

managed Staffing Employment Application

We are an Equal Opportunity Employer. It is our policy to abide by all Federal, State, and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law, nor will any information obtained in response to any question be used in violation of any such law.

Personal Information

Last Name: PEREZ		First Name: SHAWN		M.I. V	Preferred Name: SHAWN	
Street Address 705 N BRIDGE ST			City Brighton	State CO	Zip 80601	
How long at this address? 1 YEAR		Social Security #: 522-65-4703		Date of Birth: 12/25/77		
Home Phone:		Alternate Phone: 970-619-9448		Email Address: SHAWNPEREZ31225@GMAIL.COM		
Have you ever been convicted of a Misdemeanor? If Yes, please provide a brief explanation: <input checked="" type="checkbox"/> DUI			Have you ever been convicted of a Felony? If Yes, please provide a brief explanation: <input type="checkbox"/>			
Position Applying For: AT BASE			Salary Requested 12.00 OR MORE		How were you notified of our openings? YOUR AGENT TINA	

List any Friends or Relatives working for this organization			
Name:	Relationship:	Name:	Relationship:

Education				
Institution Attended	Name and Location	Did You Graduate?	Diploma or Degree Type	Course of Study
High School	GED	FRONT RANGE C.C.	Yes	GED
Trade / Vocational School				
College / University				

Employment History					
Employer	Supervisor	Start Date	End Date	Position / Title:	Reason for Leaving:
Wholesale Plywood	KEN HEIN	6/15/96	6/15/10	SUPERVISOR	LAID OFF
REVER ROCK	JOE PEREZ	3/2/92	6/1/97	LABOR / MIXER	SEASONAL

Emergency Contact:				
Name	Relationship	City, State	Contact #:	Alternate #:
LAUCA SOFFLER	FRIEND	COLORADO, COMMECE	(970) 576-8306	(970) 287-1807
BRENDA YBBACA	SISTER	Greeley, CO.	(970) 302-6664	() -

Applicant's Certification (Please read carefully before signing)
 I certify to the best of my knowledge and beliefs, the answers provided by me on this application are accurate and complete. I understand that misrepresentations or omissions of facts in this application, may lead to my dismissal.

As an employee, I understand and agree that such employment maybe terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract, but is 'at-will'.

x <u>Shawn Perez</u> Applicant Signature	<u>4/27/12</u> Date
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Employee Information Form

First Name: SHAWN Middle Initial: V

Last Name: PEREZ

Name (Preferred to be called): SHAWN

Address: 10718 TROY ST COMMERCE CITY (MAILING ADDRESS) APT # _____

City: COMMERCE CITY State: CO Zip: 80022

What County or Parish do you live in? Don't write USA: ADAMS COUNTY

Home Phone: () Work: ()

Cell Phone: (970) 619-9448 Fax Number: ()

Social Security #: 522-65-4703 Date of Birth: 12/25/77

Work Email Address: _____

Home Email Address: SHAWNPEREZ@GMAIL.COM

Disability: Yes No Veteran: Yes No

Asian African American American Indian Hispanic White Other

Emergency Contact

Name: LAURA STOFFLER

Relationship: FRIEND

Address: 10718 TROY ST

City: COMMERCE State: CO Zip: 80022

Home Phone: 1303 1287-1807 Work: ()

Second Emergency Contact

Name: BRENDA YBARA

Relationship: SISTER

Address: _____

City: Greeley State: CO Zip: 80631

Home Phone: (970) 302-6664 Work: ()

Employee Signature: Shawn Perez Date: 4/27/12

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Direct Deposit Application

First Name: SHAWN Middle Initial: J Last Name: Perez

Social Security #: 522-65-4703 Employer: Managed Staffing

Bank Name: _____

Account Disbursement

I would like my payroll/wages deposited to the bank account indicated below:

Checking Account - I wish to deposit how much of your Net Pay _____

Savings Account - I wish to deposit how much of your Net Pay _____

Pay Card - You must provide a document from the Pay Card Company showing the Routing and Account number

Waive direct deposit. I fully realize that live checks is mailed out by regular US Post office from Dallas TX and can take up to another week before you receive your check.

_____ Enter your initials on line that you understand this procedure.

**Please Tape Voided Check in this space
or
A letter from your bank stating the routing and account number
Hand written information will not be accepted for direct deposit**

I herby authorize Managed Staffing to deposit any amounts owed to me, by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and credit and credit entries indicated by Managed Staffing to my account. In the event that Managed Staffing deposit funds erroneously into my account, I authorize Managed Staffing to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Managed Staffing and BANK, have received written notice from me of its termination in such time and in such manner as to afford Managed Staffing and BANK a reasonable oppoortunity to act on it.

Employee Signature: Shawn Perez Date: 4/27/12

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Handbook Acknowledgement Form

My signature below indicates that I have been informed that the company employee handbook is available to me from my resource manager for reference at any given time during my employment at managed Staffing. In addition, I will read the handbook carefully and thoroughly. If I have any questions regarding the policies set forth in the Policy Handbook, I will contact the Human Resources Department for further clarification.

This employee handbook is not a contract or agreement expressed or implied, between Managed Staffing and its employees, and supersedes or replaces all prior employee handbooks to date. Managed Staffing reserves the right to amend, change, revise or eliminate any of these policies set forth at any time in its sole discretion. The only recognized deviations from the stated policies are those authorized and signed by the Human Resources Department.


Employees Signature

SHAWN PEREZ
Printed Name

4/27/12
Date

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Equipment Agreement

As an employee and/or consultant working for Managed Staffing, you have been issued the equipment described below for your use. **Although Managed Staffing may not issue you equipment at this time, if you sign the form now we will have your signature on file in the event we have to issue you equipment in the future.**

Although the equipment is issued in your name, it is the sole property of Managed Staffing. The equipment is your responsibility. If the equipment is lost, stolen or damaged due to negligence, you will be responsible for replacement or repair. As an employee, the amount of the replacement or repair will be deducted from your wages. If you are a consultant working for Managed Staffing through a contracting company, the amount will be responsibility of your employer and may be deducted from invoices for hours worked.

Please take proper precautions to protect the equipment from theft. Do not leave it unattended unnecessarily. As per company policy, portable equipment should be taken home each evening, or locked in a desk drawer. A locked office door is not considered sufficient security against theft. Any time the equipment is taken offsite, it shall be carried in the container/case in which it was issued. Simply putting it into your briefcase or backpack does not offer sufficient protection from damage.

By signing this form, you are acknowledging that you have read and agree with the policies outlined herein.

SHAUN PEREZ

Name Print Only

4/27/12

Date

Shaun Perez

Signature

Equipment Description



Payroll & Timesheet Systems Policies & Procedures

Managed Staffing take great pride in communicating with all employees, so all parties have a full understanding of what is expected from each other during the course of an “employer/employee” relationship.

As an employee of Managed Staffing Inc., it is imperative that you fully understand the policy and procedures as well as client compliance guidelines.

One procedure that can affect all parties is timesheets and payroll. With this said, please read these detailed instructions pertaining to timesheets and payroll.

1. Managed Staffing is your employer not the end client.
2. Managed Staffing has a separate payroll and timesheet system from the client called ExponentHR.
3. The client might have a separate timesheet system for tracking your time and project codes.
4. To stay within compliance guidelines with our clients and Managed Staffing, your timesheet must be entered and submitted in ALL systems by 10:00 a.m. CST every Monday morning. **NO EXCEPTIONS!**
5. As an employee of Managed Staffing, **YOU** are the responsible party for entering your timesheet into ExponentHR and the client system on a WEEKLY basis.

Below are rules that need to be followed in order for you to stay within guidelines with our Clients and Managed Staffing, please read and follow the below rules.

1. Payroll is scheduled bi-weekly, pay days are on Friday's.
2. Entering your timesheet **on time** in Client system **and** having your client supervisor approve your weekly timesheet is part of the payroll process.
3. Client timesheets need to be approved to process payroll.
4. If your timesheet is not in BOTH systems by the time Managed Staffing processes payroll batches, your pay check can be delayed in reaching you. If this should happen, our payroll department does off cycle check once a week on Thursday if your timesheet has been approved by the client by that Thursday.
5. A Payroll Calendar is posted in ExponentHR. A copy of the payroll calendar was enclosed in your new hire packet. Once you officially start, Managed Staffing will email you another copy to you.
6. Managed Staffing does not mail your pay stubs to you. You may access and print off your pay stubs electronically via ExponentHR. For assistance please contact them at 1-866-612-3200.
7. If you have enrolled in direct deposit, your first check will be direct deposited.
8. If you choose not to sign up for direct deposit, your pay checks will go regular mail and can take up to a week before receiving it. Checks are mailed from Dallas, Texas.
9. Once Managed Staffing places a live check in the US Post Office mail box, Managed Staffing loses all visibly and can't be held responsible for delays.
10. If you need to make changes to your direct deposit a new direct deposit form must be fill out and sent into Human Resources.

