

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: <u>Sillman</u>		First Name: <u>James</u>		ML F	Preferred Name: <u>James</u>
Street Address: <u>5356 S. Lisbon Way</u>		City: <u>Centennial</u>	State: <u>CO</u>	Zip: <u>80015</u>	
How long at this address? <u>1m</u>		Social Security #: <u>184-94-4650</u>		Date of Birth: <u>12-09-74</u>	
Home Phone: <u>636-744-2233</u>		Alternate Phone:		Email Address: <u>jsill35@gmail.com</u>	
Have you ever been convicted of a Misdemeanor? <u>yes</u> If Yes, please provide a brief explanation: <input checked="" type="checkbox"/> <u>Simple Assault 2005</u>			Have you ever been convicted of a Felony? <u>NO</u> If Yes, please provide a brief explanation: <input type="checkbox"/>		
Position Applying For: <u>Warehouseman</u>		Salary Requested: <u>13.00</u>	How were you notified of our openings? <u>Indeed</u>		

List any Friends or Relatives working for this organization

Name: <u>NA</u>	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	<u>Rosford HS</u>	<u>yes</u>		<u>Required</u>
Trade / Vocational School				
College / University	<u>East Central College</u>			<u>Business Management</u>

Employment History

Employer	Supervisor	Start Date	End Date	Position / Title	Reason for Leaving:
<u>Metso Minerals</u>	<u>C. Harrington</u>	<u>710</u>	<u>312</u>	<u>Operator</u>	<u>Moved to CO.</u>

Emergency Contact:

Name	Relationship	City, State	Contact #:	Alternate #:
<u>Katie Sillman</u>	<u>Wife</u>	<u>Centennial, CO</u>	<u>(676) 234-4867</u>	<u>() . . .</u>
			<u>() . . .</u>	<u>() . . .</u>

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 <u>James Sillman</u> Applicant Signature	<u>7-6-12</u> Date
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Employee Information Form

First Name: James Middle Initial: F.

Last Name: Sillman

Name (Preferred to be called): _____

Address: 5356 S. Lisbon Way APT # _____

City: Centennial State: CO. Zip: 80015

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

Home Phone: () Work: ()

Cell Phone: (636) 744-2233 Fax Number: ()

Social Security #: 489-94-4650 Date of Birth: _____

Work Email Address: _____

Home Email Address: jsill35@gmail.com

Disability: Yes No Veteran: Yes No

Asian African American American Indian Hispanic White Other

Emergency Contact

Name: Katie Sillman

Relationship: Wife

Address: 5356 S. Lisbon Way

City: Centennial State: CO Zip: 80015

Home Phone: (636) 744-2233 Work: ()

Second Emergency Contact

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () Work: ()

Employee Signature: _____ Date: _____



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

James Sillman
Signature

James Sillman
Printed Name

Title

7-6-12
Date

(Associate Vendor Employee)

Signature

Printed Name

Title

Date



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

James Sillman

Temporary Worker's signature

James Sillman

Temporary Worker's name (print)

5356 S. Lisbon Way

Temporary Worker's address (print)

Date



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.

A handwritten signature in cursive script that reads "James Sillman".

Employees Signature

The name "James Sillman" printed in a simple, clean font.

Printed Name

A handwritten date "7-6-12" in a simple, clean font.

Date



Equipment Agreement

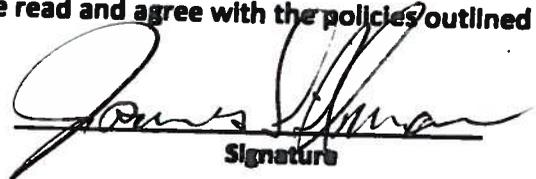
As an employee and/or consultant working for Managed Staffing, you have been issued the equipment described below for your use. Although Managed Staffing may not issue you equipment at this time. If you sign the form now we will have your signature on file in the event we have to issue you equipment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

James Sillman
Name Print Only


Signature

7-6-12
Date

Equipment Description

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.

