

managed|Staffing Employment Application

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

Personal Information

Last Name: <i>Hamilton</i>		First Name: <i>Steve</i>		M.I. <i>D</i>	Preferred Name: <i>Steve</i>
Street Address: <i>7400 Wilson Ct</i>		City: <i>Westminster Co.</i>	State:	Zip: <i>80030</i>	
How long at this address? <i>2 1/2 years</i>		Social Security #: <i>565-28-9336</i>		Date of Birth: <i>5-4-68</i>	
Home Phone: <i>720-495-1432</i>	Alternate Phone:		Email Address: <i>HEARTO6076208@Yahoo</i>		
Have you ever been convicted of a Misdemeanor? If Yes, please provide a brief explanation: <input checked="" type="checkbox"/> <i>DU4</i>			Have you ever been convicted of a Felony? If Yes, please provide a brief explanation: <input type="checkbox"/>		

Position Applying For: <i>Packaging</i>	Salary Requested: <i>13.00</i>	How were you notified of our openings? <i>Ruben Garcia</i>
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List any Friends or Relatives working for this organization

Name: <i>Ruben Garcia</i>	Relationship: <i>Friend</i>	Name:	Relationship:
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Education				
Institution Attended	Name and Location	Did You Graduate?	Diploma or Degree Type	Course of Study
High School	<i>Wilcox</i>	<i>Yes</i>	<i>Diploma</i>	<i>Basic & Welding Tech</i>
Trade / Vocational School				
College / University				

Employment History					
Employer	Supervisor	Start Date	End Date	Position / Title:	Reason for Leaving:
<i>See Resume</i>					

Emergency Contact:				
Name	Relationship	City, State	Contact #:	Alternate #:
<i>Caroline Elliott</i>	<i>Wife</i>	<i>Westminster Co.</i>	<i>(206) 276-4750</i>	() - () - ()
			() - () - ()	() - () - ()

Applicant's Certification (Please read carefully before signing)

I certify to the best of my knowledge and beliefs, the answers provided by me on this application are accurate and complete. I understand that misrepresentations or omissions of facts in this application, may lead to my dismissal.

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

x <i>Steve D Hamilton</i> Applicant Signature	<i>6-15-12</i> Date
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Employee Information Form

First Name: Steve Middle Initial: D

Last Name: Hamilton

Name (Preferred to be called): Steve

Address: 7400 Wilson Ct APT # N/A

City: Westminister State: CO Zip: 80030

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

Home Phone: (220) 495-1432 Work: ()

Cell Phone: () Same Fax Number: ()

Social Security #: 565-23-9336 Date of Birth: 5-4-68

Work Email Address: _____

Home Email Address: _____

Disability: Yes No Veteran: Yes No

Asian African American American Indian Hispanic White Other

Emergency Contact

Name: Caroline Elliott

Relationship: Wife

Address: 7400 Wilson Ct

City: Westminister State: CO Zip: 80030

Home Phone: (220) 276-4758 Work: ()

Second Emergency Contact

Name: Mary Hamilton

Relationship: Mother

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (303) 429-0845 Work: ()

Employee Signature: Steve D Hamilton Date: 6-15-12



SCHEDULE B
AGREEMENT AND WAIVER

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

ASSIGNED EMPLOYEE

Steve P Hamilton
Signature

Steve P Hamilton
Printed Name

Title

8-15-12
Date

(Associate Vendor Employee)

Signature

Printed Name

Title

Date



SCHEDULE C

Temporary Worker Invention and Secrecy Agreement

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

1. Confidential Relationship.

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

2. Definitions.

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

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

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

3. Rights to Inventions.

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

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



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

4. Warranty of Original Development.

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

5. Rights to Work Product.

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

6. Protection of Trade Secrets.

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

7. Nondisclosure and Nonuse of Proprietary Information.

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

8. Adherence to Procedure for Preserving Confidentiality.

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

9. Temporary Worker's Policies and Procedures.

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

10. Duty Upon Termination.

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

11. Right to Injunctive Relief.

Temporary Worker agrees and acknowledges as follows:

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



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

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

12. Unauthorized Use or Disclosure.

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

13. Other Agreements.

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

14. Assignment.

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

15. Severability.

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

Witness

Witness' signature

Witness' name and title (print)

Date

Temporary Worker

Steve D Hamilton
Temporary Worker's signature

Steve Douglas Hamilton
Temporary Worker's name (print)

7400 Wilson Ct Westminster Co. 80030
Temporary Worker's address (print)

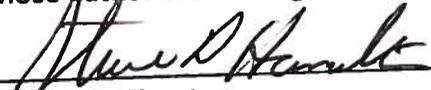
6-15-12
Date

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Handbook Acknowledgement Form

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

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



Employee's Signature

Steve Hamilton

Printed Name

6-15-12

Date

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Equipment Agreement

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

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

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

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

Steve Hamilton
Name Print Only

Steve Hamilton
Signature

6-15-12
Date

Equipment Description



Payroll & Timesheet Systems Policies & Procedures

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

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

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

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

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

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

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

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

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

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

Steve Hamilton

Print your name

Steve Hamilton

Your signature

6-15-12

Date

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

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

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

Print Name: Last <u>Hamilton</u>		First <u>Steve</u>	Middle Initial <u>D</u>	Maiden Name
Address (Street Name and Number) <u>7400 Wilson Ct</u>		Apt. #	Date of Birth (month/day/year) <u>5-4-62</u>	
City <u>Westminister</u>	State <u>Ca</u>	Zip Code <u>90030</u>	Social Security # <u>565-23-9330</u>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

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

Employee's Signature: Steve D Hamilton Date (month/day/year): _____

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

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

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

List A	OR	List B	AND	List C
Document title: _____	OR	_____	AND	_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____				

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

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

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Direct Deposit Application

First Name: Steve Middle Initial: P Last Name: Hamilton

Social Security #: 565-23-9336 Employer: Managed Staffing

Bank Name: Wells Fargo

Account Disbursement

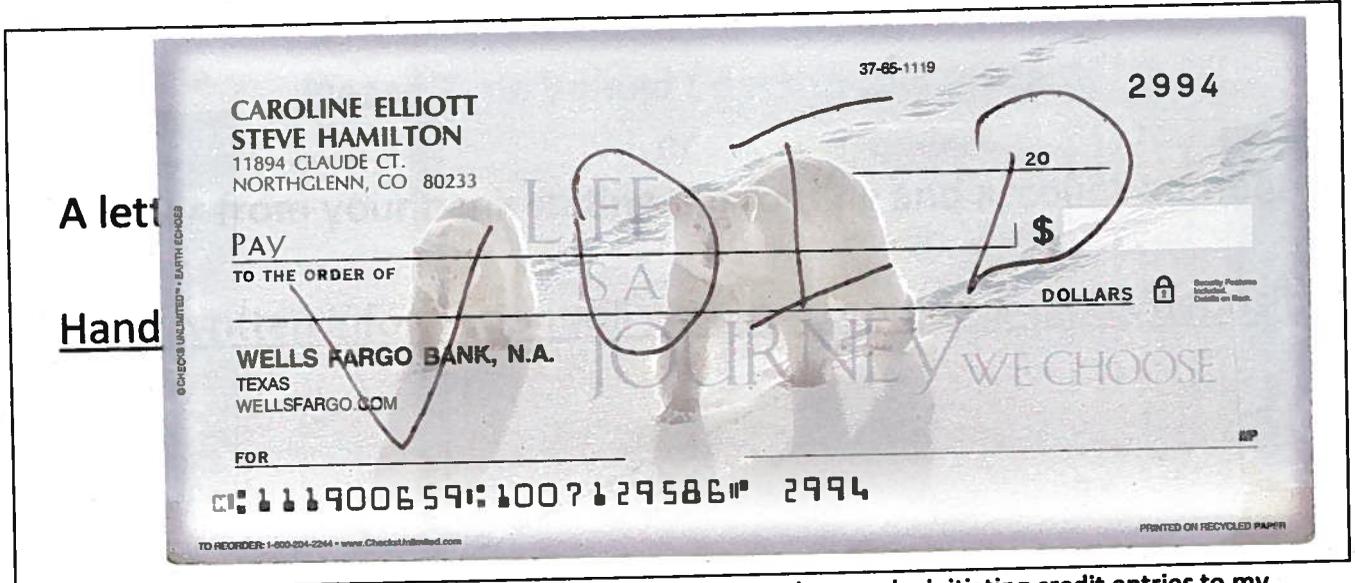
I would like my payroll/wages deposited to the bank account indicated below:

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

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

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

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



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

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

Employee Signature: Steve P Hamilton Date: 6-15-12

Form W-4 (2011)

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

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

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

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

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

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

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

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>1</u>
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u>1</u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u>1</u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u>1</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>0</u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u>0</u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	<u>1</u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	H	<u>5</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	<h3>Employee's Withholding Allowance Certificate</h3> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1>2011</h1>
1 Type or print your first name and middle initial. <u>Steve D</u>	Last name <u>Hamilton</u>	2 Your social security number <u>565-23-9236</u>
Home address (number and street or rural route) <u>7400 Wilson Ct</u>	3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>	
City or town, state, and ZIP code <u>Westminster Co. 80030</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)	6 Additional amount, if any, you want withheld from each paycheck	5 <u>5</u> 6 \$ <u>A</u>
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 <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>Steve D Hamilton</u>		Date ▶ <u>6-15-12</u>
8 Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

WOTC Questionnaire

Work Opportunity Tax Credit

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

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

Applicant's Name Hamilton Steve P
Last Name First Name Middle Initial

Government Identification Number: _____

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

Please answer YES or NO to the following questions:

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

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

OMB No. 1545-1500

▶ See separate instructions.

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

Your name Steve Hamilton Social security number 565 0319336
Street address where you live 2400 Wilson Ct
City or town, state, and ZIP code Westminster Co. 80030
County Adams Telephone number (220) 495-1432
If you are under age 40, enter your date of birth (month, day, year) 1 1

- 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 ▶ Steve Hamilton

Date 6/15/12

For Employer's Use Only

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

Street address 15770 Dallas Parkway, Suite 800

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

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

Street address 2279 Eagle Glen Pkwy. # 112-217

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

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

Date applicant: Gave information / / Was offered job / / Was hired / / Started job / /

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job

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

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

Employer's signature ▶ Title Date / /

Privacy Act and Paperwork Reduction Act Notice

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

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

- Recordkeeping 3 hrs., 16 min.
- Learning about the law or the form 46 min.
- Preparing and sending this form to the SWA 42 min.

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

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

NAME HAMILTON, Steven D. ADDRESS 617 Bancroft St., Santa Clara, CA **VALLEY HIGH SCHOOL**
 BIRTHDAY 5/4/68 BIRTHPLACE Colo. 1875 Lawrence Road
 9TH GRADE YEAR 82/83 SCHOOL Peterson Jr. H.S., Sunnyvale, CA Santa Clara, CA 95051
 (408) 983-2100

SUBJECTS	LET	GEN	UNITS
Lit 9	F	O	
World Geog	D-	5	
Math 9	C+	5	
P.E.	C	5	
Wood 1	C-	5	
Plastics	C	5	

SUBJECTS	LET	GEN	UNITS
Comp 9		D	5
Math 9		B	5
P.E.		C+	5
Human Bio		D	5
Wood 1		B+	5
Plastics		C	5

TOTAL ACCUMULATED UNITS 55

10TH GRADE YEAR 83/84 SCHOOL Wilcox H.S., Santa Clara, CA

SUBJECTS	LET	GEN	UNITS
Comp Gen		F	0
Mc Wrt Cv		D-	5
Math 10		C-	7
P.E. Bowling		A	2.5
Elect I		D	5
Wood I		D	5
Bowling		A	2.5

SUBJECTS	LET	GEN	UNITS
Lit Gen		F	0
Math 10		C	1
P.E. Bowling		A	2.5
Life Sci		C-	5
Elect I		F	0
Wood I		D	5
P.E. Bowl		B+	2.5

11TH GRADE YEAR 84/85 SCHOOL Wilcox H.S.

SUBJECTS	LET	GEN	UNITS
Cont Lit Gen		F	0
U.S. History		F	0
Adv Wood		C+	5
Voc Ctr Am		C+	15

SUBJECTS	LET	GEN	UNITS
Voc Ctr Am		C	15
Adv Wood		B	5
U.S. Hist		F	0
Exp writ Gen		F	0

140.5

12TH GRADE YEAR 85/86 SCHOOL Valley High School R/ 9/4/85

SUBJECTS	LET	GEN	UNITS
Math Rev		B	1
Geography (ACE)		P	5
WLD HIST (ACE)		P	3
U.S. History		B+	3
English Lit (ACE)		P	2.5
English II (ACE)		P	5
Nat Sci (ACE)		P	5
English C 3: Gen Lit		C+	5
Driver Ed A 2.5; Wood		C	5
CCOC		D	7.5

SUBJECTS	LET	GEN	UNITS
Civics		B	3
Gen English		C+	2
Lit		B-	3.5
English		B	2
U.S. History		B	4
U.S. History		B+	4
Shop		A-	2

210

YEAR	SCHOOL	LET	GEN	UNITS

TRANSCRIPT TO:

RECORD OF RECENT TEST SCORES

YEAR	FORM	DATE	SCORE				
	U/J	3/83	RE	LA	MA	SCI	SO
			8.9	4.5	9.9	10.3	8.2
			750	660	730	735	716
			42	24	51	52	41
			35	11	52	52	34
			45	21	46	22	16

GRADUATION REQUIREMENTS

English I	5/	5
II		2.5
III	2.5/	2.5
IV	2/ 2.5/ 5/3/4.5/ 2/3.5/	22.5
(30 units completed)		
Mathematics (10 units minimum)	5/5/7/1/	18
Science (10 units minimum)	5/5/	10
U. S. History (10 units minimum)	3/4/4/	11
Civics (6 units)	5/	5
Soc. Studies Electives (16 units min.)	5/5/5/	15
200 Units Completed		
Driver Education	Valley H.S. '86	Comp
Driver Training		
First Aid	Valley H.S. '86	Comp

Certified Transcript Copy issued 9/8/98
 Signature Linda B. Anderson Title Registrar

HAMILTON, Steven D. 5/4/68

<u>COMPETENCY TEST RESULTS-OTHER DISTRICTS</u>		
	<u>Date</u>	<u>Signature</u>
Passed Math App:	<u>12/'81</u>	<u>Peterson Jr. H.S.</u>
Comm	<u>12/'81</u>	<u>Peterson Jr. H.S.</u>
Passed Reading	<u>12/'81</u>	<u>Peterson Jr. H.S.</u>
Passed Writing	<u>12/'81</u>	<u>Peterson Jr. H.S.</u>
Passed	_____	_____



Nationsearch.com 11160 Huron St. #201 Thornton, CO. 80234
 Phone 800.827.9550 Fax 800.827.6118

AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

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

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

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

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

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

Steve P. Hamilton _____ 6-15-12
 Applicant Signature Date

Other Names Used: _____

Social Security Number	565-23-9336
Date of Birth: To be used for screening purposes only	5-4-68
Drivers License number : State of Issue:	94-186-0963

Street Address	City	State	Zip Code
7400 Wilson Ct	Westminster	CO	80030

Steve Hamilton
7400 Wilson Ct.
Westminster, CO 80030
720-495-1432
Heartogo76208@yahoo.com

Profile

- More than 8 years' successful experience in customer service and support with recognized strengths in problem-solving and trouble-shooting, and planning/implementing proactive procedures and systems to avoid problems in the first place.
- Ability to train, motivate, and supervises employees.
- A team player, acknowledged as "Total Quality Professional."
- Develop plan and maintain/update accurate inventories.
- 20+ years of welding experience in MIG, steel and aluminum, ARC welding

Career Achievements

- Opened up functioning tractor/trailer shop in 2 ½ years. Recommended by Don Herring as qualified to start shop for CT Power.
- Increase in parts for tractor and trailer was \$250K in 1 year.
- Proactive planning led to notable increase in morale in shop.
- Increase customer retention.
- Strong negotiation skills (estimates).
- Provided CT Power with list of equipment needed to have an up and running shop.