11. Cancellation Policy of a live payroll check is as follows. **10 business days** must pass before Managed Staffing places a stop payment on a check and reissues another check. This is again a main reason to establish direct deposit.
12. The website for ExponentHR is www.exponenthr.com and can be accessed from any personal or public computer at any time.
13. All questions pertaining to ExponentHR should be directed to ExponentHR at 1-866-612-3200. ExponentHR is open Monday through Friday 8:00 am CST to 7:00 pm CST. Closed on weekends.
14. If for some reason you didn't work, you may still have to submit a ZERO hour timesheet in both systems. Please check with your client supervisor on the rules of entering zero time or contact Managed Staffing.
15. Please take the proactive approach, if you are on vacation or sick and can't submit your time you need to contact you Managed Staffing HR representative. Your Managed Staffing HR representative will explain what needs to be done in order to process payroll.

When timelines are not met it can affect several areas including your pay check.

Again, as a reminder, not only are these policies of Managed Staffing's, your employer, it is also a **compliance issue with our clients.**

I have fully read the above instructions and understand this is my responsibility.

Shawn Peetz
Print your name

Shawn Peetz
Your signature

4/24/12
Date

WOTC Questionnaire

Work Opportunity Tax Credit

Managed Staffing is participating in the WOTC (Work Opportunity Tax Credit) program offered by the government. The program has been designed to promote the hiring of individuals who qualify as a member of a target group and to provide a Federal Tax Credit to employers who hire these individuals.

This questionnaire will assist Managed Staffing in qualifying individuals for the WOTC. This program is on a voluntary basis and will not affect any hiring decisions. Thank you for your participation.

Applicant's Name PEREZ SHAWN J
Last Name First Name Middle Initial

Government Identification Number: 92-179-7951

- ID number can be any picture ID used on the I-9.
- Examples: Driver's License, State ID, INS, Passport, etc.

Please answer YES or NO to the following questions:

	YES	NO
1. Have you ever been employed by Managed Staffing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are you between the ages of 18-39? If YES, please provide your date of birth: <u>12/25/77</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are you a Veteran of the U.S. Armed Forces? If YES, are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) benefits for at least 3-month period during the last 15 months? If YES, please provide name of recipient: _____ City/State where benefits were received: _____ Are you a Veteran entitled to compensation for a service-connected disability? If YES, were you discharged or released from active duty within 1 year of your hire date? Were you unemployed for a combined period of at least 6 months during the year before you were hired?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
4. Are you a member of a family that received SNAP (Food Stamps) benefits for the last 6 months? OR, received SNAP (Food Stamps) at least a 3-month period within the last 5 months, but is no longer receiving them? If YES, please provide name of recipient: _____ City/State where benefits were received: _____	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
5. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a state? OR, by an Employment Network under the Ticket to Work Program? OR, by the Department of Veterans Affairs?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name Shawn Perez Social security number ▶ 522 65 4703
Street address where you live 10718 TROY ST
City or town, state, and ZIP code COMMERCE COLORADO 80022
County ADAMS COUNTY Telephone number (970) 619 - 9448
If you are under age 40, enter your date of birth (month, day, year) 12/25/77

- 1 Check here if you are completing this form before August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 Check here if any of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but not age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, or
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but not age 25 or older, and:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:
- Discharged or released from active duty in the U.S. Armed Forces, or
 - Unemployed for a period or periods totaling at least 6 months.
- 5 Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ Shawn Perez Date 4/27/17
For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 22851L Form **8850** (Rev. 8-2009)

For Employer's Use Only

Employer's name Managed Staffing, Inc. Telephone no. (469) 759 - 7372 EIN ▶ 26 | 0717857

Street address 15770 Dallas Parkway, Suite 800

City or town, state, and ZIP code Dallas, TX 75248

Person to contact, if different from above Marcel Abandonato Telephone no. (951) 272 - 8294

Street address 2279 Eagle Glen Pkwy. # 112-217

City or town, state, and ZIP code Corona, CA 92883

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ▶

Date applicant:

Gave information / / Was offered job / / Was hired / / Started job / /

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job _____

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ *Shawn Perry* Title _____ Date 4/27/12

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. 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 section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping3 hrs., 16 min.
- Learning about the law or the form 46 min.
- Preparing and sending this form to the SWA 42 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

YOUTH SELF-ATTESTATION FORM
Work Opportunity Tax Credit Program

PLEASE HAVE NEW HIRES UNDER AGE 25 COMPLETE AND SIGN

Instructions: This Self-Attestation Form (SAF) is to be completed, signed and dated by the new hire on or before the day the job offer is made. The employer or consultant is to submit the SAF to the state workforce agency together with IRS Form 8850 within 28 calendar days from the employment start date of the new hire.

New Hire Name: Shawn Perry

Social Security Number: 522-65-4703 Date of Birth: 12/25/77

Employer Name: Managed Staffing, Inc.

Employer Federal ID (EIN) Number: 26-0717857

Please check all the statements that apply to you. Sign and date this form where indicated below.

- In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations.
- I do not have a High School Diploma or GED certificate.
- I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate.

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

New Hire's Signature: Shawn Perry Date 4/27/12

Public Burden Statement

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).

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.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>1</u>
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u>1</u>
C	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.)	C	<u>0</u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u>0</u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u>1</u>
F	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.)	F	<u>1</u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • 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. • 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 	G	<u>0</u>
H	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"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • 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 Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	H	<u>4</u>

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <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 <h1 style="font-size: 2em;">2011</h1>
1 Type or print your first name and middle initial. Last name <u>Shawn V. Perez</u>		2 Your social security number <u>522-65-4703</u>
Home address (number and street or rural route) <u>10718 TROY ST</u> City or town, state, and ZIP code <u>Commerce CO</u>		3 <input checked="" type="checkbox"/> Single <input 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.
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 6 Additional amount, if any, you want withheld from each paycheck 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 ▶		5 <u>0</u> 6 \$ 7 <u>Exempt</u>
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>Shawn Perez</u>		Date ▶ <u>4/27/12</u>
8 Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)



NationSearch
REMOVING THE GLAY

Nationsearch.com 11160 Huron St. #201 Thornton, 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

Corporate Management Group

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, Shawn Perry, 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) Corporate Management Group.

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.

Shawn Perry
Applicant Signature

4/27/12
Date

Other Names Used: _____

Social Security Number	522-65-4703
Date of Birth: To be used for screening purposes only	12/25/77
Drivers License number : State of Issue:	Colorado 92-179-7921

Street Address	City	State	Zip Code
12710 TROY ST	Commerce	CO	80022

Shawn Vincent Perez

Contact

Tel : 970-619-9448

e-mail : shawnperez1225@gmail.com

days @ 9
- Kevin

Address

10718 Troy Street, Commerce City, CO 80022

Profile

Objective I am seeking a position within your company.
Availability From March 2012

Key Skills

- ✓ Eight years of management experience
- ✓ Certified Forklift Operator
- ✓ Operation and repair of: 2 different kinds of wood moulders, planer, straight line saw and gang rip saw
- ✓ Loading and unloading materials on flatbed trucks
- ✓ Inventory
- ✓ Quality control of orders
- ✓ Customer service
- ✓ Handling of lumber and sheet goods such as fake wood and real wood panels
- ✓ Supervision of up to 6 employees at a time
- ✓ Cashier
- ✓ Ordering, shipping, receiving
- ✓ Drywall
- ✓ Framing
- ✓ Roofing
- ✓ River rock paving
- ✓ Concrete
- ✓ Furniture building

Work Experience

Capital Lumber Forklift Operator

Full-Time Job
April, 2011 to November, 2011

- ✓ Certified Forklift Operator
- ✓ Order puller
- ✓ Mill worker
- ✓ Packaging

Supervisor: Jon Kimber (303)286-3700

Wholesale Plywood and Door, Inc. Warehouse Supervisor

Full-Time Job
September, 1996 to June, 2010

- ✓ Supervised up to 6 employees at a time
- ✓ Certified Forklift Operator
- ✓ Oversaw all orders, deliveries, shipments
- ✓ Maintained and repaired all equipment
- ✓ Customer service
- ✓ Inventory