James Sillman
Print your name

James Sillman
Your signature

7-6-12
Date

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

Form I-9, Employment Eligibility Verification

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>Silman</u>	First <u>James</u>	Middle Initial <u>F</u>	Maiden Name
Address (Street Name and Number) <u>5356 S. Lightway Dr.</u>		Apt. # <u>80015</u>	Date of Birth (month/day/year) <u>12-09-74</u>
City <u>Centennial</u>	State <u>CO</u>	Zip Code <u>80015</u>	Social Security # <u>484-942650</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
James Silman

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: _____		_____	_____	_____
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: James Middle Initial: F Last Name: Silman
 Social Security #: 489-94-4630 Employer: Managed Staffing
 Bank Name: US Bank

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.

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

I 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:  Date: 7-6-12

Tina Krol

From: james sillman [jmsill35@gmail.com]
Sent: Friday, July 13, 2012 2:56 PM
To: Tina Krol
Subject: Checking account information

Tina,

You wanted me to send you my checking account information.

It's USbank

Routing # 081000210

Acct # 152306445437

Please let me know if you need anything else from me.

Thanks,
James Sillman
636-744-2233

Form W-4 (2011)

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

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

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

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

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

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

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

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>1</u>
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u>1</u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u>2</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>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. { • 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		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2011
1 Type or print your first name and middle initial. <i>James F.</i>		Last name <i>Sillman</i>		2 Your social security number <i>489 94 4650</i>
Home address (number and street or rural route) <i>5356 S. Lisbon Way</i>		3 <input type="checkbox"/> Single <input checked="" 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 <i>Centennial, CO 80015</i>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1219 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>5</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		7 <u> </u>		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) <i>James Sillman</i>		Date <i>7-6-12</i>		
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 Sillman James F
Last Name First Name Middle Initial

Government Identification Number: 489-94-4650

- 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 type="checkbox"/>
2. Are you between the ages of 18-39? If YES, please provide your date of birth: _____	<input checked="" 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: _____	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
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?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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"/>
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 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. 1545-1600

▶ See separate instructions.

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

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number () - _____

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

- 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 ▶ _____

Date ____ / ____ / ____

MISSOURI
DRIVER LICENSE
Class
F

License Number T980907459

SILLMAN
JAMES FRANCIS
1220 WEST 7TH ST
WASHINGTON, MO 63090

Birthdate 12-09-1974 Expiration Date 12-09-2013

Male 6'01" 210 lbs Brown Eyes Restorations Endorsements



SOCIAL SECURITY

SOCIAL SECURITY
485-91-2000

THIS NUMBER HAS BEEN ESTABLISHED FOR
JAMES FRANCIS
SILLMAN

SIGNATURE *James Francis Sillman*

USA 10/05/2007

Tina Krol

From: results@nationsearch.com
Sent: Monday, July 09, 2012 4:14 PM
To: Tina Krol
Subject: Completed Report - JAMES F SILLMAN



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: JAMES F SILLMAN
SSN: 489-94-****
DOB: 12/09/****

The following are included in this report:

Search Type	Detail	Status
Social Security Number/Address Trace		Complete
COMPREHENSIVE CRIMINAL SCREENING		
- County Criminal Search	Franklin, Missouri	Complete - Record
- County Criminal Search	Gasconade, Missouri	Complete - No Record
- County Criminal Search	Lucas, Ohio	Complete - No Record
- COLORADO COURTS (NOT INCLUDED DENVER GS)	Colorado	Complete - No Record
- Fed. Criminal State Specific District Court Search	Missouri Western	Complete - No Record
- Fed. Criminal State Specific District Court Search	Ohio Northern	Complete - No Record
- DENVER COUNTY GENERAL SESSIONS	Denver, Colorado	Complete
Past Employment Verification *	MESTO MINERALS	Verified

Results Should Be Reviewed Carefully

Social Security Number/Address Trace

Social Security Number 489-94-****
Name JAMES F SILLMAN
DOB 12/09/****
Search ID 786064
Date Ordered 07/09/2012
Date Completed 07/09/2012