Employment

Creative Visions

**2011-
2012**

Subcontractor (Pensky/Ryder)

Contact : Freddie Herring, Jr (Owner) 303-916-9376

- Box work
- Panel replacements
- Side Post Replacements
- Flooring Repair/Replacements
- Roof Repair/Replacements
- Door Repair/Replacement (Swing and roll up doors)
- Header and Rear Frame Repairs
- Lift Gate Repairs

Ainsworth Paint & Body Denver, CO

Subcontractor

- General fabrication on tractors and trailers.
- Estimate damage to trailers and bid job accordingly.
- Create estimates and proposals on jobs.
- Work with sales professional responsible for open accounts in individual and corporate accounts.
- Support sales reps in opening new accounts and

**2009-
2011**

-
- upgrading existing service.
 - Set up system to handle bottlenecks and crisis deadlines.
 - Supervised equipment and production requirements to ensure progressive departmental growth.
 - Parts ordering and information.
 - Quickly and effectively solve customer challenges.

Walbash National Trailer Commerce City, CO

Shop Foreman

- Supervised 11 employees.
- Prepare quarterly and annual review for employees.
- Implement safety training in and around shop.
- General fabrication on tractors and trailers.
- Work with 1 sales professional responsible for open accounts in individual and corporate accounts.
- Support sales reps in opening new accounts and upgrading existing service.
- Quickly and effectively solve customer challenges.
- Inspected new trailer arrivals for acceptance to new sales inventory.
- Maintain quality control/satisfaction records, constantly seeking new ways to improve customer service.
- Control work overflow, resulting in a smooth-running operation with few complaints.
- Set up system to handle bottlenecks and crisis deadlines.
- Supervised equipment and production requirements to ensure progressive departmental growth.
- Parts ordering and information.
- DOT inspections and quality control on equipment leaving the shop.

**2008-
2009**

CT Power/Iceberg Enterprise, Commerce City, CO

Contact Shop Foreman: Chuck Drumright 720-301-8347

Shop Foreman

- Supervised 13 employees.
- Prepare quarterly and annual review for employees.
- Implement safety training in and around shop.
- General fabrication on tractors and trailers.
- Work with 8 sales professionals responsible for open accounts in individual and corporate accounts (used and new equipment.).
- Support sales reps in opening new accounts and

**2006-
2008**

- upgrading existing service.
- Quickly and effectively solve customer challenges.
- I was quality control for Hyundai trailers. CT Power became a Hyundai dealership.
- Inspected new Hyundai arrivals for acceptance to new sales inventory.
- Maintain quality control/satisfaction records, constantly seeking new ways to improve customer service.
- Control work overflow, resulting in a smooth-running operation with few complaints.
- Set up system to handle bottlenecks and crisis deadlines.
- Supervised equipment and production requirements to ensure progressive departmental growth.
- Parts ordering and information.
- DOT inspections and quality control on equipment leaving the shop.

Merritt Equipment, Henderson, CO

**2000-
2006**

Contact: Don Herring 303-287-7527

Shop Lead

- Implement safety training in and around shop.
- General fabrication on tractors and trailers.
- Responsible for open accounts in individual and corporate accounts (used and new equipment.).
- Support sales reps in opening new accounts and upgrading existing service.
- Quickly and effectively solve customer challenges.
- Maintain quality control/satisfaction records, constantly seeking new ways to improve customer service.
- Control work overflow, resulting in a smooth-running operation with few complaints.
- Set up system to handle bottlenecks and crisis deadlines.
- Supervised equipment and production requirements to ensure progressive departmental growth.
- DOT inspections and quality control on equipment leaving the shop.

Education

CCOC, San Jose, CA
Welding and Fabrication

1986

References:

Professional
Chuck Drumright (CT Powers) 720-301-8347

Professional
Don Herring (Merritt Equipment) 303-287-7527

Professional
Robert Popilarski 720-620-2220

Tina Krol

From: results@nationsearch.com
Sent: Friday, June 15, 2012 1:02 PM
To: Tina Krol
Subject: Completed Report - STEVE P HAMILTON



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

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

Search Information

Name: STEVE P HAMILTON
SSN: 565-23-****
DOB: 05/04/****

The following are included in this report:

Search Type	Detail	Status
Social Security Number/Address Trace		Complete
COMPREHENSIVE CRIMINAL SCREENING		
- COLORADO COURTS (NOT INCLUDED DENVER GS)	Colorado	Complete - Record
- Fed. Criminal State Specific District Court Search	Colorado	Complete - No Record
- DENVER COUNTY GENERAL SESSIONS	Denver, Colorado	Complete
Past Employment Verification *	CURRENTLY EMPLOYED	Verified
Past Employment Verification *	AINSWORTH PAINT AND BODY	Verified
Past Employment Verification *	WALBASH NATIONAL TRAILER	Verified

Results Should Be Reviewed Carefully

Social Security Number/Address Trace

Social Security Number 565-23-****
Name STEVE P HAMILTON
DOB 05/04/****
Search ID 777743
Date Ordered 06/15/2012
Date Completed 06/15/2012

Results

Valid SSN	yes
-----------	-----

State Issued	California
Date Issued	1973

HAMILTON, STEVEN (DOB:) (SSN: xxxxxxxxx)	
Address 1 11894 CLAUDE CT NORTHGLENN CO 80233 -1310 County: ADAMS CO Date first reported: June, 2008 Date last reported: May, 2012	Address 2 PO BOX 351253 WESTMINSTER CO 80035 -1253 County: ADAMS CO Date first reported: December, 2006 Date last reported: December, 2008
Address 3 11884 CLAUDE CT NORTHGLENN CO 80233 -1310 County: ADAMS CO Date first reported: September, 2008 Date last reported: September, 2008	Address 4 11949 LAVINIA LN NORTHGLENN CO 80233 -1325 County: ADAMS CO Date first reported: August, 2007 Date last reported: May, 2008
Address 5 870 W 134TH AVE APT C DENVER CO 80234 -1104 County: ADAMS CO Date first reported: September, 2006 Date last reported: November, 2007	Address 6 PO BOX 33582 DENVER CO 80233 -0582 County: ADAMS CO Date first reported: Date last reported:
Address 7 7400 WILSON CT WESTMINSTER CO 80030 -4809 County: ADAMS CO Date first reported: Date last reported:	
HAMILTON, STEVE D (DOB: May, 04 ****) (SSN: xxxxxxxxx)	
Address 1 11894 CLAUDE CT NORTHGLENN CO 80233 -1310 County: ADAMS CO Date first reported: June, 2008 Date last reported: June, 2011	Address 2 PO BOX 33582 DENVER CO 80233 -0582 County: ADAMS CO Date first reported: June, 2011 Date last reported: November, 2011
Address 3 7400 WILSON CT WESTMINSTER CO 80030 -4809 County: ADAMS CO Date first reported: April, 2007 Date last reported: November, 2011	Address 4 11849 LOUISIANA LN NORTHGLENN CO 80233 County: ADAMS CO Date first reported: October, 2009 Date last reported: October, 2009
Address 5 PO BOX 351253 WESTMINSTER CO 80035 -1253 County: ADAMS CO Date first reported: September, 2006 Date last reported: December, 2008	Address 6 11884 CLAUDE CT NORTHGLENN CO 80233 -1310 County: ADAMS CO Date first reported: September, 2008 Date last reported: September, 2008
Address 7 11949 LAVINIA LN NORTHGLENN CO 80233 -1325 County: ADAMS CO Date first reported: December, 2006 Date last reported: May, 2008	Address 8 870 W 134TH AVE APT C DENVER CO 80234 -1104 County: ADAMS CO Date first reported: September, 2006 Date last reported: November, 2007
Address 9 870 W 34TH AVE UNIT C DENVER CO 80234 County: ADAMS CO Date first reported: August, 2006 Date last reported: March, 2007	Address 10 7155 JOAN ST DENVER CO 80221 -3052 County: ADAMS CO Date first reported: July, 2004 Date last reported: March, 2007
Address 11	

