



CMG APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED

PLEASE COMPLETE PAGES 1-5 DATE 4-5-13

Name Lovato Lorena Carlo
Last First Middle Maiden

Present address 660 Jessup St #17
Number Street
Brighton CO 80601
City State Zip

Social Security No. 504 - 92 - 5662

Telephone 970 978-7340 E-Mail llovato1@aims.edu

If under 18, please list age N/A Referred by _____

Position applied for (1) Lead generator Shift available to work
 and salary desired (2) _____
 (Be specific) 1st
2nd
3rd _____

How many hours can you work weekly? 40 Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? A.S.A.P.

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No Yes If so, please explain _____

Do you anticipate any absences from work on a regular basis?
 No Yes If so, please explain _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Derby High	Derby, KS	4	—
College	Aims Community College	Greeley, CO	1 1/2	Medical Adm. Assistant
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ No Yes

If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. Domestic violence 2002

1yr diversion

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes ___ No

What is your means of transportation to work? own car

Driver's license number 05-300-0890 State of issue CO

Operator Commercial (CDL) ___ Chauffeur ___

Expiration date 9-19-2015

Have you had any accidents during the past three years? ___ Yes No
If so, how many? _____

Have you had any moving violations during the past three years? Yes ___ No
If so, how many? 1

Please list two references other than relatives or previous employers.

Name <u>Andrea Nickell</u>	Name <u>Michelle Mayeda</u>
Position <u>manager / OP manager</u>	Position <u>CO-WORKER</u>
Company <u>StarTek</u>	Company <u>StarTek</u>
Address <u>1250 H. St.</u>	Address <u>119 S 6th St</u>
<u>Greeley, CO</u>	<u>La Salle, CO</u>
Telephone <u>970-336-9121</u>	Telephone <u>970-518-7914</u>

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? Yes No

Branch N/A Specialty N/A

Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name <u>Stark Inc.</u> Position <u>cust care rep / quality</u> Company <u>stark</u> Address <u>1250 N. St</u> Telephone <u>703.336.9121</u>	Supervisor name <u>Andrea Nickell</u>	
	Employment dates	Pay or salary
	From <u>11-05</u>	Start <u>6.50</u>
	To <u>6-2010</u>	Final <u>13.75</u>
Your last job title _____		

Reason for leaving (be specific) import business to overseas

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. In bound calls assisting customer in a timely manner. Adding or removing services.

Name <u>Griffin Research Center</u> Position <u>supervisor / receptionist</u> Company <u>Griffin Research</u> Address <u>Wichita, KS</u> Telephone () _____	Supervisor name <u>Brian Griffin</u>	
	Employment dates	Pay or salary
	From <u>4-2004</u>	Start <u>7.50</u>
	To <u>7-2005</u>	Final <u>11.00</u>
Your last job title _____		

Reason for leaving (be specific) relocated to Colorado

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Supervised a crew of 20 or more to conduct surveys, monitored quality, and production reports.

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: { • 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> </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> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u>4</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> </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	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • 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> </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. { • 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>2</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	Employee's Withholding Allowance Certificate	OMB No. 1545-0074 2011
<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>		
1 Type or print your first name and middle initial. <u>Lorena C.</u>	Last name <u>Lonato</u>	2 Your social security number <u>504-92-5662</u>
Home address (number and street or rural route) <u>D.O. Box 1366</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.
City or town, state, and ZIP code <u>Brighton, CO 80601</u>		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"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u>2</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>Lorena C. Lonato</u>	Date <u>4-5-2013</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)

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

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

I agree that:

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

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

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

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

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

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

Signature of applicant Lucerna C. Sorotto Date: 4-5-2013



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** 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 documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) LOVATO		First Name (Given Name) LORENA		Middle Initial C.	Other Names Used (if any) _____	
Address (Street Number and Name) 6060 Jessup St			Apt. Number 17	City or Town Brighton		State CO
Date of Birth (mm/dd/yyyy) 9-19-76		U.S. Social Security Number 504-92-5662		E-mail Address llovato7@aims.edu		Telephone Number 970-978-7340

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):

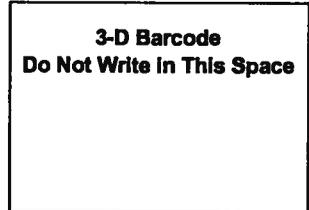
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: Lorena C. Lovato	Date (mm/dd/yyyy): 4-5-2013
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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.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver's License</u>		Document Title: <u>SS Card</u>
Issuing Authority:		Issuing Authority: <u>CO</u>		Issuing Authority: <u>SS Admin</u>
Document Number:		Document Number: <u>05-300-0890</u>		Document Number: <u>504-92-5662</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>9.19.15</u>		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