Results

Valid SSN	yes
State Issued	Missouri

Date Issued | 1987

SILLMAN, JAMES F (DOB: December, 09 ****) (SSN: xxxxxxxxx)

Address 1
1220 W 7TH ST
WASHINGTON MO 63090 -1724
County: FRANKLIN MO
Date first reported: November, 2008
Date last reported: April, 2012

Address 2
110 OLIVE ST LOT 36
OWENSVILLE MO 65066 -1495
County: GASCONADE MO
Date first reported: July, 2007
Date last reported: June, 2012

Address 3
1462 HOLMES ST
TOLEDO OH 43605 -3869
County: LUCAS OH
Date first reported: April, 2006
Date last reported: September, 2010

Address 4
812 OGDEN AVE
TOLEDO OH 43609 -3034
County: LUCAS OH
Date first reported: March, 2009
Date last reported: March, 2009

Address 5
5230 HIGHWAY Y
GERALD MO 63037 -1114
County: FRANKLIN MO
Date first reported: February, 2008
Date last reported: April, 2008

Address 6
2909 COUNTY LINE RD
ROSEBUD MO 63091 -1314
County: GASCONADE MO
Date first reported: February, 2008
Date last reported: February, 2008

Address 7
14 TREEVIEW LN
FENTON MO 63026 -5864
County: JEFFERSON MO
Date first reported: August, 2000
Date last reported: January, 2008

Address 8
111 E MARVIN AVE
OWENSVILLE MO 65066 -1112
County: GASCONADE MO
Date first reported: February, 2007
Date last reported: June, 2007

Address 9
WOOD COUNTY ROAD JAIL
BOWLING GREEN OH 43402
County: WOOD OH
Date first reported: July, 2006
Date last reported: July, 2006

Address 10
3101 NAVARRE AVE APT
OREGON OH 43616 -3309
County: LUCAS OH
Date first reported: March, 2006
Date last reported: March, 2006

Address 11
3029 NAVARRE AVE APT C
OREGON OH 43616 -3321
County: LUCAS OH
Date first reported: August, 2005
Date last reported: January, 2006

Address 12
555 ORCHARD ST
TOLEDO OH 43609 -3315
County: LUCAS OH
Date first reported:
Date last reported:

Address 13
PO BOX 1468
JEFFERSON CITY MO 65102 -1468
County: COLE MO
Date first reported:
Date last reported:

SILLMAN, JAMESFRANCIS S (DOB: December, 09 ****) (SSN: xxxxxxxxx)

Address 1
1220 W 7TH ST
WASHINGTON MO 63090 -1724
County: FRANKLIN MO
Date first reported: November, 2008
Date last reported: November, 2008

Address 2
5230 HIGHWAY Y
GERALD MO 63037 -1114
County: FRANKLIN MO
Date first reported: February, 2008
Date last reported: April, 2008

Address 3
110 OLIVE ST LOT 36
OWENSVILLE MO 65066 -1495
County: GASCONADE MO
Date first reported: July, 2007
Date last reported: November, 2007

Address 4
111 E MARVIN AVE
OWENSVILLE MO 65066 -1112
County: GASCONADE MO
Date first reported: February, 2007
Date last reported: June, 2007

