

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>Bolyard</u>	First Name: <u>Hayley</u>	Middle Name:	
Maiden Name: <u>N/A</u>	Any Other Name(s) Used: <u>N/A</u>	Phone (303) <u>981-9601</u>	
Home Address: <u>11990 S. Boulder Rd. # 118</u>		E-Mail Address: <u>hbolyard@fortlewis.edu</u>	
City: <u>Lafayette</u>	State: <u>Colorado</u>	Zip: <u>80026</u>	County: <u>Boulder</u> From Mth/Yr <u>1999</u> To Mth/Yr <u>2013</u>
Social Security Number * <u>218 31 7332</u>		Date of Birth * <u>03/20/1991</u>	Military Branch of Service <u>N/A</u>
*For background screening purposes only			
Driver's License Number <u>07-193-1188</u>		State License was Issued <u>04/11/2012</u>	
High School: <u>Peak to Peak</u>	City/State Location: <u>Lafayette, CO</u>	Year Graduated: <u>2009</u>	Full Name Diploma Issued Under: <u>Hayley Bolyard</u>
If GED received, in what State: <u>NA</u>	City/State Location: <u>NA</u>	Date Received: <u>N/A</u>	Name Used for GED: <u>N/A</u>
College: <u>Fort Lewis College</u>	City/State Location: <u>Durango, CO</u>	Year Graduated: <u>2014</u>	
Degrees Rec'd: <input type="checkbox"/> Associate <input checked="" type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Other <u>in progress</u> Student ID Number: <u>900326724</u> Full Name Used: <u>Hayley Bolyard</u>			
List Previous Addresses (to cover last 7 years)			
Address: <u>1000 Rim Drive</u>		City/State: <u>Durango, CO</u>	Zip: <u>81301</u>
County: <u>La Plata</u>	From Mth/Yr: <u>2010</u>	To Mth/Yr: <u>2014</u>	
Address: <u>N/A</u>	City/State: <u>N/A</u>	Zip: <u>N/A</u>	
County: <u>N/A</u>	From Mth/Yr: <u>N/A</u>	To Mth/Yr: <u>N/A</u>	
Are you currently employed? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
May we contact your CURRENT EMPLOYER 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) <input type="checkbox"/> Level II (employment, criminal search, credit or SSN search, driving) <input type="checkbox"/> Level III (employment, education, criminal search) <input type="checkbox"/> Level IV (employment, criminal search, credit or SSN search) <input type="checkbox"/> Level V (criminal and SSN search) <input type="checkbox"/> Level VI (employment, education, criminal search, credit or SSN search)	
E-Mail Address:	(Above packages check here for 5 year emp. history check here for only 3 year)	
Company Name:	<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)	
Address:	<input type="checkbox"/> Credit Report	
City/State/Zip:	<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.	
If Applicable, Division or Code #:		
Phone Number:		
Fax Number:		

FD-1028

YOU MUST COMPLETE BOTH THE BACKGROUND INFORMATION FORM AND THE DISCLOSURE AND AUTHORIZATION FOR BACKGROUND CHECK



8850 Tyler Blvd., Mentor, OH 44060 Phone (440) 205-8280 Fax (440) 205-8335
Visit our website at: www.backtracker.com or email us at: btsearches@backtracker.com

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 applicants/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.

Signature X Hayley Bolyard Date 4/26/13
Printed Name Hayley Bolyard Company Applying To Leanin' Tree



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5

DATE 4/26/13

Name Bolyard, Hayley
Last First Middle Maiden

Present address 1190 S. Boulder Rd. #118
Number Street
Lafayette CO 80026
City State Zip

Social Security No. 218 - 31 - 7332

Telephone (303) 981-9601 E-Mail hbolyard@fortlewis.edu

If under 18, please list age _____ Referred by Kaitlyn Bending

Position applied for (1) Lead Generator Shift available to work
 and salary desired (2) \$11.00 1st _____
 (Be specific) 2nd _____
 3rd _____

How many hours can you work weekly? 10 hours Can you work nights? Yes

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

When available for work? May 6, 2013

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No Yes If so, please explain July 19th 2013 FortLewis Softball Camp
I'm running it

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				
College				
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.

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? Personal vehicle

Driver's license number 07-193-1188 State of issue CO

Operator Commercial (CDL) Chauffeur

Expiration date 03/20/2017

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? _____

Please list two references other than relatives or previous employers.

Name Erin Holloway Name Derik Wetzel

Position Asist. Coach Position Front Desk

Company Fort Lewis College Company Durango Sports Club

Address 1000 Rim Drive Address Florida Dr.

Durango, CO 81301 Durango, CO, 81301

Telephone (267) 664-2444 Telephone (320) 431-9636

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 dependents 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** _____

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** _____

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** _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) **E** _____

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** _____

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 (\$80,000 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** _____

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.) ▶ **H** 0

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.