Supervisor: Ken Hein (970)351-6650

Education

Front Range Community College

- ✓ GED

March 2012

References

Laura Stoffler
School Psychologist
970-576-8306

Kelly Salamanca
Office Manager
970-405-6886

Brenda Ybarra
Accounts Payable
970-302-6664



GED123.org

Español

Français

Employers, School Officials, and Others:

Enter a student Access Code or Transcript Verification Code: Or: [Use Your Account](#)

Spanish Speaking
PEREZ SUAWA

Battery Average: 562
Status: PASSED

Version: GED 2002

Language Arts, Writing	Social Studies	Science	Language Arts, Reading	Mathematics	Center	Language	Date	Form	Standard Score	Percentile Rank
					Community College of Denver	English	2/20/2012	IJ	460	34
					Front Range Community College	English	8/9/2010	IB	580	79
					Front Range Community College	English	8/19/2010	IB	590	82
					Front Range Community College	English	1/13/2011	II	660	95
					Community College of Denver	English	2/13/2012	IJ	520	58

To pass, the Battery Average must be 450 or higher and the Standard Score on each test must be 410 or higher. Only the highest Standard Score for each test counts towards the Battery Average. A test is not passed and must be re-taken if the Standard Score is below 410.

A single asterisk (*) indicates that your essay was off-topic and, therefore, did not receive a score; you will need to re-test on both Parts I and II.

Double asterisks (**) indicate that your essay received an inadequate rating and, therefore, did not receive a score; you will need to re-test on both Parts I and II.

The Percentile Rank for each test is the number of graduating High School seniors out of 100 that would receive a Standard Score equal to or less than the shown Standard Score. The Percentile Rank has no effect on passing status.

STATE OF COLORADO

DATE REGISTERED BY
STATE REGISTRAR

STATE OF COLORADO CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER 238-1404

STATE FILE NUMBER

CHILD - NAME 1. Shawn Vincent PEREZ			DATE AND HOUR OF BIRTH (MONTH, DAY, YEAR, HOUR) 2. December 25, 1977 7:01 A.M.		
SEX 3. Male		THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 4a. Single		IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 4b. Weld	
CITY, TOWN, OR LOCATION OF BIRTH 5b. Greeley			HOSPITAL - NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 5d. Weld County General Hospital		
MOTHER - MAIDEN NAME 5b. Mary Inez Valencia			STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 6c. Colorado		
RESIDENCE - STATE 7a. Colorado		CITY, TOWN, OR LOCATION 7c. Greeley		STREET AND NUMBER 7e. 3321 West 7 Street #101	
FATHER - NAME 8a. Joe Filemon Perez			STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8c. Texas		
INFORMANT - SIGNATURE <i>Joe Perez</i> RELATION TO CHILD Father			MOTHER'S MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 9. Greeley, Colorado 80631		
10a. <i>Arnold R. Foulk Jr.</i> NAME (TYPE OR PRINT) 10c. Arnold R. Foulk Jr. M.D. REGISTRAR - SIGNATURE			DATE SIGNED (MONTH, DAY, YEAR) 10b. December 25, 1977		
11a. <i>Anna L. Hinds</i> Deputy			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 10d. 1900 16 Street, Greeley, CO 80631		
			DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 11b. December 28, 1977		


THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

DATE ISSUED
February 17, 1988

Beverly Schildmeier
STATE REGISTRAR/LOCAL REGISTRAR Deputy

Do not accept unless prepared on security paper with engraved border displaying the raised Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

Colorado
Identification Card



ID: 92-173-7951 Expires: 12-25-2016
Issued: 09-01-2011
DOB: 12-25-1977
Previous Type: N
Sex: M
Hair: B

Shawn Perez

SHAWN VINCENT PEREZ
10710 THURSTON ST
COMMERCE CO, CO 80022



04/30/2012

Dr. Alan W. Burgess
 4900 S Monaco St
 Ste 210
 Denver, CO 80237
 (303) 584-8165

TO: CORPORATE MANAGEMENT GROUP
 12000 N WASHINGTON ST
 # 290
 THORNTON, CO 80241

Medical Review Officer Report

-Confidential-

This is a notification of a controlled substance test result on:

Individual Tested:	SHAWN V PEREZ	Reason for Test:	Pre-Employment
Donor ID:	522654703	Specimen ID#:	1020532
Collection Site:	HealthONE Occ @ North Suburban 9195 Grant St #100 Thornton, CO 80229 (303) 292 - 0034	Date of Collection:	04/27/2012 Time: 1016
Laboratory:	Quest Diagnostics/ West Hills	Lab Accession#:	696680X
		Lab Reported Date:	04/28/2012 Time: 0724
		MRO:	Dr. Alan Burgess MD
		MRO Received Date:	
		MRO Report Date:	04/30/2012 Time: 0900
		MRO Date CCF2:	
		Specimen Type:	Urine
		Drug Panel:	SAP 5-50+MDMA/6AM/T

Substances included in test profile:

<u>Drug</u>	<u>Screen</u>	<u>Confirm</u>	<u>Drug</u>	<u>Screen</u>	<u>Confirm</u>
6-monoacetylmorphine	10	10	Amphetamines	500	250
Cocaine	150	100	MDA-Analogues	500	250
Opiates	2000	2000	Phencyclidine	25	25
Marijuana	50	15			

The verified result is: ***** Negative *****

Comments:

Dr. Alan Burgess MD



SCHEDULE A
Contractor Background Verification Certificate
CONFIDENTIAL

(This form is required for all assignments to be submitted to nextSource 48 hours before start date.)

Full Name & Address of Contract Worker:

Shawn _____ Perez _____
(First Name) (Middle Name) (Last Name)

Address: 10718 Troy St. _____ Commerce City CO 80022
(Number & Street) (City) (State & Zip Code)

Date of Birth: 12 - 25 (Do NOT provide Year of Birth)
(Month) (Day)

Contractor Company hereby certifies:

Check One:

_____ A background check has been conducted in accordance with the requirements stipulated by Client (BASF Corporation) on the named Contractor above and the results are **satisfactory**.

OR

A background check has been conducted in accordance with the requirements stipulated by Client (BASF Corporation) on the named Contractor above and the following **potential problems** were found:
(Please describe in the space provided below the potential problems found)

These potential problems have been resolved as follows:
(Please describe in the space provided below the resolutions)

Name of Contractor Company: Corporate Management Group

By: Tina Kool

Title: Account Manager

Date: 4-30-12



SCHEDULE A1

Substance Abuse Testing Certificate

(This form is required for all assignments to be submitted to nextSource 48 hours before start date.)

Full Name of Contract Worker: Shawn Perez

Date of Birth: 12 - 25 (Do NOT provide Year of Birth)
(Month) (Day)

Date of Hire by Contractor (Company): 4.30.12

Contractor Company hereby certifies:

Check one:

A **substance abuse test** has been conducted in accordance with the requirements stipulated by Client (BASF Corporation) on the named Contractor above and the results are **satisfactory**.

OR

A **substance abuse test and physical examination** have been conducted in accordance with the requirements stipulated by Client (BASF Corporation) on the named Contractor above and the results are **satisfactory**. The clearance forms are attached.

Name of Contractor Company: Corporate Management Group

By: Tina Neal

Title: Account Manager

Date: 4.30.12



SCHEDULE B

AGREEMENT AND WAIVER

In consideration of my assignment to Client by Associate Vendor, I agree that I am solely an employee of Associate Vendor for all purposes including but not limited to benefits plan purposes, and that I am eligible only for such benefits as Associate Vendor may offer to its employees. I further understand and agree that I am not eligible for or entitled to participate in any benefit plan offered by Client, its parents, affiliates, subsidiaries, or successors to any of its direct employees, regardless of the length of my assignment to Client by Associate Vendor and regardless of whether I am held to be a common-law employee of Client for any purpose, and therefore, with full knowledge and understanding, I hereby expressly waive any claim or right that I may have, now or in the future, to such benefits and agree not to make any claim for such benefits.