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

The employee's first day of employment (mm/dd/yyyy): 4.5.13 (See Instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Tina King</u>		Date (mm/dd/yyyy) <u>4.12.13</u>	Title of Employer or Authorized Representative <u>Account Mgr.</u>	
Last Name (Family Name) <u>King</u>	First Name (Given Name) <u>Tina</u>	Employer's Business or Organization Name <u>CMU</u>		
Employer's Business or Organization Address (Street Number and Name) <u>12000 N. Washington St.</u>		City or Town <u>Thornton</u>	State <u>CO</u>	Zip Code <u>80241</u>

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) <u></u>	Middle Initial <u></u>	B. Date of Rehire (if applicable) (mm/dd/yyyy): <u></u>
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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Colorado
Driver License



LORENA CARLO LOVATO
1226 26TH AVE #101
GREELEY, CO 80634

05-300-0890 Expires: 09-19-2015
 Class: R Issued: 02-09-2010
 End: V DOB: 08-19-1976
 Rest: V Previous Type: A
 Ht: 5'04" Wt: 130 Eyes: BRO Sex: F
 Voter: Y

Yvonne C. Lovato

SOCIAL SECURITY

50449258662
 THIS NUMBER HAS BEEN ESTABLISHED FOR
 LORENA CARLO LOVATO

Lorena Carlo Lovato
SIGNATURE

OFFICIAL MINISTERS OF STATE

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 Loirena C. Lovato Social security number ▶ 504-92-5662

Street address where you live 660 Jessup St # 11

City or town, state, and ZIP code Brighton CO 80601

County Adams Telephone number 970-978-7340

If you are under age 40, enter your date of birth (month, day, year) 9-19-76

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 ▶ Loirena C. Lovato

Date 9-19-76

WORK OPPORTUNITY TAX CREDIT

PLEASE CHECK "YES" OR "NO" AND ANSWER ALL QUESTIONS

Name Lorena LOVADO
Address 660 Jessup St
City Brighton State CO Zip 80601 Social Security # 504-92-8662
Date of Birth 9-19-76 Age 36

Please CHECK ONE ANSWER for each of the following questions, and complete question #5:

- 1. Have you or any family member living with you received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) during the past 24 months? Yes [] No [X]
2. Have you or any family member living with you received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) at any time during the past fifteen (15) months? Yes [] No [X]
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days? Yes [] No [X]
4. Are you part of the Ticket to Work program? Yes [] No [X]

5. Name of person who received benefits N/A
Relationship City & State where benefits received

6. Are you a veteran? Yes [] No [X] and Disabled due to service? Yes [] No []
Service Dates: From: To: Branch:

7. Have you been unemployed at any time during the last 12 months? Yes [X] No []
If yes, dates of unemployment: From: To:
Did you receive unemployment compensation at any point during your unemployment?
If yes, dates received compensation: From: 7-2010 To: 12-2012 Yes [X] No []

8. Have you been convicted of a felony or released from prison in the last 12 months?
Date of Conviction: Date of Release: Yes [] No [X]
Parole Officer's Name: Parole Officer's Phone #

9. Have you received rehabilitation services from a State approved or Department of Veterans Affairs approved Vocational rehabilitation agency? Yes [] No [X]
Name of Agency Phone #
Address of Agency Counselor's Name

10. Have you attended High School, College or Technical School for more than an average of 10 hours per week at any time during the last 6 months? Yes [] No [X]

11. Did you receive a high school diploma or GED? If yes, date received: Yes [X] No []
Have you been employed or been admitted to technical school or college since then? Yes [] No []

12. How much in gross wages have you earned TOTAL in the past six months? \$ 0

I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative, or the Department of Labor.
NEW HIRE SIGNATURE Lorena Lovado DATE 4-5-2013

Questions below to be completed by manager
Starting Wage Position
Has employee worked for this company before? If yes, date and location



YOUTH SELF-ATTESTATION FORM Work Opportunity Tax Credit Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with Form ETA 9061 for each certification request filed.

New Hire Name: Lorena Lovato

Social Security Number: 504-928662 Date of Birth: 9-19-76

Employer Name: Employer Solutions Staffing Group

Employer Federal ID (EIN) Number: -

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: Lorena C. Lovato Date 4-5-2013

Privacy Act Notice:
The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form, including the Social Security Number, will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

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). Please do not submit completed forms to this address.



