

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: Brees		First Name: Mike		ILL A	Preferred Name:
Street Address: 2801 E 120th Ave #109		City: Thornton	State: CO	Zip: 80233	
How long at this address? 1.3		Social Security #: 522-17-2892		Date of Birth: 4-7-73	
Home Phone: 720 397 9575	Alternate Phone:		Email Address: Brees101@comcast.net		
Have you ever been convicted of a Misdemeanor? If Yes, please provide a brief explanation: <input type="checkbox"/> No			Have you ever been convicted of a Felony? If Yes, please provide a brief explanation: <input type="checkbox"/> No		
Position Applying For: Mix Operator		Salary Requested: None	How were you notified of our openings? Internet		

List any Friends or Relatives working for this organization

Name:	Relationship:	Name:	Relationship:
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Education

Institution Attended	Name and Location	Did You Graduate?	Diploma or Degree Type	Course of Study
High School	Westminster High	Yes	Diploma	
Trade / Vocational School				
College / University				

Employment History

Employer	Supervisor	Start Date	End Date	Position / Title:	Reason for Leaving:
EFX Polymers	Bob Michel	12/05	4/12	batch maker	Laid off
Birko Corp	Chris Eckert	1/03	9/05	batch maker	Laid off

Emergency Contact:

Name	Relationship	City, State	Contact #:	Alternate #:
Evelyn Porth	Grandmother	Westminster, CO	(303) 426-7387	() - - -
			() - - -	() - - -

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 may be 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 Mike Brees
Applicant Signature

7-6-12
Date



Employee Information Form

First Name: MIKE Middle Initial: A

Last Name: BREES

Name (Preferred to be called): _____

Address: 2801 E 120th Ave I109 APT# I109

City: Thornton State: CO Zip: 80233

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

Home Phone: () Work: ()

Cell Phone: (720) 397 9575 Fax Number: ()

Social Security #: 522 17 2892 Date of Birth: 4-7-73

Work Email Address: _____

Home Email Address: BREES101@comcast.net

Disability: Yes No Veteran: Yes No

<input type="checkbox"/> Asian	<input type="checkbox"/> African American	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic	<input checked="" type="checkbox"/> White	<input type="checkbox"/> Other
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Emergency Contact

Name: EVERA Porth

Relationship: Grandmother

Address: 3141 MOUNTY PI

City: WESTMINSTER State: CO Zip: 80221

Home Phone: (303) 426 7387 Work: ()

Second Emergency Contact

Name: NEN Lam

Relationship: Friend

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (303) 330 6792 Work: ()

Employee Signature: Mike Brees Date: 7-6-12



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.

Mike Brees

Employee's Signature

MIKE BREE

Printed Name

7-6-12

Date



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.

MIKE BRES

Name Print Only

Signature

7-6-12

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.

Mike Brees

Print your name

Mike Brees

Your signature

7-6-12

Date

Form I-9, Employment Eligibility Verification

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

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 Brees	First MIKE	Middle Initial A	Maiden Name
Address (Street Name and Number) 2801 E 120th Ave		Apt. # 2104	Date of Birth (month/day/year) 4-7-73
City Thornton	State CO	Zip Code 80233	Social Security # 522 172892

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) _____

Mike Brees
Employee's Signature

Date (month/day/year) **7-6-12**

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

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

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

List A	OR	List B	AND	List C
Document title: _____	OR	_____	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)