ASSIGNED EMPLOYEE

Shawn Perez
Signature

SHAWN PEREZ
Printed Name

Title

4/27/12
Date

(Associate Vendor Employee)
Tina Krol
Signature

Tina Krol
Printed Name

Account Manager
Title

4.27.12
Date



SCHEDULE C

Temporary Worker Invention and Secrecy Agreement

The undersigned ("Temporary Worker"), as a condition of the Temporary Worker's retention concerning services for BASF Corporation (herein called the "Client"), agrees as follows:

1. Confidential Relationship.

Temporary Worker admits that during Temporary Worker's performance of services related to the Client matters, Temporary Worker may have access to and further may contribute to the Client's Proprietary Information (as hereinafter defined). Temporary Worker shall during and after termination of Temporary Worker's work concerning the Client keep secret and treat confidentially all of the Client's Proprietary Information (as hereinafter defined).

2. Definitions.

A. **Inventions.** The term "Invention(s)" means discoveries, concepts and ideas, whether patentable, patented or not, including but not limited to proprietary or secret processes, trade secrets, methods, designs, programs, formulae and technique, developments, modifications, procedures, methods, adaptations, and applications, as well as improvements thereof or know-how related thereto, with respect to:

1. any past, present or prospective activities concerning the Client with which Temporary Worker is or becomes acquainted as a result of the performance of services by the Temporary Worker concerning the Client; or
2. the use of any Proprietary Information (as hereinafter defined).

B. **Proprietary Information.** The term "Proprietary Information" means information which may be disclosed to the Temporary Worker or which Temporary Worker may learn, observe, discover, develop, or otherwise acquire, during, or as a result of, Temporary Worker's work concerning the Client and which includes, without limitation, any information, whether patentable, patented or not, relating to any existing or contemplated products, inventions, services, technology, concepts, designs, patterns, processes, compounds, formulae, programs, devices, tools, compilations of information, methods, techniques, and including information relating to any research, development, manufacture, purchasing, engineering, know-how, business plans, sales or marketing methods, methods of doing business, customer lists, customer usages or requirements, or supplier information, which is owned or licensed by the Client, or held by the Client in confidence.

3. Rights to Inventions.

With respect to Inventions made by Temporary Worker in whole or in part, or conceived by Temporary Worker alone or with others, Temporary Worker agrees that:

- a) Temporary Worker shall inform the Client promptly and fully of such Inventions by a written report in a form satisfactory to the Client, setting forth in detail the procedures employed and the results achieved and that a report will be submitted by Temporary Worker upon completion of any and all studies or research projects undertaken concerning the Client, whether or not Temporary Worker believes a given project has resulted in an Invention;
- b) Temporary Worker shall apply, at the Client's request and expense, and through the Client, for United States and foreign patents, copyrights, and/or trademarks, for any Inventions either in the name of the Client or otherwise as the Client shall direct in writing;
- c) Temporary Worker shall assign to the Client or otherwise as the Client shall designate in writing, all of Temporary Worker's rights to such Inventions, if any, including but not limited to United States and foreign patents granted upon such Inventions;
- d) Temporary Worker shall assign to the Client or otherwise as the Client shall designate in writing, all of Temporary Worker's rights to copyrights and trade name or trademarks, if any, including but not limited to United States and foreign copyright registrations, trade name and trademark registrations ;
- e) Temporary Worker shall execute all documents reasonably requested by the Client to formally assign any interest that Temporary Worker may have in such Inventions to the Client or otherwise as the Client shall designate in writing; and



- f) Temporary Worker shall execute any other written instrument and shall do any other acts reasonably requested by the Client to assist the Client or such other party as the Client may designate in writing to perfect or protect any or all of its rights in any Inventions, including but not limited to trade secret, trademark, trade name, copyright and/or patent rights, both United States and foreign.

4. Warranty of Original Development.

Temporary Worker represents and warrants that all services performed concerning the Client and all work products produced concerning the Client will be of original development by Temporary Worker, and will be specifically developed for the Client and will not knowingly infringe upon or violate any patent, copyright, trade secret or other property or proprietary right of any third party.

5. Rights to Work Product.

With respect to all work product which is not an Invention, but which is conceived or produced by Temporary Worker in the performance of the services or with the use or assistance of the Client's facilities, materials, or personnel, Temporary Worker agrees that the Client shall own all rights, title and interest to such work product, and such product shall be considered as a "work for hire" and that Temporary Worker hereby assigns all right title and interest in and to such work product.

6. Protection of Trade Secrets.

Temporary Worker hereby acknowledges that the Inventions and products developed by the Temporary Worker in the performance of services concerning the Client, whether by Temporary Worker or by anyone else associated with Temporary Worker, and the Proprietary Information disclosed to Temporary Worker pursuant to this Agreement, are valuable trade secrets of the Client, and Temporary Worker shall maintain and protect them in the strictest confidence.

7. Nondisclosure and Nonuse of Proprietary Information.

Temporary Worker will not, at any time, disclose to others, use for Temporary Worker's or any third parties benefit, or otherwise appropriate or copy any Proprietary Information, whether or not developed by Temporary Worker, except to the extent required in the performance of Temporary Worker's services concerning for the Client.

8. Adherence to Procedure for Preserving Confidentiality.

Temporary Worker agrees to comply with any and all procedures which the Client may adopt from time to time to preserve the confidentiality of any Proprietary Information, which may include the affixing of a legend on certain materials indicating their confidential nature.

9. Temporary Worker's Policies and Procedures.

Temporary Worker represents and warrants to the Client that Temporary Worker has and will enforce such security policies and procedures as are necessary to protect the confidentiality and unauthorized use of Proprietary Information. A copy of such policies and procedures together with a statement detailing the actions taken to implement them will be transmitted to the Client upon request.

10. Duty Upon Termination.

- a) Upon termination of Temporary Worker's retention concerning the Client for any reason, Temporary Worker agrees to deliver to the Client all Proprietary Information, writings, designs, documents, records, data, memoranda, prototype, sample, computer source code and object code listings, file layouts, record layouts, system design information, models, manuals, documentation, notes, repositories of Proprietary Information and other material of any nature which are in Temporary Worker's possession or control and which contain any Proprietary Information.
- b) Temporary Worker further agrees to retain in the strictest confidence any Proprietary Information Temporary Worker learned, through observation or otherwise, during Temporary Worker's retention by the Client.

11. Right to Injunctive Relief.

Temporary Worker agrees and acknowledges as follows:

- a) Temporary Worker's compliance with the provisions of this Agreement is necessary to preserve and protect the goodwill and proprietary rights of the Client as a going concern and to prevent persons, firms, joint ventures,



partnerships, corporations, institutions and enterprises engaged in businesses and activities which are competitive with the businesses and activities conducted or carried on by the Client from obtaining an unfair competitive advantage over the Client;

- b) Any failure by Temporary Worker to comply with the provisions of this Agreement will result in irreparable and continuing damage to the Client for which there will be no adequate remedy at law; and
- c) In the event that Temporary Worker fails to comply with the provisions of this Agreement, in addition to any other remedies available to it, the Client shall be entitled to, and Temporary Worker hereby consents to the entry without objection of injunctive relief (a court order causing Temporary Worker to comply with this Agreement), and to such other and further relief as may be necessary or appropriate to cause Temporary Worker to comply with Temporary Worker's duties and obligations under this Agreement.

12. Unauthorized Use or Disclosure.

Temporary Worker shall promptly advise the Client orally of, and confirm in writing, any actual or threatened disclosure or use of Proprietary Information which Temporary Worker knows or suspects may not be authorized by the Client.

13. Other Agreements.

Temporary Worker represents, warrants and covenants that Temporary Worker's signing of this Agreement and the performance of Temporary Worker's services hereunder is not and will not knowingly be in violation of any other contract, agreement or understanding to which Temporary Worker is a party.

14. Assignment.

The rights of the Client may be assigned or transferred without Temporary Worker's consent, at the Client's discretion. Neither the rights nor the obligations of Temporary Worker may be assigned without the Client's written consent.

15. Severability.

In case it is determined by a court of competent jurisdiction that any provision of this Agreement is illegal or unenforceable, such determination shall solely affect such provision and shall not impair the remaining provisions of this Agreement.