Essential StaffCARE[®]

Health Insurance Enrollment Form

Complete the Enrollment Form to Elect or Decline Coverage

- You **MUST** Complete the Enrollment Form for the New Hire Process
 - You **MUST** Elect or Decline Coverage on the Enrollment Form
 - Return the Enrollment Form to your Branch Manager
 - Keep the Benefit Page for Your Records and Plan Information
-

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF INSURANCE FRAUD AND WILL BE PROSECUTED.

CMG
CORPORATE MANAGEMENT GROUP



CMG

For questions or assistance, please call Essential StaffCARE Customer Service at 1-866-798-0803.

The Essential StaffCare Medical/Rx, Accidental Loss of Life, Limb & Sight, Dental and Vision Plans are underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois under Policy Series Numbers 25.204, 26.212, and 26.213. The Term Life and Short-Term Disability Plans are underwritten by BCS Life Insurance Company, Oakbrook Terrace, Illinois under Policy Series Number 62.200.

Form: ESC S P2D v9.1



To: All Employees

Quien: Todos Empleados

From: Corporate Management Group & Employer Solutions Group

De: Corporate Management Group y Employer Solutions Group

Re: Stop Payment Check Fee

Re: Tarifa de cheque parado

Effective immediately, to replace a lost or stolen check, \$50.00 will be deducted from the replacement check for a stop payment fee and for a reprocessing fee. *Efectivo inmediatamente, para reemplazar un cheque de sueldo perdido o robado, \$50.00 de tarifa sera deducido de el cheque reemplazado para parar el cheque original y para procesarlo denuevo.*

If you lose your check, we will first have to verify that it has not been processed through the bank. If it has not, a new check will be issued, minus the \$50.00 fee. *Si usted pierde su cheque, tendremos que verificar que no ha sido procesado en el banco. Si no, un cheque nuevo sera processado, menos las tarifa de \$50.00.*

If your check is stolen, we will first need a copy of the police report before a new check can be reissued. After we receive a copy of the police report, a new check will be issued following the same procedures as listed above. *Si su cheque es robado, necesitaremos una copia de el reporte de policia antes de que un cheque nuevo sera procesado. Despues de obtener una copia del reporte de policia, un cheque nuevo sera procesado usando los mismos procedimientos mencionados arriba.*

If you have any questions regarding this new policy, please contact your On-Site Representative or the Corporate Office (303-920-1425). *Si usted tiene preguntas sobre esta poliza, por favor contacte a su representante de CMG o la oficina corporal al (303-920-1425)*

Thank you for your continued dedication and hard work!

Gracias por su dedicacion continua!

By signing below you are confirming that you understand the above policy.
Con su firma abajo usted esta confirmando que entiende la poliza descrita.

Signature/Firma: Josena C. Jorda
Date/Fecha: 4-5-2013

February 2011



Notification of Colorado Law Requirement
Unemployment Acknowledgement

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

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

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

LL (Initial)

Lorena C. Lavato
Employee Signature:

4-5-2013
Date:

Lorena C. Lavato
Employee (please print your name here)

EMPLOYEE INFORMATION (Must Be Filled Out) **ENROLLMENT FORM - PLAN 2** USE BLACK OR BLUE INK ONLY

Social Security Number
 Date of Birth Sex M F
 Name Lovena Lovato
 Street Address 660 Jessup St #17
 City Brighton, CO State Zip
 Home Phone --

Do you or any dependents have Medicare?
 Yes No If Yes:
 Medicare Health Insurance Claim Number (HICN) _____
 Medicare Effective Date //
 Names of Covered Person(s)
 1. _____
 2. _____
 3. _____
 4. _____

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no medical selection is a declination of coverage.

Signature Juanita C. Lovato Date

- You MUST enroll in the Medical Insurance Plan before adding any additional benefits.
- Your coverage level for the additional benefits will be identical to your medical plan selection.

BENEFIT SELECTION Weekly Rates

MEDICAL
 \$23.69 Employee Only
 \$48.08 Employee +1
 \$64.20 Employee + Family
 NO to all benefits.
If checked, stop! Go no further.

DENTAL
 YES \$5.23 Employee Only
 \$10.46 Employee +1
 NO \$17.26 Employee + Family

VISION
 YES \$2.35 Employee Only
 \$4.00 Employee +1
 NO \$5.64 Employee + Family

TERM LIFE
 YES \$0.60 Employee Only
 \$0.90 Employee +1
 NO \$1.80 Employee + Family

SHORT-TERM DISABILITY
 YES \$4.20 Employee Only
 NO
 Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

REQUIRED DEPENDENT INFORMATION

Name _____
 Social Security Number --
 Date of Birth // Sex M F
 Relationship: Spouse Domestic Partner Child

Name _____
 Social Security Number --
 Date of Birth // Sex M F
 Relationship: Spouse Domestic Partner Child

Name _____
 Social Security Number --
 Date of Birth // Sex M F
 Relationship: Spouse Domestic Partner Child

Name _____
 Social Security Number --
 Date of Birth // Sex M F
 Relationship: Spouse Domestic Partner Child

BENEFICIARY INFORMATION

For Term Life \ Accidental Loss of Life, Limb & Sight, please write in your beneficiary information.