11647 PEARL ST NORTHGLENN CO 80233 -1909 County: ADAMS CO Date first reported: October, 1998 Date last reported: March, 2006	
HAMILTON, STEVE D (DOB: May, 04 ****) (SSN: xxxxxxxx)	
Address 1 PO BOX 33582 DENVER CO 80233 -0582 County: ADAMS CO Date first reported: July, 2011 Date last reported: July, 2011	Address 2 6160 E 60TH PL COMMERCE CITY CO 80022 -3407 County: ADAMS CO Date first reported: Date last reported:
Address 3 850 MOLINE ST AURORA CO 80010 -4156 County: ARAPAHOE CO Date first reported: Date last reported:	

COMPREHENSIVE CRIMINAL SCREENING

COLORADO COURTS (NOT INCLUDED DENVER GS)

Jurisdiction Searched	Colorado
Name Searched	STEVE P HAMILTON
DOB Searched	05/04/****
SSN Searched	565-23-****
Search ID	777744
Date Ordered	06/15/2012
Date Completed	06/15/2012
Status	Records Found
Case Number	2011T000185(County)
Verified By	Name and DOB
Full Name on File	STEVE HAMILTON
DOB on File	05/04/****
File Date	3/14/2011
Case Comments	Header
Description	People Of The State Of Colorado Vs. Hamilton, Steve D
County	Clear Creek
Court	County Court
Local Number	C/010/2011/T/000185
File Date	03/14/2011
Class	
Code	T
Description	Traffic
Type	Driving Under the Influence
Appealed	No
E Filed	No
Closed	03/06/2012
Last Scheduled Event	
Date	03/06/2012
Description	Sentencing Hearing
Last Event	ORDR
Code	ORDR

Description Order
Date 05/03/2012
Judge Rachel J Olguin-fresquez

Parties

Name Hamilton, Steve D
Type Defendant 1
Birth Date 05/04/1968
Gender Male
Race Caucasian

Attorneys

Name Macfarlane, Neil
Type Primary Atty
Bar 14763
Role Privately Retained Attorney

Agencies

Name Idaho Springs Police Dept
Ticket 12604

Sentences

Sentence 1

Date 03/06/2012
Count 1
Status Void
Description Sentence by Court

Penalty 1

Amount 21.00 Dollar Amount
Type Court Costs

Penalty 1

Amount 5.00 Dollar Amount
Type Court Security Cash Fund

Penalty 1

Amount 2.50 Dollar Amount
Type Genetic Testing Surcharge

Penalty 1

Amount 85.00 Dollar Amount
Type Useful Public Service

Penalty 1

Amount 20.00 Dollar Amount
Type Brain Injury Fund (Traumatic)

Penalty 1

Amount 200.00 Dollar Amount
Type Alcohol Eval Fee

Penalty 1

Amount 100.00 Dollar Amount
Type LEAF Assessment

Penalty 1

Amount 33.00 Dollar Amount
Type Victim Compensation Fund

Penalty 1

Amount 500.00 Dollar Amount
Type Driving Und Influ/Abil Impaird
Penalty 1
Amount 200.00 Dollar Amount
Type Persistent Drunk Driving Schg
Penalty 1
Amount 185.00 Dollar Amount
Type Victims Assistance Fund
Penalty 1
Amount 10.00 Dollar Amount
Type Rural Youth Alc/Sub Abuse Surc
Penalty 1
Amount 96.00 Hour(s)
Type Community Service - Probation
Penalty 1
Amount 25.00 Dollar Amount
Type Request for Time to Pay
Penalty 1
Amount 60.00 Day(s)
Type Jail
Penalty 1
Amount 43.00 Day(s)
Type Credit for Time Served
Penalty 1
Amount 365.00 Day(s) Suspended Imposition
Type Jail
Penalty 1
Amount 24.00 Month(s)
Type Probation
Penalty 1
Amount 950.00 Dollar Amount
Type Cost of Care - Probation/Adult
Sentence 2
Date 03/06/2012
Count 1
Status Active
Description Sentence by Court
Penalty 2
Amount 21.00 Dollar Amount
Type Court Costs
Penalty 2
Amount 5.00 Dollar Amount
Type Court Security Cash Fund
Penalty 2
Amount 2.50 Dollar Amount
Type Genetic Testing Surcharge
Penalty 2
Amount 85.00 Dollar Amount
Type Useful Public Service
Penalty 2
Amount 20.00 Dollar Amount
Type Brain Injury Fund (Traumatic)

Penalty 2
Amount 200.00 Dollar Amount
Type Alcohol Eval Fee

Penalty 2
Amount 100.00 Dollar Amount
Type LEAF Assessment

Penalty 2
Amount 33.00 Dollar Amount
Type Victim Compensation Fund

Penalty 2
Amount 500.00 Dollar Amount
Type Driving Und Infl/Abil Impaird

Penalty 2
Amount 200.00 Dollar Amount
Type Persistent Drunk Driving Schg

Penalty 2
Amount 78.00 Dollar Amount
Type Victims Assistance Fund

Penalty 2
Amount 10.00 Dollar Amount
Type Rural Youth Alc/Sub Abuse Surc

Penalty 2
Amount 96.00 Hour(s) Updated Sentence
Type Community Service - Probation

Penalty 2
Amount 25.00 Dollar Amount
Type Request for Time to Pay

Penalty 2
Amount 60.00 Day(s)
Type Jail

Penalty 2
Amount 43.00 Day(s)
Type Credit for Time Served

Penalty 2
Amount 365.00 Day(s) Suspended Imposition
Type Jail

Penalty 2
Amount 24.00 Month(s) Updated Sentence
Type Probation

Penalty 2
Amount 950.00 Dollar Amount
Type Cost of Care - Probation/Adult

Penalty 2
Amount 1200.00 Dollar Amount
Type Probation Supervision Fee

Scheduled Events

Scheduled Event 1

Date 07/12/2011
Location Room: F
Time 10:30
Description Arraignment

Judge Judge Rachel J Olguin-fresquez
Status Continued by Parties

Scheduled Event 2

Date 08/09/2011
Location Room: F
Time 14:00
Description Pre-Trial Conference
Judge Judge Rachel J Olguin-fresquez
Status Hearing Held

Scheduled Event 3

Date 10/04/2011
Location Room: F
Time 10:00
Description Disposition Hearing
Judge Judge Rachel J Olguin-fresquez
Status Hearing Held

Scheduled Event 4

Date 11/14/2011
Location Room: F
Time 14:00
Description Plea Hearing
Judge Judge Rachel J Olguin-fresquez
Status Held and Continued

Scheduled Event 5

Date 01/24/2012
Location Room: F
Time 14:00
Description Plea Hearing
Judge Judge Rachel J Olguin-fresquez
Status Hearing Held

Scheduled Event 6

Date 03/06/2012
Location Room: F
Time 10:00
Description Sentencing Hearing
Judge Judge Rachel J Olguin-fresquez
Status Disposition Reached