Witness

Temporary Worker

Tina M. I.
Witness' signature

Shawn Peery
Temporary Worker's signature

Tina Krol - Account Manager
Witness' name and title (print)

Shawn Peery
Temporary Worker's name (print)

4.27.12
Date

12718 TROY ST COMMERCIAL CITY 80022
Temporary Worker's address (print)

4/27/12
Date

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>PEREZ</u>	First <u>SHAWN</u>	Middle Initial <u>J</u>	Maiden Name
Address (Street Name and Number) <u>10718 TROY ST</u>		Apt. #	Date of Birth (month/day/year) <u>12/25/77</u>
City <u>COMMERCIAL CITY</u>	State <u>CO</u>	Zip Code <u>80022</u>	Social Security # <u>522-65-4703</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
Shawn Perez

Date (month/day/year)
4/27/12

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>Drivers License</u>	AND	<u>Certificate of Birth</u>
Issuing authority: _____		<u>State of Colorado</u>		<u>State of CO</u>
Document #: _____		<u>92-179-7951</u>		<u>238-1404</u>
Expiration Date (if any): _____		<u>12-25-2016</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) _____ 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 Hsol</u>	Print Name <u>Tina Hsol</u>	Title <u>Account Manager</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		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)
-----------------------------	--

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): _____
-----------------------	-------------------	---------------------------------

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)
--	-----------------------

Tina Krol

From: results@nationsearch.com
Sent: Tuesday, May 01, 2012 3:42 PM
To: Tina Krol
Subject: Completed Report - SHAWN V PEREZ



11160 Huron St. #100 Northglenn, CO. 80234
Phone: 800-827-9550
Fax: 800-827-6118
Email: support@nationsearch.com

CORPORATE MANAGEMENT GROUP

12000 N. WASHINGTON ST. #290
THORNTON, CO 80241
Phone: 3039201425
Email: TINA@CORPMGMTGROUP.COM
Fax: 1-303-736-7767

Search Information

Name: SHAWN V PEREZ
SSN: 522-65-****
DOB: 12/25/****

The following are included in this report:

Search Type	Detail	Status
Social Security Number/Address Trace		Complete
COMPREHENSIVE CRIMINAL SCREENING		
- COLORADO COURTS (NOT INCLUDED DENVER GS)	Colorado	Complete - Record
- Fed. Criminal State Specific District Court Search	Colorado	Complete - No Record
- DENVER COUNTY GENERAL SESSIONS	Denver, Colorado	Complete
Past Employment Verification *	CAPITAL LUMBER	Verified
Past Employment Verification *	WHOLESALE PLYWOOD AND DOOR	Verified

Results Should Be Reviewed Carefully

Social Security Number/Address Trace

Social Security Number 522-65-****
Name SHAWN V PEREZ
DOB 12/25/****
Search ID 757151
Date Ordered 04/27/2012
Date Completed 04/27/2012

Results

Valid SSN	yes
State Issued	Colorado
Date Issued	1988

PEREZ, SHAWN V (DOB: December, 25 1978) (SSN: xxxxxxxxxx)

Address 1 3705 VALLEY VIEW AVE EVANS CO 80620 -2358 County: WELD CO Date first reported: June, 2004 Date last reported: March, 2012	Address 2 10718 TROY ST COMMERCE CITY CO 80022 -6638 County: ADAMS CO Date first reported: October, 2010 Date last reported: March, 2011
Address 3 718 TROY ST C COMMERCE CITY CO 80022 County: ADAMS CO Date first reported: December, 2010 Date last reported: December, 2010	
PEREZ, SEAN V (DOB: December, 25 1978) (SSN: xxxxxxxxx)	
Address 1 3705 VALLEY VIEW AVE EVANS CO 80620 -2358 County: WELD CO Date first reported: August, 2002 Date last reported: December, 2009	Address 2 718 TROY ST C COMMERCE CITY CO 80022 County: ADAMS CO Date first reported: December, 2010 Date last reported: December, 2010
Address 3 10718 TROY ST COMMERCE CITY CO 80022 -6638 County: ADAMS CO Date first reported: October, 2010 Date last reported: November, 2010	

COMPREHENSIVE CRIMINAL SCREENING

COLORADO COURTS (NOT INCLUDED DENVER GS)

Jurisdiction Searched	Colorado
Name Searched	SHAWN V PEREZ
DOB Searched	12/25/****
SSN Searched	522-65-****
Search ID	757359
Date Ordered	04/27/2012
Date Completed	04/27/2012
Status	Records Found
Case Number	2007M002666(County)
Verified By	Name and DOB
Full Name on File	SHAWN PEREZ
DOB on File	12/25/****
File Date	8/13/2007
Case Comments	Header
Description	People Of The State Of Colorado Vs. Perez, Shawn
County	Weld
Court	County Court
Local Number	C/062/2007/M/002666
File Date	08/13/2007
Class	
Code	M
Description	Misdemeanor
Type	Domestic Violence
Appealed	No
E Filed	No
Closed	11/20/2008

Last Scheduled Event

Date 11/20/2008
Description Hearing
Last Event MINC
Code MINC
Description Minute Order (print)
Date 11/20/2008
Judge John Joseph Briggs

Parties

Name Perez, Shawn
Type Defendant 1
Birth Date 12/25/1977
Gender Male
Race Caucasian

Agencies

Name Weld County Sheriff Dept
Case 0704055
Ticket 307406
Arrest 07010165

Sentences

Sentence 1

Date 09/13/2007
Count 1
Status Active
Description Sentence Resulting fm Plea

Penalty 1

Amount 18.00 Month(s)
Type Probation

Penalty 1

Amount 21.00 Dollar Amount
Type Court Costs - T, M, CR

Penalty 1

Amount 78.00 Dollar Amount
Type Victim Compensation Fund

Penalty 1

Amount 78.00 Dollar Amount
Type VAST After 07/01/07(prev VASG)

Penalty 1

Amount 28.00 Dollar Amount
Type Address Confidentiality Fund

Penalty 1

Amount 5.00 Dollar Amount
Type Court Security Cash Fund

Scheduled Events

Scheduled Event 1

Date 09/13/2007
Location Room: B

Time 14:30
Description Pre-Trial Conference
Judge Judge Dana Nichols
Status Disposition Reached

Scheduled Event 2

Date 11/20/2008
Location Room: B
Time 15:30
Description Hearing
Judge Judge Dana Nichols
Status Hearing Held

Events

Event 1

Date 08/13/2007
Description Return Of Service Protect Ord
Event RSPO

Event 2

Date 08/13/2007
Description Mandatory Protection Ord Grant
Event MROG

Event 3

Description DEF/ Perez, Shawn

Event 4

Date 08/13/2007
Description Affi In Suppt-warrantless Arr
Event ASWA

Event 5

Date 08/14/2007
Description Report
Event RPRT

Event 6

Date 08/15/2007
Description Letter
Event LETR

Event 7

Date 08/20/2007
Description Order
Event ORDR

Event 8

Date 09/13/2007
Description Return Of Service Protect Ord
Event RSPO

Event 9

Date 09/13/2007
Description Mandatory Protection Ord Vacat
Event MROV

Event 10

Date 09/13/2007
Description Mandatory Protection Ord Grant
Event MROG

Event 11

Description DEF/ Perez, Shawn

Event 12

Date 09/13/2007

Description Minute Order (print)

Event MINC

Event 13

Date 09/13/2007

Description Case Closed

Event CLAD

Event 14

Date 09/27/2007

Description Filing Other

Event FOTH

Event 15

Date 10/04/2007

Description Order

Event ORDR

Event 16

Date 10/15/2008

Description Petition

Event PETN

Event 17

Date 10/30/2008

Description Reopened

Event ROPN

Event 18

Date 10/30/2008

Description Notice Of Appearance

Event NTOC

Event 19

Description DEF/ Perez, Shawn

Event 20

Date 11/20/2008

Description Probation Terminated

Event PRTM

Event 21

Date 11/20/2008

Description Closed After Post Judgment

Event POST

Event 22

Date 11/20/2008

Description Mandatory Protection Ord Vacat

Event MROV

Event 23

Date 11/20/2008

Description Minute Order (print)

Event MINC

Bonds

Bond 1

Set Date 08/12/2007

Set Amount 2000.00

Post Date 08/12/2007

Post Amount 2000.00

Charge
Disposition
Type of Crime
Comments

Criminal Mischief-under \$50

Guilty

M3 (Class 3 Misdemeanor)

Charge Details

Date 08/12/2007

Count 1

Status Main Charge

Statute 18-4-501

Plea Date 09/13/2007

Plea Description Plea of Guilty

Case Number
Verified By
Full Name on File
DOB on File
File Date
Case Comments

2011T011180(County)