Direct Deposit Application

First Name: Mike Middle Initial: A Last Name: Brees

Social Security #: 522 17 2892 Employer: Managed Staffing

Bank Name: Chase

Account Disbursement

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

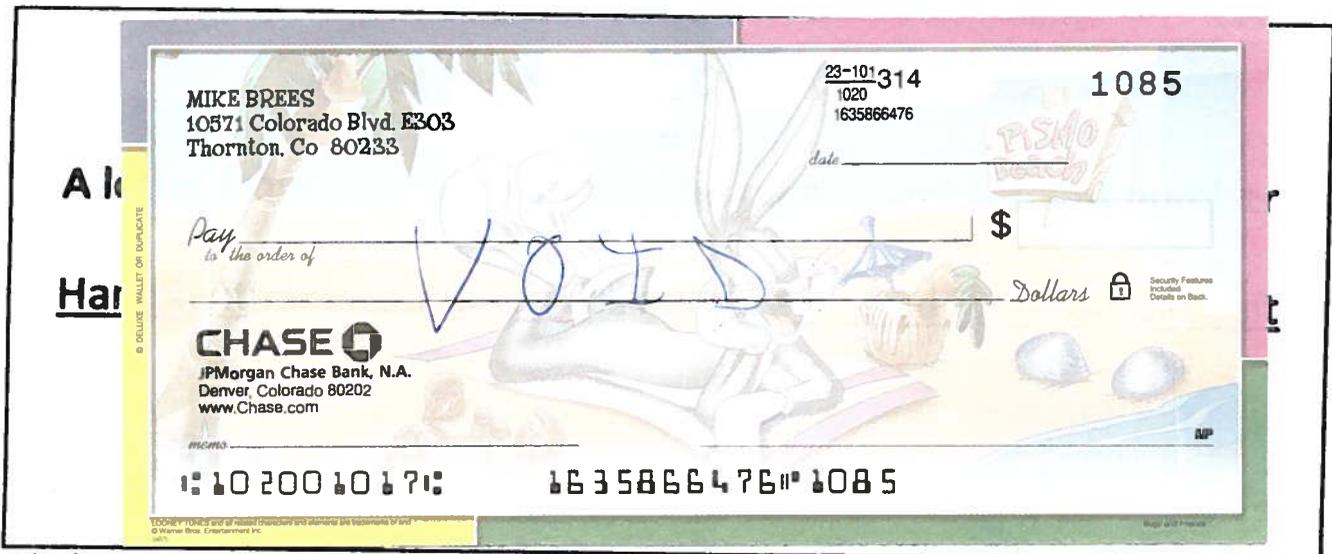
Checking Account - I wish to deposit how much of your Net Pay 100%

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

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

Employee Signature: Mike Brees Date: 7-6-12

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 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. 819, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>1</u>
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B	<u> </u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$81,000 (\$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 \$81,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) For accuracy, complete all worksheets that apply. • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	H	<u>1</u>

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2011	
1 Type or print your first name and middle initial. Last name Mike A BIRRS			2 Your social security number 522 172892		
Home address (number and street or rural route) 2801 E 120th Ave #109			3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code Thornton CO 80233			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>1</u>			
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>			
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption.					
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and					
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.					
If you meet both conditions, write "Exempt" here <input checked="" type="checkbox"/> 7					

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.) Mik Bires Date 7-6-12

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)

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

OMB No. 1545-1808

▶ See separate instructions.

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

Your name Mike Brees Social security number ▶ 522 | 17 | 2892

Street address where you live 2801 E 120th Ave #109

City or town, state, and ZIP code Thornton CO 80233

County Adams Telephone number (720) 397-9575

If you are under age 40, enter your date of birth (month, day, year) 4/7/73

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 ▶ Mike Brees

Date 7/6/12

For Employer's Use Only

Employer's name Managed Staffing, Inc. Telephone no. (480) 798 - 7372 EIN ▶ 28 | 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. (851) 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 48 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-6528, Washington, DC 20224.

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

Westminster High School

Adams County School District No. 50

Michael Anthony Brees

*having satisfactorily completed all requirements and standards established
by the State of Colorado, the North Central Association of Colleges
and Schools and the District No. 50 Board of Education is now;*

therefore, entitled to this

Diploma

*Given at Westminster, Colorado, in the month
of May, Nineteen hundred ninety-two*

Board of Education

Carl Anderson
Denise Romero Dean
Joan E. Smith
Franky L. Walker
Donald W. Lewis



Michael C. Marzetti
Superintendent
Dannie G. Geyts
Principal

**Colorado
Driver License**



94-107-0084 Expires: 04-07-2015
Class: F Issue: 04-09-2010
End: DOB: 04-07-1973
Sex: Previous Type: A
Ht: 6'01" Wt: 190 Eyes: BRO Sex: M
Voice:

Michael Brees

**MICHAEL ANTHONY BREES
10574 COLORADO BLVD #2003
THORNTON, CO 80229**

SOCIAL SECURITY



522-17-2892

THIS NUMBER HAS BEEN ESTABLISHED FOR:

MICHAEL ANTHONY BREES

Michael Brees
SIGNATURE



Nationsearch.com 11160 Haron 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

M:KE BRES

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, M:KE BRES, 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) BASE

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.