Events

Event 1

Date 03/14/2011
Description Notice Filed
Event NOTC

Event 2

Date 03/14/2011
Description Affi In Suppt-warrantless Arr
Event ASWA

Event 3

Date 03/22/2011
Description Affidavit
Event AFFI

Event 4

Date 07/01/2011
Description Entry Of Appearance
Event ENTR

Event 5
Description ATY/ Macfarlane, Neil

Event 6
Date 07/11/2011
Description Consent
Event CONS

Event 7
Date 08/09/2011
Description Notice Of Appearance
Event NTOC

Event 8
Description DEF/ Hamilton, Steve D

Event 9
Date 10/04/2011
Description Notice Of Appearance
Event NTOC

Event 10
Description DEF/ Hamilton, Steve D

Event 11
Date 11/14/2011
Description Notice Of Appearance
Event NTOC

Event 12
Description DEF/ Hamilton, Steve D

Event 13
Date 01/24/2012
Description Order
Event ORDR

Event 14
Date 01/24/2012
Description Notice Of Appearance
Event NTOC

Event 15
Description DEF/ Hamilton, Steve D

Event 16
Date 01/24/2012
Description Minute Order (print)
Event MINC

Event 17
Date 01/24/2012
Description Alcohol Eval Ordered
Event EVLO

Event 18
Date 02/01/2012
Description Motion
Event MOTN

Event 19
Date 02/02/2012
Description Order

Event ORDR
Event 20
Date 02/02/2012
Description Alcohol Evaluation Filed
Event DUIF
Event 21
Date 02/13/2012
Description Order
Event ORDR
Event 22
Date 02/13/2012
Description Letter
Event LETR
Event 23
Date 02/29/2012
Description Report
Event RPRT
Event 24
Date 02/29/2012
Description Alcohol Evaluation Filed
Event DUIF
Event 25
Date 03/01/2012
Description Motion
Event MOTN
Event 26
Date 03/06/2012
Description Order
Event ORDR
Event 27
Date 03/06/2012
Description Order
Event ORDR
Event 28
Date 03/06/2012
Description Mittimus Issued
Event MITI
Event 29
Description DEF/ Hamilton, Steve D
Event 30
Date 03/06/2012
Description Letter
Event LETR
Event 31
Date 03/06/2012
Description Final Order Of Judgment
Event FOJ
Event 32
Date 03/06/2012
Description Final Order Of Judgment
Event FOJ
Event 33

Date 03/06/2012
Description Case Closed
Event CLAD
Event 34
Date 03/08/2012
Description Terms And Cond Of Probation
Event TCOP
Event 35
Date 03/19/2012
Description Filing Other
Event FOTH
Event 36
Date 04/05/2012
Description Motion
Event MOTN
Event 37
Date 04/05/2012
Description Minute Order (no Print)
Event MINO
Event 38
Date 04/12/2012
Description Order
Event ORDR
Event 39
Date 04/16/2012
Description Order
Event ORDR
Event 40
Date 04/16/2012
Description Motion
Event MOTN
Event 41
Date 04/17/2012
Description Objection
Event OBJ
Event 42
Date 05/03/2012
Description Order
Event ORDR

Bonds

Bond 1
Set Amount 0.00
Post Date 03/14/2011
Post Amount 10000.00

Charge
Disposition
Type of Crime
Comments

Driving Under The Influence
 Guilty
 M (Unclassified Misdemeanor)
 Charge Details
Date 03/11/2011
Count 1

Charge
Disposition
Type of Crime
Comments

Status Main Charge
Statute 42-4-1301(1)(a)
Plea Date 01/24/2012
Plea Description Plea of Guilty
 Driving Under The Influence Per Se
 Dism by DA
 M (Unclassified Misdemeanor)
 Charge Details

Date 03/11/2011
Count 2
Status Dismissed
Statute 42-4-1301(2)(a)

Charge
Disposition
Type of Crime
Comments

Driving/restraint-alcohol-related-2d Off
 Dism by DA
 M (Unclassified Misdemeanor)
 Charge Details

Date 03/11/2011
Count 3
Status Dismissed
Statute 42-2-138(1)(d)

Charge
Disposition
Type of Crime
Comments

Sidewalk-driving On
 Dism by DA
 TIA (Class A Traffic Infraction)
 Charge Details

Date 03/11/2011
Count 4
Status Dismissed
Statute 42-4-710(3)

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

2008M003896(County)
 Name and DOB
 STEVE HAMILTON
 05/04/****
 8/27/2008
 Header

Description People Of The State Of Colorado Vs. Hamilton, Steve Douglas
County Adams
Court County Court
Local Number C/001/2008/M/003896
File Date 08/27/2008
Class
Code M
Description Misdemeanor
Type Assault
Appealed No
E Filed No
Closed 05/13/2009
Last Scheduled Event
Date 05/13/2009
Description Jury Trial

Last Event JTDN
Code JTDN
Description Jtrl Dispo-not Guilty
Date 05/13/2009
Judge Dianna L Roybal

Parties

Name Hamilton, Steve Douglas
Type Defendant 1
Birth Date 05/04/1968
Gender Male
Race Caucasian

Attorneys

Name Macfarlane, Neil
Type Primary Atty
Bar 14763
Role Privately Retained Attorney

Agencies

Name Northglenn Police Dept
Case 15CN08005044
Ticket 15CN08005044

Scheduled Events

Scheduled Event 1

Date 10/28/2008
Location Room: R
Time 9:30
Description Arraignment
Judge Judge Simon Mole
Status Hearing Held

Scheduled Event 2

Date 12/09/2008
Location Room: 4
Time 10:00
Description Disposition Hearing
Judge Judge Dianna L Roybal
Status Continued by Parties

Scheduled Event 3

Date 01/30/2009
Location Room: 4
Time 8:30
Description Disposition Hearing
Judge Judge Dianna L Roybal
Status Hearing Held

Scheduled Event 4

Date 05/13/2009
Location Room: 4
Time 8:15
Description Jury Trial
Judge Judge Dianna L Roybal

Status Jury Trial Held

Events

Event 1

Date 08/27/2008
Description Summons And Complaint Filed
Event SACF

Event 2

Date 10/28/2008
Description Notice Of Appearance
Event NTOC

Event 3

Description DEF/ Hamilton, Steve Douglas

Event 4

Date 10/28/2008
Description Minute Order (print)
Event MINC

Event 5

Date 11/21/2008
Description Appl For Ct Appted Counsel
Event ACTA

Event 6

Description DEF/ Hamilton, Steve Douglas

Event 7

Date 12/09/2008
Description Return Of Service Protect Ord
Event RSPO

Event 8

Date 12/09/2008
Description Mandatory Protection Ord Grant
Event MROG

Event 9

Description DEF/ Hamilton, Steve Douglas

Event 10

Date 12/09/2008
Description Minute Order (print)
Event MINC

Event 11

Date 01/12/2009
Description Entry Of Appearance
Event ENTR

Event 12

Description ATY/ Macfarlane, Neil

Event 13

Date 01/30/2009
Description Minute Order (print)
Event MINC

Event 14

Date 05/12/2009
Description Notice Filed
Event NOTC

Event 15

Date 05/13/2009
Description Closed After Post Judgment
Event POST
Event 16
Date 05/13/2009
Description Mandatory Protection Ord Vacat
Event MROV
Event 17
Date 05/13/2009
Description Minute Order (print)
Event MINC
Event 18
Description DEF/ Hamilton, Steve Douglas
Event 19
Date 05/13/2009
Description Jtrl Dispo-not Guilty
Event JTDN

Charge Assault 3-know/reckless Cause Injury
Disposition Not Guilty
Type of Crime M1 (Class 1 Misdemeanor)
Comments Charge Details

Date 08/21/2008
Count 1
Status Main Charge
Statute 18-3-204
Plea Date 01/30/2009
Plea Description Plea Not Guilty