Name and DOB

SHAWN PEREZ

12/25/****

9/27/2011

Header

Description People Of The State Of Colorado Vs. Perez, Shawn V

County Adams

Court County Court

Local Number C/001/2011/T/011180

File Date 09/27/2011

Class

Code T

Description Traffic

Type Driving Under Suspension

Appealed No

E Filed No

Closed 12/07/2011

Last Scheduled Event

Date 12/07/2011

Description Disposition Hearing

Last Event CLAD

Code CLAD

Description Case Closed

Date 12/07/2011

Judge Sharon D Holbrook

Parties

Name Perez, Shawn V

Type Defendant 1

Birth Date 12/25/1977

Gender Male

Race Caucasian

Agencies

Name Brighton Police Dept

Ticket 27232

Sentences

Sentence 1

Date 12/07/2011
Count 2
Status Active
Description Sentence by Court
Penalty 1
Amount 21.00 Dollar Amount
Type Court Costs
Penalty 1
Amount 5.00 Dollar Amount
Type Court Security Cash Fund
Penalty 1
Amount 2.50 Dollar Amount
Type Genetic Testing Surcharge
Penalty 1
Amount 78.00 Dollar Amount
Type Victims Assistance Fund
Penalty 1
Amount 78.00 Dollar Amount
Type Victim Compensation Fund
Penalty 1
Amount 200.00 Dollar Amount
Type Traffic Fine

Scheduled Events

Scheduled Event 1

Date 10/27/2011
Location Room: R
Time 14:00
Description Arraignment
Judge Judge Sharon D Holbrook
Status Hearing Held

Scheduled Event 2

Date 12/07/2011
Location Room: R
Time 9:30
Description Disposition Hearing
Judge Judge Sharon D Holbrook
Status Hearing Held

Events

Event 1

Date 09/27/2011
Description Summons And Complaint Filed
Event SACF

Event 2

Date 10/27/2011
Description Notice Of Appearance
Event NTOC

Event 3

Description DEF/ Perez, Shawn V

Event 4

Date 12/07/2011

Description Case Closed

Event CLAD

Charge
Disposition
Type of Crime
Comments

Unsafe Backing
Dism by DA
TIA (Class A Traffic Infraction)
Charge Details

Date 09/23/2011

Count 1

Status Dismissed

Statute 42-4-1211

Charge
Disposition
Type of Crime
Comments

Driving Under Restraint

Guilty

M (Unclassified Misdemeanor)

Charge Details

Date 09/23/2011

Count 2

Status Main Charge

Statute 42-2-138(1)(a)

Plea Date 12/07/2011

Plea Description Plea of Guilty

Case Number
Verified By
Full Name on File
DOB on File
Case Comments

2011T008444(County)

Name and DOB

SHAWN PEREZ

12/25/****

Header

County Adams

Court County Court

Local Number C/001/2011/T/008444

File Date //

Class

Code T

Description Traffic

Appealed No

E Filed Yes

Case Number
Verified By
Full Name on File
DOB on File
File Date
Case Comments

2011M005349(County)

Name and DOB

SHAWN PEREZ

12/25/****

11/2/2011

Header

Description People Of The State Of Colorado Vs. Perez, Shawn Vincent

County Adams

Court County Court

Local C/001/2011/M/005349

Number
File Date 11/02/2011
Class
Code M
Description Misdemeanor
Type Alcohol
Appealed No
E Filed No
Closed 02/28/2012
Last Scheduled Event
Date 05/21/2012
Description Review
Last Event ENTR
Code ENTR
Description Entry Of Appearance
Date 04/11/2012
Judge Dianna L Roybal

Parties

Name Perez, Shawn Vincent
Type Defendant 1
Birth Date 12/25/1977
Gender Male
Race Caucasian

Attorneys

Name Hecker, Kathryn Maureen
Type Primary Atty
Bar 44082
Role Deputy Public Defender
Name Valdivia-luna, Jessica
Type Primary Atty
Bar 43559
Role Deputy Public Defender
Name Valdivia-luna, Jessica Elizabeth
Type Primary Atty
Bar 43559
Role Deputy Public Defender
Name Heaton, Charles
Type Primary Atty
Bar 43730
Role Deputy Public Defender
Name Heaton, Charles Edward
Type Primary Atty
Bar 43730
Role Deputy Public Defender
Name Dinnel, Courtney Lee
Type Primary Atty
Bar 42493
Role Deputy Public Defender
Name Goltz, Eric Robert
Type Primary Atty

Bar 42622
Role Deputy Public Defender
Name Heaton, Charles
Type Primary Atty
Bar 43730
Role Deputy Public Defender
Name Heaton, Charles Edward
Type Primary Atty
Bar 43730
Role Deputy Public Defender
Name Origlio, Paul Francis
Type Primary Atty
Bar 11475
Role Privately Retained Attorney

Agencies

Name Brighton Police Dept

Sentences

Sentence 1

Date 02/28/2012
Count 1
Status Active
Description Sentence by Court
Penalty 1
Amount 21.00 Dollar Amount
Type Court Costs
Penalty 1
Amount 5.00 Dollar Amount
Type Court Security Cash Fund
Penalty 1
Amount 2.50 Dollar Amount
Type Genetic Testing Surcharge
Penalty 1
Amount 20.00 Dollar Amount
Type Brain Injury Fund (Traumatic)
Penalty 1
Amount 200.00 Dollar Amount Waived
Type Alcohol Eval Fee
Penalty 1
Amount 90.00 Dollar Amount
Type LEAF Assessment
Penalty 1
Amount 33.00 Dollar Amount
Type Victim Compensation Fund
Penalty 1
Amount 100.00 Dollar Amount
Type Persistent Drunk Driving Schg
Penalty 1
Amount 222.00 Dollar Amount
Type Victims Assistance Fund
Penalty 1

Amount 5.00 Dollar Amount
Type Rural Youth Alc/Sub Abuse Surc
Penalty 1
Amount 600.00 Dollar Amount
Type Driving Und Influ/Abil Impaired
Penalty 1
Amount 60.00 Day(s)
Type Jail
Penalty 1
Amount 35.00 Day(s)
Type Credit for Time Served
Sentence 2
Date 02/28/2012
Count 5
Status Active
Description Sentence by Court
Penalty 2
Amount 78.00 Dollar Amount
Type Victims Assistance Fund

Scheduled Events

Scheduled Event 1

Date 12/07/2011
Location Room: 4
Time 8:30
Description Arraignment
Judge Judge Dianna L Roybal
Status Hearing Held

Scheduled Event 2

Date 01/19/2012
Location Room: 4
Time 9:30
Description Disposition Hearing
Judge Judge Dianna L Roybal
Status Party Failed to Appear

Scheduled Event 3

Date 01/24/2012
Location Room: R1
Time 8:30
Description Hearing on Advisement
Judge Judge Sharon D Holbrook
Status Hearing Held

Scheduled Event 4

Date 02/28/2012
Location Room: 4
Time 13:30
Description Disposition Hearing
Judge Judge Dianna L Roybal
Status Hearing Held

Scheduled Event 5

Date 05/21/2012
Location Room: 4

Time 8:30
Description Review
Judge Judge Dianna L Roybal

Events

Event 1

Date 11/02/2011
Description Summons And Complaint Filed
Event SACF

Event 2

Date 12/06/2011
Description Fingerprint Order
Event FPOR

Event 3

Date 12/07/2011
Description Minute Order (print)
Event MINC

Event 4

Date 12/07/2011
Description Finger Print Order Compliance
Event FPCM

Event 5

Date 01/19/2012
Description Warrant Failur To Appear
Event WFTA

Event 6

Description DEF/ Perez, Shawn Vincent

Event 7

Date 01/19/2012
Description Minute Order (print)
Event MINC

Event 8

Date 01/23/2012
Description Warant Canceled By Law Enforce
Event WLEC

Event 9

Date 01/24/2012
Description Warrant Canceled
Event WCAN

Event 10

Date 02/08/2012
Description Entry Of Appearance
Event ENTR

Event 11

Description ATY/ Hecker, Kathryn Maureen

Event 12

Date 02/28/2012
Description Mittimus Issued
Event MITI

Event 13

Description DEF/ Perez, Shawn Vincent

Event 14

Date 02/28/2012
Description Minute Order (print)
Event MINC
Event 15
Date 02/28/2012
Description Final Order Of Judgment
Event FOJ
Event 16
Date 02/28/2012
Description Case Closed
Event CLAD
Event 17
Date 04/06/2012
Description Motion
Event MOTN
Event 18
Date 04/11/2012
Description Entry Of Appearance
Event ENTR
Event 19
Description ATY/ Hecker, Kathryn Maureen
Event 20
Description DEF/ Perez, Shawn Vincent

