

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

Position Applying For: <b>HR ASSISTANT</b>	Name (Last, First, Middle): <b>WALKER, NICHOLAS, WAYNE</b>	Other names under which you have attended school or been employed:	
<b>3657 S. LAREDO ST. UNIT D</b>		City, State & Zip: <b>AURORA, CO 80013</b>	
Social Security Number: <b>417-21-7794</b>	Home Phone: <b>(303) 242-4152</b>	Cell Phone: <b>(719) 231-3270</b>	Email: <b>WALK8505@GMAIL.COM</b>
Are you eligible to work in the United States? <b>YES</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<small>We participate in the E-Verify program.</small>			
Are you applying for:	<input checked="" type="checkbox"/> F/T <input checked="" type="checkbox"/> P/T		
Do you have any responsibilities or commitments that will prevent you from working the required schedules or anticipate any absences from work on a regular basis?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, please explain:
Have you ever been convicted of any law violations (excluding minor traffic)? Please include any plea of guilty or no contest. <small>Answering yes is not automatic grounds for disqualifications. Any offer of employment will be subject to a successful background investigation.</small>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If YES, please explain:
Have you in the past 7 years or are you currently in the process of filing bankruptcy? <small>Answering yes is not automatic grounds for disqualification. Candidates may be subject to a credit check.</small>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
How did you learn about this employment opportunity at Nationsearch Staffing Solutions? Check all that apply: <input checked="" type="checkbox"/> Job Bulletin (Posting) <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:			

**EDUCATION**

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

**SKILLS:** Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)


**WORK EXPERIENCE**-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

**PLEASE NOTE:** Nationsearch Staffing Solutions reserves the right to contact all employers for reference information. However, current employers will not be contacted without written consent from applicant.

Dates Employed (most recent position) From: DEC 2011 To JUNE 2012	<input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title: TECHNICIAN ASSISTANT
Organization Name: BRITT RICE ELECTRIC, L.P.		
Supervisor's Name & Title MARK WALKER PROJECT MANAGER	Phone #: (979) 696-2900	
Primary duties:		Reason for Leaving: RELOCATION FOR FAMILY

Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name:		
Supervisor's Name & Title	Phone #:	
Primary duties:		Reason for Leaving:



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 <b>WALKER</b>	First <b>NICHOLAS</b>	Middle Initial <b>W</b>	Maiden Name <b>N/A</b>
Address (Street Name and Number) <b>3657 S. LAREDO ST. UNIT D</b>		Apt. #	Date of Birth (month/day/year) <b>02/07/1985</b>
City <b>AURORA</b>	State <b>COLORADO</b>	Zip Code <b>80013</b>	Social Security # <b>417-21-7794</b>

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 **[Signature]** Date (month/day/year) **07/18/2012**

**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: _____	<b>OR</b>	<b>DRIVER LICENSE</b>	_____	_____
Issuing authority: _____		<b>TEXAS</b>	_____	_____
Document #: _____		<b>34782110</b>	_____	_____
Expiration Date (if any): _____		<b>02/07/2018</b>	_____	_____
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) <b>CMB 1200 N. WASHINGTON ST. #290, THORNTON, CO 80241</b>		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)
--	-----------------------

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

**Texas** DRIVER LICENSE

USA TX

14 DL **34782110** Class **C**  
15 Iss **07/26/2011** Exp **02/07/2018**  
16 DOB **02/07/1985**

17 WALKER  
18 NICHOLAS WAYNE

19 6229 SCARLET DR  
20 PLANO TX 75023

21 Restrictions **A** 22 End **NONE**  
23 Hgt **5-08** 24 Sex **M** 25 Eyes **BLU**

26 DD **02619180171216385459**

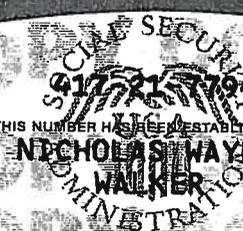


**SOCIAL SECURITY**

SOCIAL SECURITY  
617215794  
THIS NUMBER HAS BEEN ESTABLISHED FOR  
NICHOLAS WAYNE  
WALKER  
ADMINISTRATIVE

SIGNATURE **12/01/2011**

USA



# 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.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>1</u>
<b>C</b>	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.) . . . . .	<b>C</b>	<u>0</u>
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>0</u>
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	<u>1</u>
<b>F</b>	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.)	<b>F</b>	<u>0</u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 . . . . .</li> </ul>	<b>G</b>	<u>0</u>
<b>H</b>	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"> <li>• 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.</li> <li>• 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.</li> <li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	<b>H</b>	<u>3</u>