M:KE BRES
 Applicant Signature

7-6-12
 Date

Other Names Used: _____

Social Security Number <u>522 17 2892</u>	
Date of Birth: To be used for screening purposes only <u>4-7-73</u>	
Drivers License number : State of Issue: <u>94107 0064</u>	

Street Address	City	State	Zip Code
<u>2801 E 120th Ave #109</u>	<u>Thornton</u>	<u>CO</u>	<u>80233</u>

nights

Fork lift, mixer
@1

Mike breees - 720-397-9575

Epoxy formulations inc. 12/ 05 - 05/ 12

Batch maker, inventory, forklift certified

Pour exact weights of liquids and powders into batch using batch formula (pounds and gram)

Use forklift to pull raw materials from shelves and then to pour liquids into tank using barrel dumper

Use pump to extract resin and caster oil from bulk tank and into batch tank

Use cooling jacket to keep batch at right temperature

Take sample of material to check viscosity, density, gel time, and color of batch

Use pump to get material from tank to Fill drums, totes and pails with exact weight for product specs

Use proper safety while making and filling batches

Fill out batch tickets with proper lot numbers of pigment and liquids with the weight and the number of containers filled

Label drums and take to dock using forklift for storage

Do monthly inventory counts to insure on hand and system counts are accurate

Forklift certified until april 2014

Birko corp. 1/ 03 - 9/ 05

Batch maker, inventory, forklift

Pour exact weights of liquids into tank using batch formula (pounds)

Take sample to lab for checking

Use pump to extract caustic and acid from bulk tanks and into batch tank

Use pump to fill drums full of material from batch tank

Label drums and take to dock using forklift for storage

Fill out batch ticket with proper count of material added to batch and number of drums filled

Do quarterly inventory counts to insure on hand and system counts are accurate

chemical manufacturing (8 years)

mixing and filling of containers (pails, drums and totes)

order selector (6 years)

pulling orders using forklift also using conveyor system

shipping/ receiving (4 years)

shipping using ups, fed ex and ltl carriers

dock stocker (6 year)

forklift certified (14 years)

expires april 2014

inventory control

physical counting of inventory, checking system to determine what is cause of shortages or overages

quality control (medical device manufacturer)

in process and final assembly inspection as well as the writing of all paper work and computer input

trainer

dock/ shipping lead

medical device assembly

Tina Krol

From: results@nationsearch.com
Sent: Tuesday, July 10, 2012 10:14 AM
To: Tina Krol
Subject: Completed Report - MICHAEL A BREES



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: MICHAEL A BREES
SSN: 522-17-****
DOB: 04/07/****

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 <input type="checkbox"/>
- Fed. Criminal State Specific District Court Search	Colorado	Complete - No Record
- DENVER COUNTY GENERAL SESSIONS	Denver, Colorado	Complete
Past Employment Verification *	EPOXY FORMULATIONS INC	Verified

Results Should Be Reviewed Carefully

Social Security Number/Address Trace

Social Security Number 522-17-****
Name MICHAEL A BREES
DOB 04/07/****
Search ID 785928
Date Ordered 07/09/2012
Date Completed 07/09/2012

Results

Valid SSN	yes
State Issued	Colorado
Date Issued	1976

BREES, MICHAEL (DOB: April, 07 **) (SSN: xxxxxxxxx)**

Address 1 2801 E 120TH AVE APT I109-E THORNTON CO 80233 -1499 County: ADAMS CO Date first reported: May, 2010 Date last reported: June, 2012	Address 2 10571 COLORADO BLVD UNIT E303 THORNTON CO 80233 -3966 County: ADAMS CO Date first reported: October, 2006 Date last reported: December, 2010
Address 3 844 DOUGLAS DR DENVER CO 80221 -4440 County: ADAMS CO Date first reported: November, 1995 Date last reported: November, 2010	
BREES, MIKE A (DOB: April, 07 ****) (SSN: xxxxxxxxxx)	
Address 1 2801 E 120TH AVE APT I109 THORNTON CO 80233 -1474 County: ADAMS CO Date first reported: May, 2010 Date last reported: December, 2010	Address 2 10571 COLORADO BLVD UNIT E303 THORNTON CO 80233 -3966 County: ADAMS CO Date first reported: October, 2006 Date last reported: December, 2010
Address 3 844 DOUGLAS DR DENVER CO 80221 -4440 County: ADAMS CO Date first reported: November, 1995 Date last reported: November, 2010	