Bonds

Bond 1
Set Date 01/19/2012
Set Amount 10000.00

Charge
Disposition
Type of Crime
Comments

Driving Under The Infl -w/1 Prior Alc
 Guilty
 M (Unclassified Misdemeanor)
 Charge Details
Date 10/31/2011
Count 1
Status Main Charge
Statute 42-4-1301(1)(a);42-4-1307(5)
Plea Date 02/28/2012
Plea Description Plea of Guilty

Charge
Type of Crime
Comments

Driving Under The Influence
 M (Unclassified Misdemeanor)
 Charge Details
Date 10/31/2011
Count 1
Status Amended
Statute 42-4-1301(1)(a)

Charge
Disposition
Type of Crime
Comments

No Insurance-driver
 Dism by DA
 T1 (Class 1 Traffic Offense)
 Charge Details
Date 10/31/2011
Count 2

Charge
Disposition
Type of Crime
Comments

Status Dismissed
Statute 42-4-1409(2)
 Driving Under Restraint-alcohol-related
 Dism by DA
 M (Unclassified Misdemeanor)
 Charge Details
Date 10/31/2011

Charge
Disposition
Type of Crime
Comments

Count 3
Status Dismissed
Statute 42-2-138(1)(d)
 Careless Driving
 Dism by DA
 T2 (Class 2 Traffic Offense)
 Charge Details
Date 10/31/2011

Charge
Disposition
Type of Crime
Comments

Count 4
Status Dismissed
Statute 42-4-1402(1),(2)(a)
 False Reporting-false Information
 Guilty
 M3 (Class 3 Misdemeanor)
 Charge Details
Date 10/31/2011
Count 5
Status Main Charge
Statute 18-8-111(1)(c)
Plea Date 02/28/2012
Plea Description Plea of Guilty

Case Number 2010T005781(County)
Verified By Name and DOB
Full Name on File SHAWN PEREZ
DOB on File 12/25/****
File Date 4/28/2010
Case Comments Header

Description People Of The State Of Colorado Vs. Perez, Shawn Vincent
County Adams
Court County Court
Local Number C/001/2010/T/005781
File Date 04/28/2010
Class
Code T
Description Traffic
Type Driving Under the Influence
Appealed No
E Filed No
Closed 03/09/2012
Last Scheduled Event
Date 03/09/2012
Description Setting

Last Event MINC
Code MINC
Description Minute Order (print)
Date 03/09/2012
Judge Robert S Doyle

Parties

Name Perez, Shawn Vincent
Type Defendant 1
Birth Date 12/25/1977
Gender Male
Race Hispanic

Aliases

Name Perez, Shawn

Attorneys

Name Hypsher, Clifton D
Type Primary Atty
Bar 20855
Role Privately Retained Attorney

Agencies

Name Adams County Sheriff Dept
Case 105668
Ticket S73445
Arrest 11CN10005

Sentences

Sentence 1

Date 03/09/2012

Count 2

Status Active

Description Sentence by Court

Penalty 1

Amount 21.00 Dollar Amount

Type Court Costs

Penalty 1

Amount 5.00 Dollar Amount

Type Court Security Cash Fund

Penalty 1

Amount 2.50 Dollar Amount

Type Genetic Testing Surcharge

Penalty 1

Amount 78.00 Dollar Amount

Type Victims Assistance Fund

Penalty 1

Amount 33.00 Dollar Amount

Type Victim Compensation Fund

Penalty 1

Amount 200.00 Dollar Amount

Type Alcohol Eval Fee

Penalty 1

Amount	90.00 Dollar Amount
Type	LEAF Assessment
Penalty 1	
Amount	50.00 Dollar Amount
Type	Persistent Drunk Driving Schg
Penalty 1	
Amount	20.00 Dollar Amount
Type	Brain Injury Fund (Traumatic)
Penalty 1	
Amount	12.00 Month(s) Revoked
Type	Probation
Penalty 1	
Amount	600.00 Dollar Amount Waived
Type	Probation Supervision Fee
Penalty 1	
Amount	60.00 Hour(s)
Type	Community Service
Penalty 1	
Amount	300.00 Dollar Amount Suspended
Type	Driving Und Infl/Abil Impaired
Penalty 1	
Amount	12.00 Month(s) Revoked
Type	Extended Probation
Penalty 1	
Amount	30.00 Day(s)
Type	Jail
Penalty 1	
Amount	30.00 Day(s)
Type	Credit for Time Served
Sentence 2	
Date	06/13/2011
Count	2
Status	Void
Description	Sentence by Court
Penalty 2	
Amount	21.00 Dollar Amount
Type	Court Costs
Penalty 2	
Amount	5.00 Dollar Amount
Type	Court Security Cash Fund
Penalty 2	
Amount	2.50 Dollar Amount
Type	Genetic Testing Surcharge
Penalty 2	
Amount	78.00 Dollar Amount
Type	Victims Assistance Fund
Penalty 2	
Amount	33.00 Dollar Amount
Type	Victim Compensation Fund
Penalty 2	
Amount	200.00 Dollar Amount
Type	Alcohol Eval Fee

Penalty 2
Amount 90.00 Dollar Amount
Type LEAF Assessment

Penalty 2
Amount 50.00 Dollar Amount
Type Persistent Drunk Driving Schg

Penalty 2
Amount 20.00 Dollar Amount
Type Brain Injury Fund (Traumatic)

Penalty 2
Amount 12.00 Month(s) Updated Sentence
Type Probation

Penalty 2
Amount 600.00 Dollar Amount Waived
Type Probation Supervision Fee

Penalty 2
Amount 60.00 Hour(s)
Type Community Service

Penalty 2
Amount 30.00 Day(s)
Type Electronic Surveillance

Penalty 2
Amount 300.00 Dollar Amount Suspended
Type Driving Und Infl/Abil Impaird

Penalty 2
Amount 12.00 Month(s)
Type Extended Probation

Sentence 3
Date 06/23/2010
Count 2
Status Void
Description Sentence by Court

Penalty 3
Amount 21.00 Dollar Amount
Type Court Costs

Penalty 3
Amount 5.00 Dollar Amount
Type Court Security Cash Fund

Penalty 3
Amount 2.50 Dollar Amount
Type Genetic Testing Surcharge

Penalty 3
Amount 78.00 Dollar Amount
Type Victims Assistance Fund

Penalty 3
Amount 33.00 Dollar Amount
Type Victim Compensation Fund

Penalty 3
Amount 200.00 Dollar Amount
Type Alcohol Eval Fee

Penalty 3
Amount 90.00 Dollar Amount

Type	LEAF Assessment
Penalty 3	
Amount	50.00 Dollar Amount
Type	Persistent Drunk Driving Schg
Penalty 3	
Amount	20.00 Dollar Amount
Type	Brain Injury Fund (Traumatic)
Penalty 3	
Amount	12.00 Month(s)
Type	Probation
Penalty 3	
Amount	600.00 Dollar Amount
Type	Probation Supervision Fee
Penalty 3	
Amount	60.00 Hour(s)
Type	Community Service
Penalty 3	
Amount	30.00 Day(s)
Type	Electronic Surveillance
Penalty 3	
Amount	300.00 Dollar Amount Suspended
Type	Driving Und Infl/Abil Impaired
Sentence 4	
Date	06/23/2010
Count	2
Status	Void
Description	Sentence by Court
Penalty 4	
Amount	21.00 Dollar Amount
Type	Court Costs
Penalty 4	
Amount	5.00 Dollar Amount
Type	Court Security Cash Fund
Penalty 4	
Amount	2.50 Dollar Amount
Type	Genetic Testing Surcharge
Penalty 4	
Amount	78.00 Dollar Amount
Type	Victims Assistance Fund
Penalty 4	
Amount	33.00 Dollar Amount
Type	Victim Compensation Fund
Penalty 4	
Amount	200.00 Dollar Amount
Type	Alcohol Eval Fee
Penalty 4	
Amount	90.00 Dollar Amount
Type	LEAF Assessment
Penalty 4	
Amount	50.00 Dollar Amount
Type	Persistent Drunk Driving Schg
Penalty 4	