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ 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 <b>NICHOLAS W. WALKER</b>		2 Your social security number <b>417-21-7794</b>
Home address (number and street or rural route) <b>3657 S. LAREDO ST UNIT D</b>		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 <b>AURORA, CO 80013</b>		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>3</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>0</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>Exempt</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.) ▶		Date ▶ <b>18 July 2012</b>
8 Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.) <b>CMG 1200 N. Washington St #290, Thornton, CO 80241</b>		9 Office code (optional) 10 Employer identification number (EIN)

**Deductions and Adjustments Worksheet**

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . . 1 \$ \_\_\_\_\_
- 2 Enter: { \$11,600 if married filing jointly or qualifying widow(er) }  
 { \$8,500 if head of household }  
 { \$5,800 if single or married filing separately } . . . . . 2 \$ \_\_\_\_\_
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919) . . . . . 4 \$ \_\_\_\_\_
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet* in Pub. 919.) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2011 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 \$ \_\_\_\_\_
- 8 Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction . . . . . 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . 9 \_\_\_\_\_
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . 10 \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . 1 \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . . 2 \_\_\_\_\_
  - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . 3 \_\_\_\_\_
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_
  - 5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_
  - 6 Subtract line 5 from line 4 . . . . . 6 \_\_\_\_\_
  - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 \$ \_\_\_\_\_
  - 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_
  - 9 Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

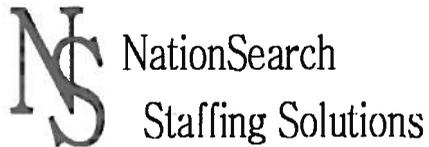
Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are -	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are -	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are -	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are -	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 - 120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 - 110,000 -	12						
110,001 - 120,000 -	13						
120,001 - 135,000 -	14						
135,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information, your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. 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 Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



11160 Huron St., #100, Northglenn, CO  
Toll Free 800-827-9550  
[www.NationSearchStaffingSolutions.com](http://www.NationSearchStaffingSolutions.com)

## Sick Leave Policy

All employees assigned to LenderLive are entitled to 8 hours of Sick Leave per month beginning the first of the month following date of employment. To earn the 8 hours of Sick Leave you must work a full 40 hour week, each week. Anyone who works less than 40 hours a week, will accrue a percentage of the 8 hour monthly allowance.

Any unused accrued Sick Leave will be forfeited if not used by the last day of your anniversary month. Sick Leave cannot be carried over to the next year.

Upon your assignment ending at LenderLive, you will not be paid for any accrued Sick Leave.

The pay rate for Sick Leave is \$12.00 an hour for all positions and shifts, regardless of your actual pay rate.

18 July 2012

Date

 NICHOLAS WALKER

Employee

IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Name: NICKOLAS WALKER

Address: 3657 S. LAREDO ST. AURORA, CO 80013

Home Phone: (303) 242-4152

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

1. Name: KELI JENKINS

Phone (work): N/A

Phone (home): (303) 242-4152

2. Name: SHEILA WALKER

Phone (work): N/A

Phone (home): (903) 932-1869

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

---

---

---

---

---

---

---

---

---

---

# NATIONSEARCH STAFFING SOLUTIONS

## CONFIDENTIALLY AGREEMENT

In consideration for employment by Nationsearch Staffing Solutions (NSSS) on assignment to NSSS clients, I hereby agree never to communicate, divulge, use or disclose, directly or indirectly, for my own behalf or for the benefit of another, any confidential business information or trade secrets with which I may come in contact during the course of my employment duties with NSSS. I understand and agree that this Agreement shall survive any termination of assignment and/or employment and that any violation of this Agreement is considered a serious offense and may result in termination of employment and/or liability for civil damages.

