

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>Larsen</u>		First Name: <u>Francis</u>		MI: <u>C</u>	Preferred Name: <u>Frank</u>
Street Address: <u>317 6th Street</u>		City: <u>Dacono</u>	State: <u>CO</u>	Zip: <u>80514</u>	
How long at this address? <u>17 years</u>		Social Security #: <u>722-67-4150</u>		Date of Birth: <u>11 28 1987</u>	
Home Phone:	Alternate Phone: <u>720 496 3180</u>		Email Address: <u>sneauxborder@gmail.com</u>		
Have you ever been convicted of a Misdemeanor? If Yes, please provide a brief explanation: <input type="checkbox"/> <u>DWAI</u>			Have you ever been convicted of a Felony? If Yes, please provide a brief explanation: <input type="checkbox"/> <u>NO</u>		
Position Applying For: <u>Packages</u>		Salary Requested:	How were you notified of our openings? <u>Online</u>		

List any Friends or Relatives working for this organization			
Name:	Relationship:	Name:	Relationship:

Education				
Institution Attended	Name and Location	Did You Graduate?	Diploma or Degree Type	Course of Study
High School	<u>Frederick</u>	<u>Y</u>	<u>Diploma</u>	
Trade / Vocational School				
College / University	<u>UNC</u>	<u>Y</u>	<u>Degree</u>	<u>Business</u>

Employment History					
Employer	Supervisor	Start Date	End Date	Position / Title:	Reason for Leaving:
<u>Stresscan</u>	<u>Brian</u>	<u>07/11</u>	<u>02/12</u>	<u>QA</u>	<u>Laid off</u>
<u>StarTel</u>	<u>Mary</u>	<u>08/08</u>	<u>11/10</u>	<u>Cust service</u>	<u>Laid off</u>
<u>Walmart</u>				<u>Unloader</u>	<u>Moved</u>

Emergency Contact:				
Name	Relationship	City, State	Contact #:	Alternate #:
<u>Greg Larsen</u>	<u>Brother</u>	<u>Dacono CO</u>	<u>() - -</u>	<u>(720) 514 0188</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>Francis Larsen</u> Applicant Signature	<u>6-25-12</u> Date
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Employee Information Form

First Name: Francis ~~Francis~~ Middle Initial: _____

Last Name: Larsen

Name (Preferred to be called): Frank

Address: 317 6th street

City: Dacono State: CO Zip: 80514

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

Home Phone: () Work: ()

Cell Phone: (720) 496 3180 Fax Number: ()

Social Security #: 522 67 4950 Date of Birth: 11 23 1987

Work Email Address: Sneauxborder@gmail.com

Home Email Address: _____

Disability: Yes No Veteran: Yes No

Asian African American American Indian Hispanic White Other

Emergency Contact

Name: Greg Larsen

Relationship: Brother

Address: 317 6th Street

City: Dacono State: CO Zip: 80514

Home Phone: (720) 514 0188 Work: ()

Second Emergency Contact

Name: Matt Bryant

Relationship: Friend

Address: Cherry St

City: Dacono State: CO Zip: 80514

Home Phone: (303) 717 7570 Work: ()

Employee Signature: [Signature] Date: 6-25-12



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.

Employees Signature

Francis Larsen

Printed Name

~~6-25-12~~ 6-25-12

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.

Francis Larsen

Name Print Only

6-25-12

Date

Signature

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 visibility 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 filled 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.

Francis Larsen
Print your name


Your signature

6-25-12
Date



Direct Deposit Application

First Name: ~~Francis~~ Francis Middle Initial: C Last Name: Larsen

Social Security #: 522 67 4950 Employer: Managed Staffing

Bank Name: Wells Fargo

Account Disbursement

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

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

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 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: Francis Larsen

Date: 6-25-12

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 18, 2012. See Pub. 506, 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 job 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 _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	H _____

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

Form W-4 Department of the Treasury Internal Revenue Service	<h3>Employee's Withholding Allowance Certificate</h3> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2011</h1>
1 Type or print your first name and middle initial. Last name Francis C Larson		2 Your social security number 522 67 4950
Home address (number and street or rural route) 317 6th Street City or town, state, and ZIP code Durango CO 80514		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.
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 2
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7		<div style="font-size: 2em; font-weight: bold; margin: 0;">[REDACTED]</div>
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>Francis C Larson</i>		Date ▶ 6-25-12
8 Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.)		9 Union code (optional)
		10 Employer identification number (EIN)

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

OMB No. 1545-1500

► See separate instructions.