Amount 20.00 Dollar Amount
Type Brain Injury Fund (Traumatic)
Penalty 4
Amount 12.00 Month(s) Updated Sentence
Type Probation
Penalty 4
Amount 600.00 Dollar Amount Waived
Type Probation Supervision Fee
Penalty 4
Amount 60.00 Hour(s)
Type Community Service
Penalty 4
Amount 30.00 Day(s)
Type Electronic Surveillance
Penalty 4
Amount 300.00 Dollar Amount Suspended
Type Driving Und Infl/Abil Impaired

Scheduled Events

Scheduled Event 1

Date 05/24/2010
Location Room: 2
Time 8:30
Description Arraignment
Judge Judge Leroy D Kirby
Status Hearing Held

Scheduled Event 2

Date 06/23/2010
Location Room: 2
Time 8:30
Description Pre-Trial Conference
Judge Judge Leroy D Kirby
Status Disposition Reached

Scheduled Event 3

Date 01/05/2012
Location Room: 2
Time 8:30
Description Rtrn on Summ for Rev of Prob
Judge Judge Brian Nathaniel Bowen
Status Party Failed to Appear

Scheduled Event 4

Date 01/24/2012
Location Room: R1
Time 8:30
Description Hearing on Advisement
Judge Judge Sharon D Holbrook
Status Hearing Held

Scheduled Event 5

Date 01/26/2012
Location Room: 5
Time 13:30
Description Setting

Judge Judge Robert S Doyle

Status Continued by Parties

Scheduled Event 6

Date 03/09/2012

Location Room: 5

Time 10:00

Description Setting

Judge Judge Robert S Doyle

Status Hearing Held

Events

Event 1

Date 04/28/2010

Description Summons And Complaint Filed

Event SACF

Event 2

Date 05/24/2010

Description Notice Of Appearance

Event NTOC

Event 3

Description DEF/ Perez, Shawn Vincent

Event 4

Date 05/24/2010

Description Notice Of Appearance

Event NTOC

Event 5

Description DEF/ Perez, Shawn Vincent

Event 6

Date 05/24/2010

Description Minute Order (print)

Event MINC

Event 7

Date 05/24/2010

Description Entry Of Appearance

Event ENTR

Event 8

Description ATY/ Hypsher, Clifton D

Event 9

Date 06/23/2010

Description Minute Order (print)

Event MINC

Event 10

Date 06/23/2010

Description Case Closed

Event CLAD

Event 11

Date 06/07/2011

Description Motion

Event MOTN

Event 12

Description DEF/ Perez, Shawn Vincent

Event 13

Date 06/13/2011
Description Minute Order (print)
Event MINC

Event 14
Date 07/01/2011
Description Warrant- Failure To Pay
Event WFTP

Event 15
Description DEF/ Perez, Shawn Vincent

Event 16
Date 07/18/2011
Description Warant Canceled By Law Enforce
Event WLEC

Event 17
Date 07/18/2011
Description Warrant Canceled
Event WCAN

Event 18
Date 12/01/2011
Description Summons And Complaint Filed
Event SACF

Event 19
Description DEF/ Perez, Shawn Vincent

Event 20
Date 12/05/2011
Description Reopened
Event ROPN

Event 21
Date 01/05/2012
Description Warrant Failur To Appear
Event WFTA

Event 22
Description DEF/ Perez, Shawn Vincent

Event 23
Date 01/05/2012
Description Minute Order (print)
Event MINC

Event 24
Date 01/23/2012
Description Warant Canceled By Law Enforce
Event WLEC

Event 25
Date 01/24/2012
Description Warrant Canceled
Event WCAN

Event 26
Date 01/26/2012
Description Minute Order (print)
Event MINC

Event 27
Date 02/08/2012
Description Request Filed

Event RQST
Event 28
Date 03/09/2012
Description Closed After Post Judgment
Event POST
Event 29
Date 03/09/2012
Description Minute Order (print)
Event MINC

Bonds

Bond 1
Set Date 07/01/2011
Set Amount 205.00
Bond 2
Set Date 01/05/2012
Set Amount 10000.00

Charge Failure To Display Proof Of Insurance
Disposition Dism by DA
Type of Crime T1 (Class 1 Traffic Offense)
Comments Charge Details
Date 04/25/2010
Count 1
Status Dismissed
Statute 42-4-1409(3)

Charge Dui-over .20
Disposition Guilty
Type of Crime M (Unclassified Misdemeanor)
Comments Charge Details
Date 04/25/2010
Count 2
Status Main Charge
Statute 42-4-1301(1)(a),(7)(a)(II)
Plea Date 06/23/2010
Plea Description Plea of Guilty

Charge Driving Under The Influence
Type of Crime M (Unclassified Misdemeanor)
Comments Charge Details
Date 04/25/2010
Count 2
Status Amended
Statute 42-4-1301(1)(a)

Charge Lane Usage Violation
Disposition Dism by DA
Type of Crime TIA (Class A Traffic Infraction)
Comments Charge Details
Date 04/25/2010
Count 3
Status Dismissed
Statute 42-4-1007(1)(a)

Fed. Criminal State Specific District Court Search

Jurisdiction Searched Colorado,
Name Searched SHAWN V PEREZ
DOB Searched 12/25/****
SSN Searched 522-65-****
Search ID 757154
Date Ordered 04/27/2012
Date Completed 04/27/2012
Status No Records Found
Years Searched 7

DENVER COUNTY GENERAL SESSIONS

Name Searched SHAWN V PEREZ
DOB 12/25/****
SSN 522-65-****
Search ID 757153
Date Ordered 04/27/2012
Date Completed 04/27/2012

Information Provided

Location Denver, Colorado

Results

NO RECORDS FOUND USING IDENTIFIERS PROVIDED. IF NAME DIFFERS FROM THAT PROVIDED, PLEASE NOTIFY NATIONSEARCH OF THE VARIANCE, AS THIS MAY POSSIBLY EFFECT THE OUTCOME OF THE RESULTS.

Past Employment Verification *

Name Searched SHAWN V PEREZ
DOB 12/25/****
SSN 522-65-****
Search ID 757155
Date Ordered 04/27/2012
Date Completed 05/01/2012
Status Complete

Information Provided

Company CAPITAL LUMBER
Company Phone (303) 286-3700
Company Location CO
Company Contact Not Provided
Position Held FORKLIFT OPERATOR
Start Date 04/11
End Date 11/11

Information Searched

Company CAPITAL LUMBER
Company Phone (303) 286-3700
Company Location CO
Source Contacted MARGARET

Information Verified

Position Verified FORKLIFT OPERATOR
Start Date 04/2011
End Date 11/2011

Additional Comments

THE INFORMATION ABOVE WAS PROVIDED BY MARGARET.

Past Employment Verification *

Name Searched SHAWN V PEREZ
DOB 12/25/****
SSN 522-65-****
Search ID 757156
Date Ordered 04/27/2012
Date Completed 04/27/2012
Status Complete

Information Provided

Company WHOLESale PLYWOOD AND DOOR
Company Phone (970) 351-6650
Company Location CO
Company Contact Not Provided
Position Held SUPERVISOR
Start Date 09/1996
End Date 06/2010

Information Searched

Company WHOLESale PLYWOOD AND DOOR
Company Phone (970) 351-6650
Company Location CO
Source Contacted BRIAN CRAIN

Information Verified

Position Verified SUPERVISOR
Start Date 09/1996
End Date 06/2010

IMPORTANT INFORMATION

Criminal findings are based on information provided by company or applicant, such as name and date of birth. Criminal search completed for felony/misdemeanor convictions in court records for states listed. Nationsearch.com searches public court records, and is not responsible for information found in said court records. Nationsearch.com utilizes public court records, public terminals, court databases, indices and registers. Nationsearch.com utilizes information found within varying levels of county, state, federal and municipal courts that is for public consumption. ***F.C.R.A: If this report is used for employment purposes, before taking adverse action, based on the findings of this report, the FCRA requires a copy to be provided to the consumer, along with a written description of the consumer's rights under the FCRA. Please refer consumer to Nationsearch.com. Information found using the INCS database system is compiled based on the reporting counties/state or government entity criteria. Some agencies do not report identifiers such as date of birth. In this event Nationsearch.com will only report information that matches all identifiers provided such as date of birth, middle initial or address. Possible hits found on a multiple state level will only be reported when all identifiers are matched.