NAME OF BENEFICIARY

RELATIONSHIP

Accidental Loss of Life, Limb & Sight is part of the Medical Benefit.

BACKGROUND INFORMATION FORM FOR BACKGROUND CHECK

BackTrack, Inc. is an employment screening company that conducts background checks on prospective employees/employees for our clients as part of their standard hiring procedure. In order to perform this check, we need you to provide the following information. Please be sure to fill out this form completely and legibly.

APPLICANT INFORMATION (please print clearly & accurately)							
Position Applying For: <u>Lead Generator</u>						Expected Salary:	
Last Name <u>Lovato</u>		First Name <u>Lorena</u>			Middle Name <u>Carlo</u>		
Maiden Name		Any Other Name(s) Used			Phone <u>970 978-7340</u>		
Home Address <u>P.O. Box 1366</u>				E-Mail Address <u>llovato1@aims.edu</u>			
City <u>Brighton</u>		State <u>CO</u>	Zip <u>80601</u>		County	From Mth/Yr	To Mth/Yr
Social Security Number * <u>504-92-5662</u>			Date of Birth * <u>9-19-76</u>		Military Branch of Service		
*For background screening purposes only							
Driver's License Number				State License was Issued			
High School		City/State Location		Year Graduated		Full Name Diploma Issued Under	
If GED received, in what State		City/State Location		Date Received		Name Used for GED	
College		City/State Location			Year Graduated		
Degree Rec'd: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Other _____ Student ID Number: _____ Full Name Used _____							
List Previous Addresses (to cover last 7 years)							
Address				City/State		Zip	
County		From Mth/Yr		To Mth/Yr			
Address				City/State		Zip	
County		From Mth/Yr		To Mth/Yr			
Are you currently employed? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
May we contact your <u>CURRENT EMPLOYER</u> now? <input type="checkbox"/> YES <input type="checkbox"/> NO (If marked YES, we WILL contact.) _____ Please Initial _____							

IMPORTANT: If you are currently employed and do NOT wish for your current employer to be contacted, please check NO on the above box.

NOTE: The absence of any of the above information could result in a delay in processing your background. If necessary, a representative from BackTrack, Inc. will contact you for additional information in order to expedite the background process. Thank you for your assistance.

—FOR CLIENT USE ONLY – DO NOT WRITE BELOW THIS LINE—

CLIENT INFORMATION		SERVICES REQUESTED <input type="checkbox"/> RUSH ORDER (\$27 extra charge)	
Name:		PACKAGE:	
Title:		<input type="checkbox"/> Level I (employment, education, criminal search, credit or SSN search, driving)	
E-Mail Address:		<input type="checkbox"/> Level II (employment, criminal search, credit or SSN search, driving)	
Company Name:		<input type="checkbox"/> Level III (employment, education, criminal search)	
Address:		<input type="checkbox"/> Level IV (employment, criminal search, credit or SSN search)	
City/State/Zip:		<input type="checkbox"/> Level V (criminal and SSN search)	
If Applicable, Division or Code #:		<input type="checkbox"/> Level VI (employment, education, criminal search, credit or SSN search)	
Phone Number:		(Above packages check here for 5 year emp. history ___ check here for only 3 year ___)	
Fax Number:		<input type="checkbox"/> Criminal History (county) <input type="checkbox"/> Federal District Search	
		<input type="checkbox"/> Civil Litigation <input type="checkbox"/> Statewide Search (where available)	
		<input type="checkbox"/> CrimeTrack (Criminal Database and National Sex Offender Search)	
		<input type="checkbox"/> GlobalTrack (Patriot Act Search)	
		<input type="checkbox"/> Credit Report	
		<input type="checkbox"/> Employment History <input type="checkbox"/> Education <input type="checkbox"/> Driving Record <input type="checkbox"/> SSN Search	
		<input type="checkbox"/> Workers' Comp. <input type="checkbox"/> Military <input type="checkbox"/> Credential <input type="checkbox"/> Bus/Personal Ref.	