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

Your name Francis Larsen Social security number ► 522 167 4950
Street address where you live 317 6th Street
City or town, state, and ZIP code Dacora CO 80514
County Weld Telephone number (700) 496-3180
If you are under age 40, enter your date of birth (month, day, year) 11 28 1987

- 1 Check here if you are completing this form before August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 Check here if any of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but not age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, or
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but not age 25 or older, and:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:
- Discharged or released from active duty in the U.S. Armed Forces, or
 - Unemployed for a period or periods totaling at least 6 months.
- 5 Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► Francis Larsen

Date 6 25 12

For Employer's Use Only

Employer's name Managed Staffing, Inc. Telephone no. (469) 799 - 7372 EIN ▶ 26 | 0717857

Street address 15770 Dallas Parkway, Suite 800

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

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

Street address 2279 Eagle Glen Pkwy. # 112-217

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

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

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

Complete Only if Box 1 on Page 1 is Checked

State and county or parish of job _____

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

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

Employer's signature ▶ [Signature] Title Package Date 6/25/07 12

Privacy Act and Paperwork Reduction Act Notice

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

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.
You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:
Recordkeeping 3 hrs., 16 min.
Learning about the law or the form 46 min.
Preparing and sending this form to the SWA 42 min.
If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.
Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

YOUTH SELF-ATTESTATION FORM
Work Opportunity Tax Credit Program

PLEASE HAVE NEW HIRES UNDER AGE 25 COMPLETE AND SIGN

Instructions: This Self-Attestation Form (SAF) is to be completed, signed and dated by the new hire on or before the day the job offer is made. The employer or consultant is to submit the SAF to the state workforce agency together with IRS Form 8850 within 28 calendar days from the employment start date of the new hire.

New Hire Name: Francis Larsen

Social Security Number: 522 67 4950 Date of Birth: 11 28 1987

Employer Name: Managed Staffing, Inc.

Employer Federal ID (EIN) Number: 26-0717857

Please check all the statements that apply to you. Sign and date this form where indicated below.

In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations.

I do not have a High School Diploma or GED certificate.

I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

New Hire's Signature: Francis Larsen Date 6-25-10

Public Burden Statement:

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).

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>Larsen</u>	First <u>Francis</u>	Middle Initial <u>C</u>	Maiden Name
Address (Street Name and Number) <u>317 6th</u>		Apt. #	Date of Birth (month/day/year) <u>11 28 1987</u>
City <u>Durango</u>	State <u>CO</u>	Zip Code <u>80514</u>	Social Security # <u>522 67 4950</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) _____

[Signature]
Employee's Signature

Date (month/day/year)

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

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

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

List A	OR	List B	AND	List C
Document title: _____	OR	<u>Driver License</u>	AND	<u>SS card</u>
Issuing authority: _____		<u>CO</u>		<u>Dept of Health</u>
Document #: _____		<u>03-198-0396</u>		<u>522-67-4950</u>
Expiration Date (if any): _____		<u>11-28-2014</u>		
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) 6-25-12 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 <i>[Signature]</i>	Print Name <u>Tina Kral</u>	Title <u>Account Manager</u>
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.)

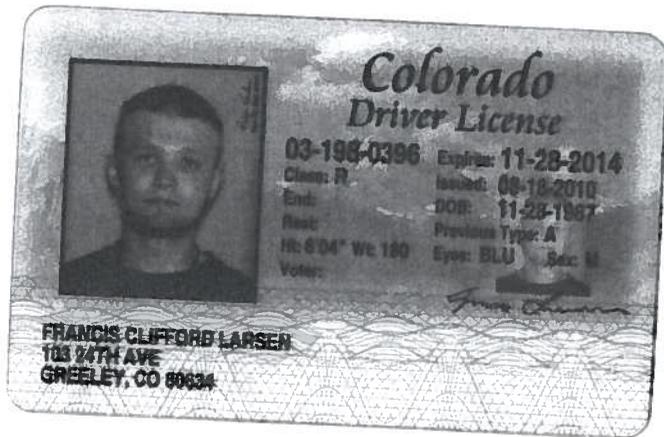
A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

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

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------



University of Northern Colorado

The Board of Trustees for the University of Northern Colorado,

upon the recommendation of the Faculty of the University, has conferred upon

Francis Clifford Karsen

the degree of

Bachelor of Science

with acknowledgment of major achievements in:

Business Administration

with all the rights, privileges and responsibilities therunto appertaining.