Address 5
1462 HOLMES ST
TOLEDO OH 43605 -3869

Address 6
WOOD COUNTY ROAD JAIL
BOWLING GREEN OH 43402

County: LUCAS OH Date first reported: April, 2006 Date last reported: November, 2006	County: WOOD OH Date first reported: July, 2006 Date last reported: July, 2006
Address 7 3029 NAVARRE AVE APT C OREGON OH 43616 -3321 County: LUCAS OH Date first reported: August, 2005 Date last reported: January, 2006	
STILLMAN, JAMES F (DOB: December, 09 ****) (SSN: xxxxxxxxx)	
Address 1 1220 W 7TH ST WASHINGTON MO 63090 -1724 County: FRANKLIN MO Date first reported: November, 2008 Date last reported: November, 2008	Address 2 5230 HIGHWAY Y GERALD MO 63037 -1114 County: FRANKLIN MO Date first reported: February, 2008 Date last reported: April, 2008
Address 3 110 OLIVE ST LOT 36 OWENSVILLE MO 65066 -1495 County: GASCONADE MO Date first reported: July, 2007 Date last reported: November, 2007	Address 4 111 E MARVIN AVE OWENSVILLE MO 65066 -1112 County: GASCONADE MO Date first reported: February, 2007 Date last reported: June, 2007
Address 5 1462 HOLMES ST TOLEDO OH 43605 -3869 County: LUCAS OH Date first reported: April, 2006 Date last reported: November, 2006	Address 6 WOOD COUNTY ROAD JAIL BOWLING GREEN OH 43402 County: WOOD OH Date first reported: July, 2006 Date last reported: July, 2006
Address 7 3029 NAVARRE AVE APT C OREGON OH 43616 -3321 County: LUCAS OH Date first reported: August, 2005 Date last reported: January, 2006	
SILLMAN, J (DOB: December, 09 ****) (SSN: xxxxxxxxx)	
Address 1 1220 W 7TH ST WASHINGTON MO 63090 -1724 County: FRANKLIN MO Date first reported: November, 2008 Date last reported: November, 2008	Address 2 5230 HIGHWAY Y GERALD MO 63037 -1114 County: FRANKLIN MO Date first reported: February, 2008 Date last reported: April, 2008
Address 3 110 OLIVE ST LOT 36 OWENSVILLE MO 65066 -1495 County: GASCONADE MO Date first reported: July, 2007 Date last reported: November, 2007	Address 4 111 E MARVIN AVE OWENSVILLE MO 65066 -1112 County: GASCONADE MO Date first reported: February, 2007 Date last reported: June, 2007
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Address 7 3029 NAVARRE AVE APT C OREGON OH 43616 -3321 County: LUCAS OH Date first reported: August, 2005 Date last reported: January, 2006	

COMPREHENSIVE CRIMINAL SCREENING

County Criminal Search

Jurisdiction Searched Franklin, Missouri
Name Searched JAMES F SILLMAN
DOB Searched 12/09/****
SSN Searched 489-94-****
Search ID 786065
Date Ordered 07/09/2012
Date Completed 07/09/2012
Status Record Found

Case Number 11AB-CR02590
Verified By Name Only
Full Name on File JAMES F. SILLMAN
Additional Info. YEAR OF BIRTH ON FILE 1974
File Date 11/10/2010
Records Searched 7 year Felony and Misdemeanor

Charge 1 DWI ALCOHOL
Disposition Case Pending
Next Court Date 8/2/2012
Type of Crime Misdemeanor

Charge 2 UNLAWFUL USE OF DRUG PARAPHERNALIA
Disposition Case Pending
Next Court Date 8/2/2012
Type of Crime Misdemeanor

Charge 3 LITTERING
Disposition Case Pending
Next Court Date 8/2/2012
Type of Crime Misdemeanor

County Criminal Search

Jurisdiction Searched Gasconade, Missouri
Name Searched JAMES F SILLMAN
DOB Searched 12/09/****
SSN Searched 489-94-****
Search ID 786070
Date Ordered 07/09/2012
Date Completed 07/09/2012
Records Searched 7 year Felony and Misdemeanor
Status No Records Found

County Criminal Search

Jurisdiction Searched Lucas, Ohio
Name Searched JAMES F SILLMAN
DOB Searched 12/09/****
SSN Searched 489-94-****
Search ID 786071
Date Ordered 07/09/2012

Date Completed 07/09/2012
Records Searched 7 year Felony and Misdemeanor
Status No Records Found

COLORADO COURTS (NOT INCLUDED DENVER GS)

Jurisdiction Searched Colorado
Name Searched JAMES F SILLMAN
DOB Searched 12/09/****
SSN Searched 489-94-****
Search ID 786069
Date Ordered 07/09/2012
Date Completed 07/09/2012
Records Searched Felony and Misdemeanor
Status No Records Found