Employee Signature: \_\_\_\_\_



Printed name of Employee: \_\_\_\_\_

NICHOLAS WALKER

Date: \_\_\_\_\_

18 July 2012

**PLEASE READ CAREFULLY**  
**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Nationsearch Staffing Solutions, (hereinafter called "the Company"),

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to retain an employee Nationsearch Staffing Solutions, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and Nationsearch Staffing Solutions may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures, and such changes may include reduction of benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I hereby give the Company permission to contact, schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

## Nationsearch Staffing Solutions

### Employment Guidelines

Once your placement has been made, you will likely be filling a position that will require your immediate attention. Our client will, therefore, be counting on your complete cooperation and professionalism. Nationsearch Staffing Solutions (NSS) asks that you adhere to the following Employment Guidelines:

- If you are unable to report to work or anticipate being late for any reason, please call both the Client Company and NSS immediately. If you call outside business hours, please leave a voicemail message.
- All personal phone calls (texting) and personal computer use should be kept to a minimum. Please refrain from any social media interaction on company time. Misuse of these privileges will likely force the client to end your placement.
- Your hourly rate of pay should never be discussed with fellow co-workers. All salary issues should be discussed exclusively with NSS.
- Tardiness and absenteeism must be kept to a minimum. This is the #1 reason clients end placements.
- It is expected that you show up to work dressed in professional attire. Please pay particular attention to the dress code enforced by our client's company. No tank tops, halter tops, or tube tops. Skirts must be a professional length. No mini-skirt or micro-mini. If jeans are permitted be sure they are clean and free of rips and/or tears. Hair must be clean and professional in style.
- While we at NSS appreciate your individual sense of style our, clients may have a policy in place that requires all tattoos to be covered and piercings to be removed. In this regard, we ask that you respect the guidelines set forth in our client's dress code.
- Should you need to end your placement please provide NSS with 2 weeks notice.
- It is expected that you adhere to all rules and regulations set forth by NSS as well as those set by the client company.

### Payroll Process

- NSS employees will complete a timesheet on a weekly basis. These timesheets MUST be signed by your Supervisor.
- NSS employees will submit their hours to [payroll@nationsearchstaffing.com](mailto:payroll@nationsearchstaffing.com) NO LATER THAN THURSDAY end of business for Friday processing.
- Checks will be delivered via direct deposit from Capital Management Group every Friday.

Signed:  \_\_\_\_\_

Date: 18 July 2012



**Notification of Colorado Law Requirement**  
**Unemployment Acknowledgement**

*According to Colorado Statutes section 8-73-105.3. A temporary employee who is given a notice that the employee is required to contact or notify the employer upon completion of an assignment and to be available to work, as agreed upon at the time of hire, during a specified period of time, on specified dates, or upon call by the employer on an as-needed basis and who does not contact or notify the employer upon completion of an assignment in compliance with the notice and is not available to work at the agreed-upon times is deemed to have voluntarily terminated employment for the purpose of determining benefits pursuant to section 8-73-108 (5) (e). Also, a temporary employee who agrees to work on an as-needed basis and refuses all work within three separate pay periods when contacted by the employer is deemed to have voluntarily terminated employment for reasons that may or may not allow an award of benefits pursuant to section 8-73-108.*

It is your responsibility to contact or notify CMG once your assignment ends. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact or notify CMG once an assignment ends. I also acknowledge that I have received a separate copy of this form.

AW (Initial)

  
Employee Signature:

18 July 2012  
Date:

NICHOLAS W. WALKER  
Employee (please print your name here)



Nationsearch.com 11160 Huron St. #100 Northglenn, CO. 80234  
 Phone 800.827.9550 Fax 800.827.6118

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES**

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

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

I, NICHOLAS WAYNE WALKER, 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.

[Signature]  
 Applicant Signature

16 July 2012  
 Date

JA  
 CO  
 TR

Other Names Used:

Social Security Number	417-21-7794
Date of Birth: To be used for screening purposes only	7 FEBRUARY 1985
Motor Vehicle Drivers License Number and State of Issue	34782110 / TEXAS

Street Address	City	State	Zip Code
3657 S. LAREDO ST. UNIT D	AURORA	CO	80013

FORENSIC LABORATORIES

4895 Joliet St., Ste. 7G  
Denver, CO 80239

(800) 282-6574 Toll Free (303) 469-8042 Direct (303) 460-7502 Fax

068257

N5551465

PATIENT NAME (LAST) (FIRST) (MI) <i>Walker Nicholas W</i>			INSURED'S NAME (Last, First, Middle)		
SEX <i>M</i>			BIRTHDATE <i>2-7-85</i>		
ORDERING PHYSICIAN			CITY		STATE
PATIENT ID / LAB ID NUMBER			GROUP#		PLEASE ATTACH COPY OF INSURANCE CARD
PATIENT RELATIONSHIP TO INSURED:			INSURED'S ID#		
[ ] STAT			[ ] FAX RESULTS: Number: _____		
[ ] PHONE RESULTS: Number: _____			Contact _____		