Given at Greeley, Colorado,

this eleventh day of December, two thousand and ten.



President of the
University



Chairman of the
Board of Trustees



days
@ 2 Thors
Monday @ 2

Francis Clifford Larsen

E-mail: sneauxborder@gmail.com
Phone Number: (720) 496 3180
Address: 317 6th St. Dacono CO 80514

Objective:

I am a determined individual that has ambition and motivation to succeed. I have an excellent work ethic and I put in 110% effort towards all my endeavors. I enjoy a good challenge, while getting along well with others. I am seeking a position where I can excel and develop the necessary skills to become a professional. I am well rounded and confident in my ability to perform.

Education:

University of Northern Colorado, at Greeley 08/2006-12/2010

Major: Bachelor's Degree in Business Management

Experience:

Stresscon Dacono, CO 07/2011-02/2012

Position: Quality Assurance

Duties

- Reading and interpreting blueprints, architecture plans, and laser sketches
- Logging daily findings in computer network
- Capable of working 10 to 12 hour shifts

StarTek Greeley, CO 08/2008-11/2010

Position: Customer Service Rep.

Duties

- Assisting customers with payments and technical troubleshooting wireless devices
- Confidently work in real situations with effective problem solving techniques
- Providing excellent customer service over the telephone
- Team building activities with co-workers to help improve overall quality
- Weekly reviews of performance metrics

Walmart Longmont & Greeley, CO 08/2007-05/2008

Position: Truck Unloader

Duties

- Receiving, following, and carrying out daily instructions
- Stocking and sorting inventory electronically
- Taking leadership and training new employees
- Unloading inventory off trucks

Comptek Boulder, CO 08/2005-04/2006

Position: Warehouse Worker

Duties

- Arranging multiple components for final assembly
- Cleaning and setting up carbon fiber and fiberglass molds
- Mixing resins and chemical epoxies

-Open shop, prepare daily operations, and close shop at end of day

Skills:

Advanced Windows user (XP and beyond)
Advanced Windows Office user
Basic web developing training (Dreamweaver CS3)
Can type 90 words per minute
Conflict/resolution skills
Critical thinking/problem solving skills
Excellent communication/listening skills
Over 2 years of customer service experience
Trainable

References:

Brian Oremesher
Plant Manager for Stresscon
Dacono, CO
Phone (303) 659-6661

Dallas Everhart
University of Northern Colorado
Greeley, CO
E-mail: Dallas@Everhartconsult.com
Phone: (970) 222-8022

Dana Dockter
Weatherford International
Firestone, CO/Williston, ND
Phone: (303) 709-2321

Isaac Wanasika
University of Northern Colorado
Greeley, CO
E-mail: isaac.wanasika@unco.edu
Phone: (970) 351-1882

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:	FRANCIS LARSEN	Reason for Test:	Pre-Employment
Donor ID:	522674950	Specimen ID#:	2016926
Collection Site:	HealthONE Occ @ Northwest 12207 Pecos St Ste 300 Westminster, CO 80234 (303) 650 - 0445	Date of Collection:	06/26/2012 Time: 1258
		Lab Accession#:	883231X
		Lab Reported Date:	06/27/2012 Time: 0643
		MRO:	Dr. Alan Burgess MD
Laboratory:	Quest Diagnostics/ West Hills	MRO Received Date:	
		MRO Report Date:	06/27/2012 Time: 0832
		MRO Date CCF2:	
		Specimen Type:	Urine
		Drug Panel:	SAP 5-50+MDMA/6AMT

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:

A handwritten signature in black ink, appearing to read "Alan W. Burgess MD".

Dr. Alan Burgess MD