COMPREHENSIVE CRIMINAL SCREENING

COLORADO COURTS (NOT INCLUDED DENVER GS)

Jurisdiction Searched	Colorado
Name Searched	MICHAEL A BREES
DOB Searched	04/07/****
SSN Searched	522-17-****
Search ID	785929
Date Ordered	07/09/2012
Date Completed	07/09/2012
Status	Records Found
Case Number	2002T002899(County)
Verified By	Name and DOB
Full Name on File	MICHAEL BREES
DOB on File	04/07/****
File Date	3/19/2002
Case Comments	Header
Description	People Of The State Of Colorado Vs. Brees, Michael A
County	Adams
Court	County Court
Local Number	C/001/2002/T/002899
File Date	03/19/2002
Class	
Code	T
Description	Traffic
Type	Driving Under the Influence
Appealed	No
E Filed	No
Closed	05/07/2002

Last Scheduled Event

Date 05/07/2002
Description Arraignment
Last Event CLAD
Code CLAD
Description Case Closed
Date 05/07/2002
Judge Sabino Ernest Romano

Parties

Name Brees, Michael A
Type Defendant 1
Birth Date 04/07/1973
Gender Male
Race Caucasian

Agencies

Name Adams Troop-D CSP-Retired
Ticket 1812415

Sentences

Sentence 1
Date 05/07/2002
Count 2
Status Active
Description Sentence by Court
Penalty 1
Amount 156.00 Dollar Amount
Type Alcohol Eval Fee
Penalty 1
Amount 24.00 Hour(s)
Type Community Service
Penalty 1
Amount 18.00 Dollar Amount
Type Court Costs
Penalty 1
Amount 90.00 Dollar Amount
Type LEAF Assessment
Penalty 1
Amount 12.00 Month(s)
Type Probation Alcohol Eval & Suprv
Penalty 1
Amount 60.00 Dollar Amount
Type Victims Assistance Fund
Penalty 1
Amount 25.00 Dollar Amount
Type Victim Compensation Fund
Penalty 1
Amount 50.00 Dollar Amount
Type Persistent Drunk Driving Schg
Penalty 1

Amount 180.00 Day(s) Suspended
Type Jail

Scheduled Events

Scheduled Event 1

Date 05/07/2002
Location Room: 2
Time 13:30
Description Arraignment
Judge Judge Sabino Ernest Romano
Status Disposition Reached

Events

Event 1

Date 03/19/2002
Description Summons And Complaint Filed
Event SACF

Event 2

Date 05/07/2002
Description Minute Order (print)
Event MINC

Event 3

Date 05/07/2002
Description Case Closed
Event CLAD

Charge
Disposition
Type of Crime
Comments

No Insurance-driver
Dism by DA
T1 (Class 1 Traffic Offense)
Charge Details
Date 03/14/2002
Count 1
Status Dismissed
Statute 42-4-1409(2)

Charge
Disposition
Type of Crime
Comments

Driving While Ability Impaired
Gilty Lesser Crg
M (Unclassified Misdemeanor)
Charge Details
Date 03/14/2002
Count 2
Status Main Charge
Statute 42-4-1301(1)(b)
Plea Date 05/07/2002
Plea Description Plea to Lesser Charge

Charge
Type of Crime
Comments

Driving Under The Influence
M (Unclassified Misdemeanor)
Charge Details
Date 03/14/2002
Count 2
Status Amended
Statute 42-4-1301(1)(a)

Charge

Dui Per Se

Disposition Dism by DA
Type of Crime M (Unclassified Misdemeanor)
Comments Charge Details

Date 03/14/2002
Count 3
Status Dismissed
Statute 42-4-1301(2)(a)

Charge

Disposition Dism by DA
Type of Crime TIA (Class A Traffic Infraction)
Comments Charge Details

Date 03/14/2002
Count 4
Status Dismissed
Statute 42-4-1007(1)(a)

Case Number 2003T003361(County)
Verified By Name and DOB
Full Name on File MICHAEL BREES
DOB on File 04/07/****
File Date 3/14/2003
Case Comments Header