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	
1 Type or print your first name and middle initial. Last name Hayley Balyard		2 Your social security number 218-31-7832			
Home address (number and street or rural route) 11990 S. Boulder Rd. #118		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld 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 Lafayette, CO 80026		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)		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. ▶ 7		8 \$			
Under penalty 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.) ▶ Hayley Balyard		Date ▶ 1/26/13			
9 Employer's name and address (Employer: Complete lines 9 and 10 only if sending to the IRS.)		10 Office code (optional)		11 Employer identification number (EIN)	

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

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

With respect to sexual harassment, the following is prohibited:

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

If Harassment Occurs:

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



Employee Signature: Hayley Bolejard

Date: 4/26/13

**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

Hayley Balyard

Date:

4/26/13

IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

* Name: Hayley Bolyard
Address: 11990 S. Boulder Rd. #118 Lafayette, CO 80026
Home Phone: 303-981-9601

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

* 1. Name: Karen Bolyard
Phone (work): (720) 406-1000
Phone (home): (303) 981-9601

2. Name: _____
Phone (work): _____
Phone (home): _____

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



Affirmation of Legal Work Status
Pursuant to § 8-2-122, Colorado Revised Statutes

Employee Name: Belyard Hayley 03/20/1991
Last First Middle Date of Birth

Social Security Number: 218 - 31 - 7332 Date of Hire: _____

In accordance with § 8-2-122, C.R.S., within twenty days after hiring the new employee listed above,

I affirm all four of the following:

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

 Print Name of Employer (or Designated Representative) Official Title

 Signature of Employer (or Designated Representative) Date Signed
 Corporate Management Group 12000 N. Washington Street #290
 Thornton, CO 80241 303-920-1425

 Business or Organization Name Employer Phone Number

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.

This affirmation and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

This affirmation is provided as a courtesy by the Colorado Division of Labor.



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 (Employee 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) Bolyard		First Name (Given Name) Hayley		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) 1190 S. Boulder Rd. #118			Apt. Number	City or Town Lafayette	State CO	Zip Code 80026
Date of Birth (mm/dd/yyyy) 03/26/1991	U.S. Social Security Number 218-311-7332		E-mail Address hbolyard@fortlewis.edu		Telephone Number (303) 981-9601	

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

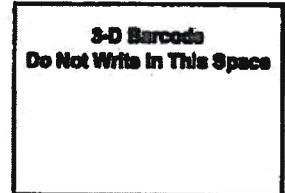
2. Form I-94 Admission Number: _____

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: Hayley Bolyard	Date (mm/dd/yyyy): 04/26/2013
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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



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 Hayley Bolyard Social security number ▶ 218-31-7332

Street address where you live 11990 S. Boulder Rd. # 118

City or town, state, and ZIP code Lafayette, CO 80026

County Boulder Telephone number (303) 981-9601

If you are under age 40, enter your date of birth (month, day, year) 03/20/1991

- 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 18 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 ▶ Hayley Bolyard

Date 09/26/13

EMPLOYEE INFORMATION (Must Be Filled Out) **ENROLLMENT FORM - PLAN 2**

Social Security Number **218-31-7332**
 Date of Birth **03/20/1991** Sex **M/F**
 Name Hayley Bolyard
 Street Address 1190 S. Boulder Rd. #118
1/2
 City Lafayette State **CO** Zip **80026**
 Home Phone **303-981-9601**

Do you or any dependants 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 Hayley Bolyard Date **04/26/2013**

- 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

MEDICAL

\$23.69 Employee Only
 \$48.08 Employee +1
 \$64.28 Employee + Family
 NO to all benefits.
If checked, stop! Go no further.

DENTAL

YES \$5.23 Employee Only
 \$18.48 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 \$4.28 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.



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 denuovo.*

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: Hayley Boleyard
Date/Fecha: 01/26/13

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.



AB (Initial)



Hayley Bolyard
Employee Signature:

01/26/2013
Date:



Hayley Bolyard
Employee (please print your name here)

Hayley Bolyard

11990 South Boulder Road Lot 118

Lafayette, Colorado 80026

303-981-9601

hbolyard@fortlewis.edu

I am a skilled, talented and totally fun female that would like the opportunity to use my skills and talent in the work industry. I am confident, and I can contribute in a way all can excel.

I have a strong Customer Service background. I am currently a student at Fort Lewis College studying Sociology and have a minor in Coaching, and play on the Varsity Softball team, as such am very good at communicating with people of all sorts. My administrative skills and eagerness to learn make me vital to any office. I personally enjoy going above and beyond in customer service.

Because I am professional, a team player looking for a stable position with great growth potential, I would like the opportunity to be an asset to your office. Even at an entry level position I am ready and willing to be molded. My skills include; telephones, excellent customer service experience, proven ability training skills; working with Excel, Word, PowerPoint, etc.

Hayley Bolyard

Objective

To obtain a position with a company that believes in high levels of customer service; working with and for the people.

Experience

May 2007-August 2007 Boulder Manor Boulder, Colorado

Dietary Aid

- Preparation of meals
- Cleaning tables and organizing dining area
- Serving patients

May 2008-August 2008 Next Generation Energy Lafayette, Colorado

Reception

- Answering and transferring calls
- Scheduling appointments
- Files, paperwork and organization of collected data

May 2009-August 2009 Next Generation Energy Lafayette, Colorado

Warehouse

- Inventory keep
- Deliveries
- Loading and unloading trucks

May 2010-August 2010 Next Generation Energy Lafayette, Colorado

Administrative Assistant/Reception

- Answering and transferring calls
- Notes, scheduling, paperwork for Administration
- Cleaning up around office

Education

2009-2010 Colorado State University Fort Collins, Colorado

2010-Present Fort Lewis College Durango, Colorado

Majoring in Sociology

- Minor in Coaching

References

Kira Zeiter: (520) 444-8110 Erin Holloway: (267) 664-2444 Derik Wetzal: (720) 341-4636