment or retention as an employee of

[Redacted Name]  
 I understand and am aware that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: names and dates of previous/current employment, work experience, criminal history records, sexual offenders lists, motor vehicle records, educational records, professional license verification, credit history, civil cases, OFAC list, OIG/GSA lists and any other sanctions lists. Upon request, Nationsearch.com will supply a copy of the consumer report (completed) along with a copy of the rights under the FCRA.

I, Samuel Turner, authorize the release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at (company name) Turner

I hereby release Nationsearch.com and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of any kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization for release of information. I hereby certify that all information provided below and on my resume, CV or questionnaire is correct to the best of my knowledge. Any false statements provided on this form and/or on my resume, CV or application questionnaire will be considered just cause for the termination of employment at any time. This authorization and consent shall be valid in original, fax, copy or scanned form.

Please provide the following information, which is required by government agencies and other entities for identification purposes when conducting the background screening process. This information is confidential and will not be used for any other purpose.

Samuel Turner  
 Applicant Signature

12/5/12  
 Date

Other Names Used:

Social Security Number	524-67-7104
Date of Birth: To be used for screening purposes only	7/22/81
Motor Vehicle Drivers License Number and State of Issue	KOZ-53-8275 Kansas

Street Address	City	State	Zip Code
7890 Wolff Ct.	Westminster	Co.	80030



**Forensic Laboratories**  
4895 Joliet Street, #7G  
Denver, CO 80239  
303-469-8042

Dr. James Ruth, DABFT, Lab Director

www.forensiclaboratories.com

**Client Name:** Samuel Nathan Turner

**DOB:** 7/22/1981

**Specimen:** 4561220

**Reference:** 062395

**Requested By:**

**Agency:** NationSearch Staffing Solutions

**Test Reason:** Pre-Employment

**Type (Matrix):** Urine

**Collected By:** A. Jones

**Collected:** 12/05/2012 10:55 AM

**Received:** 12/05/2012 11:00 AM

**Reported:** 12/06/2012 03:30 PM

MEDICATIONS: NASONEX, SUDAFED

**INITIAL SCREENING RESULTS**

TEST	RESULT	OUTCOME	METHOD	CUTOFF	CERTIFIED
Amphetamine Screen		NOT DETECTED	EIA	1000 ng/mL	S. Harvey
Barbiturates Screen		NOT DETECTED	EIA	200 ng/mL	S. Harvey
Benzodiazepines Screen		NOT DETECTED	EIA	200 ng/mL	S. Harvey
Cocaine Metabolite Screen		NOT DETECTED	EIA	300 ng/mL	S. Harvey
Opiates Screen		NOT DETECTED	EIA	2000 ng/mL	S. Harvey
Cannabinoids Screen		NOT DETECTED	EIA	50 ng/mL	S. Harvey
Ethanol Screen		NOT DETECTED	EIA	0.05 g/dL	S. Harvey

**VALIDITY TESTING**

TEST	RESULT	OUTCOME	METHOD	CUTOFF	CERTIFIED
Creatinine	28.9 mg/dL	IN RANGE	EIA	20 - 400 mg/dL	S. Harvey

**Comments**

LC/MS/MS or GC/MS confirmation of a positive screen is strongly recommended if legal action is anticipated.

Concerning Credit,

I have had multiple medical bills and a few other bills go into collections due to lack of substantial income at the time. I have been paying bills down as extra funds come available and have payment plans on several medical bills. My goal is to pay the past due bills off by March of 2013. I take my credit and my obligation to pay my debt very seriously at this time in my life and I understand it is my responsibility to set right my debt.

Samuel Turner

SAMUEL OR JENNIPHER TURNER  
225 E BELOIT AVE  
SALINA, KS 67401

83-1485/1011

1202

DATE \_\_\_\_\_

PAY TO  
THE ORDER OF \_\_\_\_\_

\$ \_\_\_\_\_  
DOLLARS



Security Features  
Included.  
Details on Back.



SALINA  
KANOPOLIS  
MCPHERSON

ASSARIA  
ELLSWORTH  
ABILENE

MEMO \_\_\_\_\_

MP

⑆10114659⑆ 0007198841⑆ 1202



### Authorization of Direct Deposit

The undersigned (hereafter referred to as the "employee") hereby authorizes and requests PAYCOM to make deposits from time to time in the account(s) identified below and authorizes the bank to accept such deposits. It is agreed that these deposits may be made electronically and under the Rules of the National Automated Clearing House Association. It is agreed that PAYCOM is only responsible for direct deposit of funds that have previously been received from \_\_\_\_\_ hereafter referred to as the "employer".