DISCLOSURE AND AUTHORIZATION FOR BACKGROUND CHECK

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character and general reputation which can involve interviews with sources such as your friends and/or associates. These reports may contain information regarding your credit history, criminal history from various state and private sources along with other public records available, social search, motor vehicle records ("driving records"), verification of your education or employment history, or workers' compensation claims. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. Workers compensation will only be requested in compliance with the ADA and/or any other applicable state laws. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by BackTrack, Inc., 8850 Tyler Boulevard, Mentor, OH 44060, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. According to the Fair Credit Reporting Act, you are entitled to know if employment is denied or you otherwise suffer an adverse employment action because of information obtained from your prospective employer/employer from a consumer reporting agency. If so, you will be advised and be given the name of the agency or source of information.

Maine and New York applicants/employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants/employees only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

Oregon applicants/employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applications/employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, Employer, or insurance company to furnish any and all background information requested by BackTrack, Inc., another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants/employees only: Please check this box if you would like to receive a copy of your consumer report.

California applicants/employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

F11-0920

Signature X Lorena C. Lovato Date 4-5-13
Printed Name Lorena C. Lovato Company Applying To CMG

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 04/08/2013
Page: 1 of 1

Case Verification Number: 2013098130931PR

Case Information:

Employee Information:

Last Name:	Lovato	First Name:	Lorena
Middle Initial:	C	Maiden Name:	
Social Security Number:	*** ** 5662	Date of Birth:	09/19/1976
Citizenship Status:	A citizen of the United States		

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	Driver's license	Document State:	Colorado
Driver's License or ID Card Number:		Document Expiration Date:	09/19/2015
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	04/05/2013	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CKRO8757	Submitted On:	04/08/2013

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:	First Name:
Middle Initial:	Maiden Name:
Social Security Number:	Date of Birth:
Resubmitted By:	Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:

Submitted By:

Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result:

Response Date:

Employee Referred to DHS:

Referred By:

Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

The employee continues to work for the employer after receiving an Employment Authorized result.

Closed By:

CKRO8757

Closed On:

04/08/2013

SENSITIVE BUT UNCLASSIFIED

BackTrack

Employment Screening Specialists

8850 Tyler Blvd., Mentor, OH 44060 (440) 205-8280 Fax (440) 205-8355 www.backtracker.com

To: Ms. Angie Gonzales
Client: Corporate Management Group
Location: Thornton, CO
Fax:
Client ID: 4096-6595

Name: LORENA CARLO LOVATO
S. S. NO: xxx-xx-5662
Control Id: 892775
Client's Ref.No.
Client EMail: Angie@corpmtgmtgroup.com
Email cc to: lincoln@corpmtgmtgroup.com

Returned Report Log:

Date Sent	Report Status	Report Status Notes
4/8/2013	In Progress	
4/8/2013	Closed	

Database Search

Status: Closed

Search Type: CrimeTrack Criminal and Sex Offender Database Search
Search Name: LORENA CARLO LOVATO
Search Result: Completed.
Search Date: 4/8/2013 2:57:35 PM
Country: U.S.A.
Note:

This database is a multi-jurisdictional search compiled from multiple sources consisting of court records, incarceration records, prison/inmate records, probation/parole/release information and all 50 States Sex Offender Database Registries. Also included are a multitude of databases covering U.S and foreign sanctions and watch lists provided by U.S and foreign governments and international organizations. These include but are not limited to OIG - U. S Department of Health and Human Services, Office of the Inspector General - Exclusions List, System for Awards Management (SAM), The Excluded Parties List System (EPLS), General Services Administration (GSA), OFAC Specially Designated Nationals (SDN) and Blocked Persons, OFAC Sanctioned Countries including Major Cities and Ports, Non-Cooperative Countries and Territories, Department of State Trade Control (DTC) Debarred Parties, U.S. Bureau of Industry & Security, Unverified Entities List, Denied Entities List, Denied Persons List, FBI Most Wanted Terrorists and Seeking Information, FBI Top Ten Most Wanted, INTERPOL Most Wanted List, Bank of England Sanctions List, OSFI - Canadian Sanctions List, United Nations Consolidated Sanctions List, Politically Exposed Persons List, European Union Terrorism List, and World Bank Ineligible Firms.

You agree that your request for this report is permitted by law and that you intend to use the report only for a purpose permitted by the Fair Credit Reporting Act and local law and no other purpose. Before taking adverse action based on the information in this report, the FCRA requires you to provide the applicant with a copy of this report, along with a written description of the applicant's Rights under the FCRA. Your company has been provided with a copy of the applicant's rights statement for this purpose. This report is based upon observation and information provided to us. For the fee charged, we do not assume any liability arising out of the use of this report by you or others. You or any user of this report agree to hold us harmless from any liability arising from the use of this report.