Description People Of The State Of Colorado Vs. Brees, Michael Anthony
County Jefferson
Court County Court
Local Number C/030/2003/T/003361
File Date 03/14/2003
Class
Code T
Description Traffic
Type Driving Under Suspension
Appealed No
E Filed No
Closed 06/11/2003
Last Scheduled Event
Date 06/11/2003
Description Pre-Trial Conference
Last Event CLAD
Code CLAD
Description Case Closed
Date 06/11/2003
Judge Kim Harvey Goldberger

Parties

Name Brees, Michael Anthony
Type Defendant 1
Birth Date 04/07/1973
Gender Male
Race Caucasian

Agencies

Name Arvada Police Dept
Case 03-5422
Ticket AT76480

Sentences

Sentence 1

Date 06/11/2003
Count 4
Status Active
Description Sentence by Court
Penalty 1
Amount 9.00 Dollar Amount
Type Victims Assistance Fund
Penalty 1
Amount 25.00 Dollar Amount
Type Traffic Fine
Penalty 1
Amount 18.00 Dollar Amount
Type Court Costs

Scheduled Events

Scheduled Event 1

Date 04/21/2003
Location Room: 1B
Time 13:15
Description Arraignment
Judge Judge Kim Harvey Goldberger
Status Hearing Held

Scheduled Event 2

Date 06/11/2003
Location Room: 3D
Time 14:00
Description Pre-Trial Conference
Judge Judge Kim Harvey Goldberger
Status Disposition Reached

Events

Event 1

Date 03/14/2003
Description Summons And Complaint Filed
Event SACF

Event 2

Date 06/11/2003
Description Case Closed
Event CLAD

Charge
Disposition
Type of Crime
Comments

Seat Belt Not Used
Dism by DA
TIB (Class B Traffic Infraction)
Charge Details

Date 03/06/2003
Count 1
Status Dismissed
Statute 42-4-237
Plea Date 04/21/2003
Plea Description Plea Not Guilty
Charge Driving Under Restraint-alcohol-related
Disposition Dism by DA
Type of Crime M (Unclassified Misdemeanor)
Comments Charge Details

Date 03/06/2003
Count 2
Status Dismissed
Statute 42-2-138(1)(d)
Plea Date 04/21/2003
Plea Description Plea Not Guilty
Charge Stop Lamp/turn Signal Inoperative
Disposition Dism by DA
Type of Crime TIB (Class B Traffic Infraction)
Comments Charge Details

Date 03/06/2003
Count 3
Status Dismissed
Statute 42-4-208
Plea Date 04/21/2003
Plea Description Plea Not Guilty
Charge Driver's License-driving W/out
Disposition Guilty
Type of Crime T2 (Class 2 Traffic Offense)
Comments Charge Details

Date 03/06/2003
Count 4
Status Main Charge
Statute 42-2-101(1)
Plea Date 06/11/2003
Plea Description Plea of Guilty

Fed. Criminal State Specific District Court Search

Jurisdiction Searched Colorado,
Name Searched MICHAEL A BREES
DOB Searched 04/07/****
SSN Searched 522-17-****
Search ID 785931
Date Ordered 07/09/2012
Date Completed 07/09/2012
Status No Records Found
Years Searched 7

DENVER COUNTY GENERAL SESSIONS

Name Searched MICHAEL A BREES
DOB 04/07/****
SSN 522-17-****

Search ID 785930
Date Ordered 07/09/2012
Date Completed 07/09/2012

Information Provided

Location Denver, Colorado

Results

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

Past Employment Verification *

Name Searched MICHAEL A BREES
DOB 04/07/****
SSN 522-17-****
Search ID 785932
Date Ordered 07/09/2012
Date Completed 07/10/2012
Status Complete

Information Provided

Company EPOXY FORMULATIONS INC
Company Phone (000) 000-0000
Company Location 0
Company Contact Not Provided
Position Held BATCH MAKER/INVENTORY/FORKLIFT CERTIFIED
Start Date 12/2005
End Date 05/2012

Information Searched

Company EPOXY FORMULATIONS INC
Company Phone (303) 407-1900
Company Location CO
Source Contacted MICHELLE

Information Verified

Position Verified BATCH MAKER
Start Date 04/19/2006
End Date 03/29/2012

Additional Comments

THE INFORMATION ABOVE WAS PROVIDED BY MICHELLE.

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.