Charge Reckless Endangerment
Disposition Not Guilty
Type of Crime M3 (Class 3 Misdemeanor)
Comments Charge Details

Date 08/21/2008
Count 2
Status Main Charge
Statute 18-3-208
Plea Date 01/30/2009
Plea Description Plea Not Guilty

Case Number 2007T001998(County)
Verified By Name and DOB
Full Name on File STEVE HAMILTON
DOB on File 05/04/****
File Date 2/7/2007
Case Comments Header

Description People Of The State Of Colorado Vs. Hamilton, Steve Douglas
County Adams
Court County Court
Local Number C/001/2007/T/001998
File Date 02/07/2007
Class

Code T
Description Traffic
Type Driving Under the Influence
Appealed No
E Filed No
Closed 11/05/2008
Last Scheduled Event
Date 11/05/2008
Description Hrg-Revocation of Probation
Last Event MINC
Code MINC
Description Minute Order (print)
Date 11/05/2008
Judge Robert S Doyle

Parties

Name Hamilton, Steve Douglas
Type Defendant 1
Birth Date 05/04/1968
Gender Male
Race Caucasian

Aliases

Name Hamilton, Steve D
Name Hamilton, Steven D
Name Hamilton, Steven Douglas

Attorneys

Name Martens, Steven P
Type Primary Atty
Bar 11397
Role Privately Retained Attorney

Agencies

Name Northglenn Police Dept
Ticket 0
Name Northglenn Police Dept
Ticket 5611

Sentences

Sentence 1

Date 11/05/2008
Count 3
Status Active
Description Sentence by Court
Penalty 1
Amount 200.00 Dollar Amount
Type Alcohol Eval Fee
Penalty 1
Amount 15.00 Dollar Amount
Type Brain Injury Fund (Traumatic)
Penalty 1
Amount 21.00 Dollar Amount

Type	Court Costs - T, M, CR
Penalty 1	
Amount	5.00 Dollar Amount
Type	Court Security Cash Fund
Penalty 1	
Amount	90.00 Dollar Amount
Type	LEAF Assessment
Penalty 1	
Amount	50.00 Dollar Amount
Type	Persistent Drunk Driving Schg
Penalty 1	
Amount	12.00 Month(s) Revoked
Type	Probation Private Vendor
Penalty 1	
Amount	78.00 Dollar Amount
Type	VAST After 07/01/07(prev VASG)
Penalty 1	
Amount	78.00 Dollar Amount
Type	Victim Compensation Fund
Penalty 1	
Amount	48.00 Hour(s)
Type	Community Service
Penalty 1	
Amount	15.00 Day(s)
Type	Electronic Surveillance
Penalty 1	
Amount	6.00 Month(s) Updated Sentence
Type	Extended Probation
Sentence 2	
Date	08/05/2008
Count	3
Status	Void
Description	Sentence by Court
Penalty 2	
Amount	200.00 Dollar Amount
Type	Alcohol Eval Fee
Penalty 2	
Amount	15.00 Dollar Amount
Type	Brain Injury Fund (Traumatic)
Penalty 2	
Amount	21.00 Dollar Amount
Type	Court Costs - T, M, CR
Penalty 2	
Amount	5.00 Dollar Amount
Type	Court Security Cash Fund
Penalty 2	
Amount	90.00 Dollar Amount
Type	LEAF Assessment
Penalty 2	
Amount	50.00 Dollar Amount
Type	Persistent Drunk Driving Schg
Penalty 2	

Amount 12.00 Month(s) Updated Sentence
Type Probation Private Vendor
Penalty 2
Amount 78.00 Dollar Amount
Type VAST After 07/01/07(prev VASG)
Penalty 2
Amount 78.00 Dollar Amount
Type Victim Compensation Fund
Penalty 2
Amount 48.00 Hour(s)
Type Community Service
Penalty 2
Amount 15.00 Day(s)
Type Electronic Surveillance
Penalty 2
Amount 6.00 Month(s)
Type Extended Probation
Sentence 3
Date 08/24/2007
Count 3
Status Void
Description Sentence by Court
Penalty 3
Amount 200.00 Dollar Amount
Type Alcohol Eval Fee
Penalty 3
Amount 15.00 Dollar Amount
Type Brain Injury Fund (Traumatic)
Penalty 3
Amount 21.00 Dollar Amount
Type Court Costs - T, M, CR
Penalty 3
Amount 5.00 Dollar Amount
Type Court Security Cash Fund
Penalty 3
Amount 90.00 Dollar Amount
Type LEAF Assessment
Penalty 3
Amount 50.00 Dollar Amount
Type Persistent Drunk Driving Schg
Penalty 3
Amount 12.00 Month(s)
Type Probation Private Vendor
Penalty 3
Amount 78.00 Dollar Amount
Type VAST After 07/01/07(prev VASG)
Penalty 3
Amount 78.00 Dollar Amount
Type Victim Compensation Fund
Penalty 3
Amount 48.00 Hour(s)
Type Community Service

Penalty 3

Amount 15.00 Day(s)
Type Electronic Surveillance

Sentence 4

Date 08/05/2008
Count 4
Status Active
Description Sentence by Court

Penalty 4

Amount 12.00 Month(s) Updated Sentence
Type Probation Private Vendor

Penalty 4

Amount 6.00 Month(s)
Type Extended Probation

Sentence 5

Date 08/24/2007
Count 4
Status Void
Description Sentence by Court

Penalty 5

Amount 12.00 Month(s)
Type Probation Private Vendor

Scheduled Events

Scheduled Event 1

Date 04/05/2007
Location Room: 5
Time 8:30
Description Arraignment
Judge Judge Robert S Doyle
Status Vacated

Scheduled Event 2

Date 06/07/2007
Location Room: 5
Time 13:30
Description Pre-Trial Conference
Judge Judge Robert S Doyle
Status Disposition Reached

Scheduled Event 3

Date 08/24/2007
Location Room: 5
Time 14:30
Description Sentencing Hearing
Judge Judge Robert S Doyle
Status Hearing Held

Scheduled Event 4

Date 09/08/2008
Location Room: 5
Time 8:30
Description Hearing
Judge Judge Robert S Doyle
Status Hearing Held

Scheduled Event 5

Date 11/05/2008
Location Room: 5
Time 10:00
Description Hrg-Revocation of Probation
Judge Judge Robert S Doyle
Status Hearing Held

Events

Event 1

Date 02/07/2007
Description Summons And Complaint Filed
Event SACF

Event 2

Date 03/28/2007
Description Entry Of Appearance
Event ENTR

Event 3

Description ATY/ Martens, Steven P

Event 4

Date 04/03/2007
Description Notice Of Appearance
Event NTOC

Event 5

Description DEF/ Hamilton, Steve Douglas

Event 6

Date 04/03/2007
Description Minute Order (print)
Event MINC

Event 7

Date 06/07/2007
Description Minute Order (print)
Event MINC

Event 8

Date 06/07/2007
Description Alcohol Eval Ordered
Event EVLO

Event 9

Date 08/24/2007
Description Minute Order (print)
Event MINC

Event 10

Date 08/24/2007
Description Case Closed
Event CLAD

Event 11

Date 08/01/2008
Description Motion
Event MOTN

Event 12

Description DEF/ Hamilton, Steve Douglas

Event 13

Date 08/05/2008
Description Minute Order (print)
Event MINC
Event 14
Date 09/04/2008
Description Cmplnt For Revoc Of Probation
Event CRVP
Event 15
Description DEF/ Hamilton, Steve Douglas
Event 16
Date 09/08/2008
Description Reopened
Event ROPN
Event 17
Date 09/08/2008
Description Minute Order (print)
Event MINC
Event 18
Date 11/04/2008
Description Report
Event RPRT
Event 19
Description DEF/ Hamilton, Steve Douglas
Event 20
Date 11/05/2008
Description Probation Terminated
Event PRTM
Event 21
Date 11/05/2008
Description Closed After Post Judgment
Event POST
Event 22
Date 11/05/2008
Description Minute Order (print)
Event MINC