Fed. Criminal State Specific District Court Search

Jurisdiction Searched Missouri Western,
Name Searched JAMES F SILLMAN
DOB Searched 12/09/****
SSN Searched 489-94-****
Search ID 786067
Date Ordered 07/09/2012
Date Completed 07/09/2012
Status No Records Found
Years Searched 7

Fed. Criminal State Specific District Court Search

Jurisdiction Searched Ohio Northern,
Name Searched JAMES F SILLMAN
DOB Searched 12/09/****
SSN Searched 489-94-****
Search ID 786072
Date Ordered 07/09/2012
Date Completed 07/09/2012
Status No Records Found
Years Searched 7

DENVER COUNTY GENERAL SESSIONS

Name Searched JAMES F SILLMAN
DOB 12/09/****
SSN 489-94-****
Search ID 786066
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 JAMES F SILLMAN
DOB 12/09/****
SSN 489-94-****
Search ID 786068
Date Ordered 07/09/2012
Date Completed 07/09/2012
Status Complete

Information Provided

Company MESTO MINERALS
Company Phone (000) 000-0000
Company Location MO
Company Contact Not Provided
Position Held FORKLIFT OPERATOR
Start Date 2010
End Date 2012

Information Searched

Company METSO MINERALS
Company Phone (877) 477-6210
Company Location MO
Source Contacted RUTH (HR)

Information Verified

Position Verified OPERATOR
Start Date 07/06/2010
End Date 03/21/2012
Answers to Standard Questions
Eligibility for Rehire No Comment

Additional Comments

UNABLE TO VERIFY SPECIFIC MACHINE OPERATION (FORKLIFT) THROUGH COMPANY RECORDS, JUST LISTED AS "OPERATOR."

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.

Certificate of High School Equivalence

DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION
STATE OF MISSOURI

JAMES F SILLMAN

having presented evidence of General Educational Development comparable to that of a high school graduate, is here certified to have the equivalent of a high school education.



In Testimony Whereof, I hereunto set my hand and affix the seal of the Department of Elementary and Secondary Education, of the State of Missouri. Executed at my office in Jefferson City, this 1ST day of MAY, 2009.

J SILLMAN

Social Security No. 489-94-4650

Standard Edition

Certificate No. 2009-02042

Acting Commissioner of Education



TRANSCRIPT REQUEST

For your protection, the Privacy Act of 1974 requires written permission signed by you in order to release GED Test results. Records will not be released by fax or over the telephone. For security and authenticity purposes official certificates and transcripts are mailed directly from the state GED office to the institution, employer, agency or individual. Credentials received by any other means (fax, photocopy, from an individual) are not official and may not be valid.

An Official Transcript (the document necessary for admission to post-secondary education or employment) may be obtained by detaching, completing and mailing this form with a \$2.00 fee per copy to the address below.

A Duplicate Certificate (The document you frame) comes with an Official transcript, and may be obtained by detaching, completing and mailing this form with a \$15.00 money order payable to "Treasurer, State of Missouri" to the address below.

TO: GED Office
P.O. Box 480
Jefferson City, Missouri 65102

573-751-3504

My Date of Birth

12/09/1974

Social Security Number

489-94-4650

JAMES F SILLMAN
1220 W 7TH ST
WASHINGTON

MO 63090



NationSearch
REMOVING THE GUY

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 JS.

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, JAMES SILLMAN, 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.


Applicant Signature

7-6-12
Date

Other Names Used: _____

Social Security Number	489-95-4650
Date of Birth: To be used for screening purposes only	12-09-1974
Drivers License number : State of Issue:	T980907459

Street Address	City	State	Zip Code
5356 S. Lisbon Way	Centennial	CO.	80015

James Sillman
5356 S. Lisbon Way
Centennial, CO 80015
636-744-2233
Jmsill35@gmail.com