Attach a voided check, copy of a check, or spec sheet for each account. Indicate whether it is a checking or savings account. (No deposit slips)

1. Call your bank and confirm the ACH Routing Number(s) and Account numbers for Checking and/or Savings
2. Complete and Sign the form

Main Account (Net Pay) - Checking or Savings Account (circle one)

Acct # 0007198841

ACH Routing # 110111346591

Bank Name First Bank Kansas

Additional Account - Checking or Savings Account (circle one)

Acct # \_\_\_\_\_ Dollar Amount \_\_\_\_\_

ACH Routing # / / / / / / / / / /

Bank Name \_\_\_\_\_

Additional Account - Checking or Savings Account (circle one)

Acct # \_\_\_\_\_ Dollar Amount \_\_\_\_\_

ACH Routing # / / / / / / / / / /

Bank Name \_\_\_\_\_

Additional Account - Checking or Savings Account (circle one)

Acct # \_\_\_\_\_ Dollar Amount \_\_\_\_\_

ACH Routing # / / / / / / / / / /

Bank Name \_\_\_\_\_

Additional Account - Checking or Savings Account (circle one)

Acct # \_\_\_\_\_ Dollar Amount \_\_\_\_\_

ACH Routing # / / / / / / / / / /

Bank Name \_\_\_\_\_

Employee Name Samuel Turner SS# 52416717104

Address 7890 Wolff Ct. City Westminster State CO Zip 80030

Employee Signature Samuel Turner



## CONTRACT WORKFORCE REQUEST

To Be Completed by the **Hiring Manager**

<b>Hiring Manager:</b>	Jim Forehand	<b>Department:</b>	Doc Services - Final Mod dept.
<b>Manager Email:</b>	jim.forehand@lenderlive.com	<b>Extension:</b>	x8042
<b>Line of Business:</b>	Document Services	<b>GL:</b>	230-285
<b>Work Location:</b>	Denver		

Completed by Hiring Manager

<b>Position Job Title:</b>	Final Mod Night Shift	<b># of Openings:</b>	1
<b>Date of Request:</b>	12/10/2012	<b>Expected Start Date:</b>	December 17, 2012
<b>New/Replacement:</b>	Replacement	<b>Full-Time/Part-Time:</b>	Full-Time
<b>Shift:</b>	Evening	<b>Hours:</b>	3 to 11 pm
<b>Candidate(s) Identified?</b>	Yes	<b>Name(s):</b>	Samuel Turner
<b>Pay Range:</b>	\$17.05 per hour	<b>Hiring Manager Will Interview?</b>	Yes
<b>Job Duties:</b>	QC final modifications		
<b>Notes:</b>	High level of attention to detail. Xcel experience. Strong sense of urgency. Some knowledge of banking/lending experience a plus.		

## CONTRACT WORKFORCE

To Be Completed by the **Staffing Agency** Once Candidate is Identified

Contractor Name	Staffing Agency	Start Date	Day 1 Start Time	Pay Rate
Samuel Turner	NationSearch	12/17/12	3 pm	\$17.05/hr
				\$
				\$
				\$
				\$

Completed by Staffing Agency

# SAMUEL TURNER

7890 Wolff Ct. • Westminster, CO 80030 • (785)201-2363 • SamuelNTurner@yahoo.com

3 kids  
2-5-7 yrs.

strong  
points  
hard worker  
strive for  
excellence

bring to company  
open to learning

prefers to  
be busy

## Professional Profile

Brown Mackie College Graduate with an Associate's degree in Accounting. Desiring to join a strong team in an office environment utilizing skills gained through college education. Enthusiastic about expanding knowledge and gaining experience. Goal oriented, self-starter with the drive to succeed and willing to assume responsibility.

## Accounting and Professional skills

- Accounts payable and accounts receivable
- General ledger and cash reconciliation
- Efficient in computer programs: MS Word, Excel, QuickBooks, PowerPoint
- Proficient on 10-key
- Experienced in project & team leadership
- Ability to organize a team, provide guidance and mentoring as a means of achieving an end result
- Strong leadership abilities
- Ability to identify and resolve problems
- Experienced in Federal and State tax documenting
- Ability to learn quickly and adapt in a changing environment

Wanted to get into  
accounting field

2:00  
Thurs

## Education

Brown Mackie College - Salina, KS  
A.A.S., Accounting, 2011

- GPA 3.6
- Deans Honor Roll
- Graduated with Honors

Westminster High School- Westminster, CO  
• Diploma/GED 2001

## Work Experience

Exide Technologies  
Battery Assembler

- Multi-tasked in a fast paced environment
- Problem solved in order to keep machinery running to meet production requirements
- Relied on team work to successfully produce an acceptable product

Salina, KS  
12/11-9/12

Brown Mackie College  
Accounting Externship

- Reviewed documents and statements to ensure accuracy
- Identify and organized inventory documenting results
- Electronic data entry

Salina, KS  
05/11-06/11

Great Plains MFG.  
Painter

- Achieved daily and weekly objectives in a team oriented environment
- Properly setup and operated all equipment according to OSHA rules and regulations
- Demonstrated quality methods showing the ability to follow procedures
- Transferred and recorded inventory accurately

Salina, KS  
07/08-04/11

Salina Planing Mill Inc.

*Finish Shop Lead*

- Effectively delegated duties as a supervising mentor to co-workers to efficiently meet deadlines
- Developed strategies for accurate efficient and effective methods of production
- Consulted with upper management to communicate needs of the finish shop
- Integrated multiple tactics to formulate strong procedures

Salina, KS

08/06-07/08

### **Construction Experience**

J.E.T. Construction

- Determined quantity and necessity of required supplies for individual jobs
- Hung sheet rock, mudded joints, and strategically painted corresponding projects.

Westminster, Co

1998-2006