Charge
Disposition
Type of Crime
Comments

No Insurance-owner
 Dism by DA
 T1 (Class 1 Traffic Offense)
 Charge Details
Date 02/04/2007
Count 1
Status Dismissed
Statute 42-4-1409(1)

Charge
Disposition
Type of Crime
Comments

Seat Belt Not Used
 Dism by DA
 TIB (Class B Traffic Infraction)
 Charge Details
Date 02/04/2007
Count 2
Status Dismissed
Statute 42-4-237

Charge Dwai-2d Offense
Disposition Guilty
Type of Crime M (Unclassified Misdemeanor)
Comments Charge Details
Date 02/04/2007
Count 3
Status Main Charge
Statute 42-4-1301(1)(b),(9)(b)(II)
Plea Date 06/07/2007
Plea Description Plea of Guilty

Charge Driving Under The Influence
Type of Crime M (Unclassified Misdemeanor)
Comments Charge Details
Date 02/04/2007
Count 3
Status Amended
Statute 42-4-1301(1)(a)

Charge Careless Driving
Disposition Guilty
Type of Crime T2 (Class 2 Traffic Offense)
Comments Charge Details
Date 02/04/2007
Count 4
Status Main Charge
Statute 42-4-1402
Plea Date 06/07/2007
Plea Description Plea of Guilty

Charge Driver's License-driving Without
Disposition Dism by DA
Type of Crime T2 (Class 2 Traffic Offense)
Comments Charge Details
Date 02/04/2007
Count 5
Status Dismissed
Statute 42-2-101(1)

Case Number 1999CR001073(District)
Verified By Name and DOB
Full Name on File STEVE HAMILTON
DOB on File 05/04/****
File Date 5/11/1999
Case Comments Header
Description People Of The State Of Colorado Vs. Hamilton, Steven Douglas
County Adams
Court District Court
Local Number D/001/1999/CR/001073
File Date 05/11/1999
Class
Code CR
Description Criminal
Type Sex Offenses

Appealed No
E Filed No
Closed 08/04/2009
Last Scheduled Event
Date 08/04/2009
Description Hearing
Last Event MINC
Code MINC
Description Minute Order (print)
Date 08/04/2009
Judge Chris Melonakis

Parties

Name Hamilton, Steven Douglas
Type Defendant 1
Birth Date 05/04/1968
Gender Male
Race Caucasian

Aliases

Name Hamilton, Steve D
Name Hamilton, Steve Douglas
Name Hamilton, Steven D

Attorneys

Name Huttner, Richard B
Type Primary Atty
Bar 23230
Role Privately Retained Attorney
Name Neumann, Kelli
Type SRT 1
Gender Unknown
Name Moore, James
Type SRT 2
Gender Unknown

Agencies

Name Northglenn Police Dept
Case 992455

Sentences

Sentence 1

Date 06/29/2000
Count 3
Status Active
Description Clerical Revision of Sentence
Penalty 1
Amount 7.00 Year(s) Updated Sentence
Type Direct SNT To Comm Corrections
Penalty 1
Amount 125.00 Dollar Amount
Type Victim Compensation Fund
Penalty 1

Amount	125.00 Dollar Amount
Type	Victims Assistance Fund
Penalty 1	
Amount	30.00 Dollar Amount
Type	Court Costs
Penalty 1	
Amount	1000.00 Dollar Amount
Type	Special Advocate Surcharge
Penalty 1	
Amount	1000.00 Dollar Amount
Type	Sex Offender Surcharge
Penalty 1	
Amount	45.00 Dollar Amount
Type	Drug Standardized Assessment
Penalty 1	
Amount	115.00 Dollar Amount
Type	Sex Offender I.D. Fund
Penalty 1	
Amount	400.00 Dollar Amount Waived
Type	Oper Rec Vbi - *obsolete*
Penalty 1	
Amount	27.00 Day(s)
Type	Credit for Time Served
Sentence 2	
Date	06/29/2000
Count	3
Status	Void
Description	Sentence by Court
Penalty 2	
Amount	7.00 Year(s)
Type	Direct SNT To Comm Corrections
Penalty 2	
Amount	125.00 Dollar Amount
Type	Victim Compensation Fund
Penalty 2	
Amount	125.00 Dollar Amount
Type	Victims Assistance Fund
Penalty 2	
Amount	30.00 Dollar Amount
Type	Court Costs
Penalty 2	
Amount	1000.00 Dollar Amount
Type	Special Advocate Surcharge
Penalty 2	
Amount	1000.00 Dollar Amount
Type	Sex Offender Surcharge
Penalty 2	
Amount	45.00 Dollar Amount
Type	Drug Standardized Assessment
Penalty 2	
Amount	115.00 Dollar Amount
Type	Sex Offender I.D. Fund

Penalty 2
Amount 400.00 Dollar Amount
Type Oper Rec Vbl - *obsolete*
Penalty 2
Amount 27.00 Day(s)
Type Credit for Time Served

Scheduled Events

Scheduled Event 1

Date 05/12/1999
Location Room: 6
Time 13:30
Description Rtrn Filing of Charges
Judge Judge Jeffrey L. Romeo
Status Hearing Held

Scheduled Event 2

Date 06/02/1999
Location Room: 6
Time 10:00
Description Preliminary Hearing
Judge Judge Jeffrey L. Romeo
Status Continued by Parties

Scheduled Event 3

Date 06/30/1999
Location Room: 6
Time 10:00
Description Preliminary Hearing
Judge Judge Jeffrey L. Romeo
Status Hearing Held

Scheduled Event 4

Date 09/15/1999
Location Room: E
Time 8:30
Description Arraignment
Judge Judge Harlan R Bockman
Status Party Failed to Appear

Scheduled Event 5

Date 09/16/1999
Location Room: E
Time 8:30
Description Hearing
Judge Judge Harlan R Bockman
Status Hearing Held

Scheduled Event 6

Date 10/13/1999
Location Room: D
Time 8:30
Description Arraignment
Judge Judge Thomas Richard Ensor
Status Hearing Held

Scheduled Event 7

Date 11/24/1999

Location Room: E
Time 8:30
Description Hearing
Judge Judge Harlan R Bockman
Status Hearing Held

Scheduled Event 8

Date 02/28/2000
Location Room: E
Time 9:00
Description Jury Trial
Judge Judge Harlan R Bockman
Status Vacated

Scheduled Event 9

Date 02/28/2000
Location Room: E
Time 8:30
Description Plea Hearing
Judge Judge Harlan R Bockman
Status Hearing Held

Scheduled Event 10

Date 05/03/2000
Location Room: E
Time 8:30
Description Sentencing Hearing
Judge Judge John Edward Popovich
Status Continued by Parties

Scheduled Event 11

Date 06/29/2000
Location Room: E
Time 8:30
Description Sentencing Hearing
Judge Judge John Edward Popovich
Status Hearing Held

Scheduled Event 12

Date 05/26/2009
Location Room: E
Time 8:30
Description Motions Hearing
Judge Judge Thomas Richard Ensor
Status Party Failed to Appear

Scheduled Event 13

Date 06/15/2009
Location Room: E
Time 8:30
Description Motions Hearing
Judge Judge Thomas Richard Ensor
Status Party Failed to Appear