Forklift
@ 1

OBJECTIVE	OBTAIN A POSITION WITH YOUR COMPANY																																								
EXPERIENCE	<p>Proven abilities in stocking, order-picking, shipping, and receiving.</p> <p>Skilled in safe forklift driving and warehouse operations; handle order expediting of various products.</p> <p>Experience in delivering products.</p> <p>Experience in worker training and supervision; experience with computers and various computer software; self-motivated and energetic.</p> <p>Years of working in production as an operator of various machines. Experience with a hot press, injection molding, assembly and fabrication.</p>																																								
EMPLOYMENT	<table><tbody><tr><td>Metso Minerals, <i>Warrenton, MO</i></td><td>2010 - 2012</td></tr><tr><td>Forklift Operator/Light Fabrication/Heavy Fabrication</td><td></td></tr><tr><td>Responsible for safe forklift driving, order picking, inventory, and stocking wire.</td><td></td></tr><tr><td>Perform loading/unloading of trucks.</td><td></td></tr><tr><td>Transporting wire carries to machines on the production floor.</td><td></td></tr><tr><td>Fulfilling work orders for various parts in the fabrication department.</td><td></td></tr><tr><td>Various duties as assigned.</td><td></td></tr><tr><td> </td><td></td></tr><tr><td>RTI Tradco, <i>Washington, MO</i></td><td>2008 -2008</td></tr><tr><td>Hot Press Operator</td><td></td></tr><tr><td>Set-up/operate production machines</td><td></td></tr><tr><td>Operate forklifts and machining equipment</td><td></td></tr><tr><td>Produce wooden shipping containers</td><td></td></tr><tr><td>Package Production</td><td></td></tr><tr><td> </td><td></td></tr><tr><td>Newlyweds Foods, <i>Gerald, MO</i></td><td>2006-2008</td></tr><tr><td>Machine Operator</td><td></td></tr><tr><td>Set-up and operate production machines</td><td></td></tr><tr><td>Use forklifts to stage raw and finished product.</td><td></td></tr><tr><td>Affix placards/ shipping BOL</td><td></td></tr></tbody></table>	Metso Minerals, <i>Warrenton, MO</i>	2010 - 2012	Forklift Operator/Light Fabrication/Heavy Fabrication		Responsible for safe forklift driving, order picking, inventory, and stocking wire.		Perform loading/unloading of trucks.		Transporting wire carries to machines on the production floor.		Fulfilling work orders for various parts in the fabrication department.		Various duties as assigned.		 		RTI Tradco, <i>Washington, MO</i>	2008 -2008	Hot Press Operator		Set-up/operate production machines		Operate forklifts and machining equipment		Produce wooden shipping containers		Package Production		 		Newlyweds Foods, <i>Gerald, MO</i>	2006-2008	Machine Operator		Set-up and operate production machines		Use forklifts to stage raw and finished product.		Affix placards/ shipping BOL	
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EDUCATION	<table><tbody><tr><td>East Central College, <i>Union, MO</i></td><td>2008-2010</td></tr><tr><td>Trained in business management</td><td></td></tr><tr><td> </td><td></td></tr><tr><td>Rossford High School, <i>Rossford, OH</i></td><td>1993</td></tr><tr><td>Silver <i>National Career Readiness Certificate (2012)</i></td><td></td></tr></tbody></table>	East Central College, <i>Union, MO</i>	2008-2010	Trained in business management		 		Rossford High School, <i>Rossford, OH</i>	1993	Silver <i>National Career Readiness Certificate (2012)</i>																															
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07/11/2012

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

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

Medical Review Officer Report

-Confidential-

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

Individual Tested:	JAMES F SILLMAN	Reason for Test:	Pre-Employment
Donor ID:	489944650	Specimen ID#:	7862014
Collection Site:	HealthONE Occ @ Northwest 12207 Pecos St Ste 300 Westminster, CO 80234 (303) 650 - 0445	Date of Collection:	07/06/2012 Time: 1636
		Lab Accession#:	917276X
		Lab Reported Date:	07/10/2012 Time: 0807
		MRO:	Dr. Alan Burgess MD
Laboratory:	Quest Diagnostics/ West Hills	MRO Received Date:	
		MRO Report Date:	07/10/2012 Time: 1209
		MRO Date CCF2:	
		Specimen Type:	Urine
		Drug Panel:	SAP 5-50+MDMA/6AM/T

Substances included in test profile:

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

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

Comments:

Dr. Alan Burgess MD