Scheduled Event 14

Date 08/04/2009
Location Room: Q
Time 8:30
Description Hearing

Judge Judge C. Vincent Phelps
Status Hearing Held

Events

Event 1

Date 05/11/1999
Description Mandatory Protection Ord Grntd
Event MROG

Event 2

Description DEF/ Hamilton, Steven Douglas

Event 3

Date 05/11/1999
Description Information Filed
Event INFO

Event 4

Date 05/12/1999
Description Motion
Event MOTN

Event 5

Description DEF/ Hamilton, Steven Douglas

Event 6

Date 05/12/1999
Description Minute Order (print)
Event MINC

Event 7

Date 05/27/1999
Description Motion
Event MOTN

Event 8

Description DEF/ Hamilton, Steven Douglas

Event 9

Date 06/02/1999
Description Minute Order (print)
Event MINC

Event 10

Date 06/30/1999
Description Minute Order (print)
Event MINC

Event 11

Date 09/15/1999
Description Minute Order (print)
Event MINC

Event 12

Date 09/16/1999
Description Minute Order (print)
Event MINC

Event 13

Date 10/13/1999
Description Minute Order (print)
Event MINC

Event 14

Date 11/24/1999

Description Minute Order (print)
Event MINC

Event 15
Date 11/26/1999
Description Motion
Event MOTN

Event 16
Date 02/28/2000
Description Psi Ordered
Event PSIO

Event 17
Date 02/28/2000
Description Order
Event ORDR

Event 18
Date 02/28/2000
Description Minute Order (print)
Event MINC

Event 19
Date 02/28/2000
Description Consent
Event CONS

Event 20
Date 04/27/2000
Description Report
Event RPRT

Event 21
Date 04/28/2000
Description Letter
Event LETR

Event 22
Date 05/03/2000
Description Minute Order (print)
Event MINC

Event 23
Date 06/16/2000
Description Letter
Event LETR

Event 24
Date 06/29/2000
Description Order
Event ORDR

Event 25
Date 06/29/2000
Description Mittimus Issued
Event MITI

Event 26
Description DEF/ Hamilton, Steven Douglas

Event 27
Date 06/29/2000
Description Minute Order (print)
Event MINC

Event 28

Date 06/29/2000
Description Case Closed
Event CLAD

Event 29

Date 10/14/2005
Description Report
Event RPRT

Event 30

Date 04/23/2009
Description Motion
Event MOTN

Event 31

Description DEF/ Hamilton, Steven Douglas

Event 32

Date 05/07/2009
Description Reopened
Event ROPN

Event 33

Date 05/07/2009
Description Print Notice
Event NTOC

Event 34

Description DEF/ Hamilton, Steven Douglas

Event 35

Date 05/07/2009
Description Print Notice
Event NTOC

Event 36

Description DEF/ Hamilton, Steven Douglas

Event 37

Date 05/26/2009
Description Print Notice
Event NTOC

Event 38

Description DEF/ Hamilton, Steven Douglas

Event 39

Date 05/26/2009
Description Minute Order (print)
Event MINC

Event 40

Date 06/15/2009
Description Closed After Post Judgment
Event POST

Event 41

Date 06/15/2009
Description Minute Order (print)
Event MINC

Event 42

Date 08/04/2009
Description Reopened
Event ROPN

Event 43

Date 08/04/2009
Description Closed After Post Judgment
Event POST

Event 44

Date 08/04/2009
Description Mandatory Protection Ord Vacat
Event MROV

Event 45

Date 08/04/2009
Description Minute Order (print)
Event MINC

Bonds

Bond 1

Set Date 05/10/1999
Set Amount 20000.00
Post Date 05/14/1999
Post Amount 20000.00

Bond 2

Set Amount 0.00
Post Date 12/18/1999
Post Amount 20000.00

Charge
Disposition
Type of Crime
Comments

Sex Asslt Child Und 15-pos Tru
Dism by DA
F3 (Class 3 Felony)
Charge Details
Date 05/01/1996
Count 1
Status Dismissed
Statute 18-3-405.3(1)(2)
Plea Date 10/13/1999
Plea Description Plea Not Guilty

Charge
Disposition
Type of Crime
Comments

Sex Asslt Child-pattern Abuse
Dism by DA
F3 (Class 3 Felony)
Charge Details
Date 05/01/1996
Count 2
Status Dismissed
Statute 18-3-405(1)
Plea Date 10/13/1999
Plea Description Plea Not Guilty

Charge
Disposition
Type of Crime
Comments

Sexual Assault On A Child
Guilty
F4 (Class 4 Felony)
Charge Details
Date 05/01/1996
Count 3
Status Main Charge
Statute 18-3-405(1)

	Plea Date	02/28/2000
	Plea Description	Plea of Guilty
Charge		Sexual Assault On A Child
Disposition		Dism by DA
Type of Crime		F4 (Class 4 Felony)
Comments		Charge Details
	Date	05/01/1996
	Count	4
	Status	Dismissed
	Statute	18-3-405(1)
	Plea Date	10/13/1999
	Plea Description	Plea Not Guilty
Charge		Sexual Assault On A Child
Disposition		Dism by DA
Type of Crime		F4 (Class 4 Felony)
Comments		Charge Details
	Date	05/01/1996
	Count	5
	Status	Dismissed
	Statute	18-3-405(1)
	Plea Date	10/13/1999
	Plea Description	Plea Not Guilty

Fed. Criminal State Specific District Court Search

Jurisdiction Searched	Colorado,
Name Searched	STEVE P HAMILTON
DOB Searched	05/04/****
SSN Searched	565-23-****
Search ID	777746
Date Ordered	06/15/2012
Date Completed	06/15/2012
Status	No Records Found
Years Searched	7

DENVER COUNTY GENERAL SESSIONS

Name Searched	STEVE P HAMILTON
DOB	05/04/****
SSN	565-23-****
Search ID	777745
Date Ordered	06/15/2012
Date Completed	06/15/2012

Information Provided

Location	Denver, Colorado
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Results

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

Past Employment Verification *

Name Searched	STEVE P HAMILTON
DOB	05/04/****
SSN	565-23-****

Search ID 777747
Date Ordered 06/15/2012
Date Completed 06/15/2012
Status Complete

Information Provided

Company CURRENTLY EMPLOYED
Company Phone (000) 000-0000
Company Location 0
Company Contact Not Provided
Position Held 0
Start Date 0
End Date 0

Information Searched

Company CURRENTLY EMPLOYED
Company Phone (000) 000-0000
Company Location 0

Information Verified

Position Verified 0
Start Date 0
End Date 0

Additional Comments
CURRENT EMPLOYMENT, DID NOT VERIFY.

Past Employment Verification *

Name Searched STEVE P HAMILTON
DOB 05/04/****
SSN 565-23-****
Search ID 777748
Date Ordered 06/15/2012
Date Completed 06/15/2012
Status Complete

Information Provided

Company AINSWORTH PAINT AND BODY
Company Phone (000) 000-0000
Company Location CO
Company Contact Not Provided
Position Held SUBCONTRACTOR
Start Date 2009
End Date 2011

Information Searched

Company AINSWORTH PAINT AND BODY
Company Phone 303-298-1404
Company Location CO

Information Verified

Additional Comments
NUMBER FOUND 303-298-1404 WAS DISCONNECTED, NO LONGER IN SERVICE. NO FURTHER INFORMATION AVAILABLE.

Past Employment Verification *

Name Searched STEVE P HAMILTON

DOB 05/04/****
SSN 565-23-****
Search ID 777749
Date Ordered 06/15/2012
Date Completed 06/15/2012
Status Complete

Information Provided

Company WALBASH NATIONAL TRAILER
Company Phone (000) 000-0000
Company Location CO
Company Contact Not Provided
Position Held SHOP FOREMAN
Start Date 2008
End Date 2009

Information Searched

Company WALBASH NATIONAL TRAILER
Company Location CO
Source Contacted COMPUTER CODE 12225

Information Verified

Position Verified MECHANIC
Start Date 09/22/2008
End Date 02/19/2009

Additional Comments

COMPUTER VERIFIED DATE & TITLE.

IMPORTANT INFORMATION

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