Reason for Test:  Pre-Hire  Random  Reasonable Cause  Post Accident  Steroid  Other \_\_\_\_\_

Specimen Type:  Urine  Serum  Plasma  Whole Blood  Hair  Stool  Saliva  CSF  Other \_\_\_\_\_

Test(s) Requested \_\_\_\_\_

I certify that I provide my urine specimen to the collector and that I have not adulterated it in any manner. The specimen was sealed in my presence with a tamper-evident seal and the information provided on this form and on the label affixed to the specimen bottle is correct. I authorize Forensic Laboratories to perform the tests listed above and to release the results of the test to:

N5551465

Check all that apply

Fax: Nation Search Email \_\_\_\_\_

Physical Address \_\_\_\_\_

*[Signature]*  
Donor's Signature

*Tramadol*

TO BE COMPLETED BY THE COLLECTOR

Read urine specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Actual Temperature <i>92.5</i>	Specimen Collection: <input type="checkbox"/> Split <input checked="" type="checkbox"/> Single <input type="checkbox"/> None Provided <input type="checkbox"/> Observed (Enter Remark)
---	--

REMARKS : \_\_\_\_\_

COLLECTOR AFFIXES CONTAINER SEAL TO CONTAINER. COLLECTOR DATES SEAL. DONOR INITIALS SEAL.

I certify that the specimen given to me by the donor identified in the certification section of this form was collected, labeled and released to the Delivery Service noted in accordance with applicable requirements. I hereby release this specimen for transport to the laboratory.

<i>Shelley R Miller</i> Signature of Collector	<i>11:07</i> AM Time of Collection	SPECIMEN RELEASED TO:
<i>Shelley R Miller</i> (PRINT) Collector's Name (First, MI, Last)	<i>7/19/12</i> Date	_____
LABORATORY CERTIFICATION		Name of Delivery Service Transferring Specimen to Lab

I certify that the specimen received with this form was sealed in the appropriate container with the seal intact, and identification number and/or name on this form matches that on the specimen, and the specimen was transferred to temporary laboratory storage.	Printed Lab Accessioner's Name
Signature of Lab Accessioner	Date <i>/ /</i>

PLACE OVER CAP Forensic Laboratories Donor's Initials \_\_\_\_\_ Date (Mo, Day, Yr.) \_\_\_\_\_

PLACE OVER CAP Forensic Laboratories Donor's Initials \_\_\_\_\_ Date (Mo, Day, Yr.) \_\_\_\_\_



**Forensic Laboratories**  
4895 Joliet Street, #7G  
Denver, CO 80239  
303-469-8042

Dr. James Ruth, DABFT, Lab Director

www.forensiclaboratories.com

**Client Name:** Nicholas Walker  
**DOB:** 2/7/1985  
**Specimen:** 4368514  
**Reference:** 068257  
**Requested By:**  
**Agency:** NationSearch Staffing Solutions

**Test Reason:** Pre-Employment  
**Type (Matrix):** Urine  
**Collected By:** S. Miller  
**Collected:** 07/19/2012 11:07 AM  
**Received:** 07/19/2012 12:23 PM  
**Reported:** 07/20/2012 01:40 PM

MEDICATIONS: TRAMADOL

### INITIAL SCREENING RESULTS

TEST	RESULT	OUTCOME	METHOD	CUTOFF	CERTIFIED
Amphetamine Screen		NOT DETECTED	EIA	1000 ng/mL	S. Harvey
Barbiturates Screen		NOT DETECTED	EIA	200 ng/mL	S. Harvey
Benzodiazepines Screen		NOT DETECTED	EIA	200 ng/mL	S. Harvey
Cocaine Metabolite Screen		NOT DETECTED	EIA	300 ng/mL	S. Harvey
Opiates Screen		NOT DETECTED	EIA	2000 ng/mL	S. Harvey
Methadone Screen		NOT DETECTED	EIA	300 ng/mL	S. Harvey
Phencyclidine Screen		NOT DETECTED	EIA	25 ng/mL	S. Harvey
Cannabinoids Screen		NOT DETECTED	EIA	50 ng/mL	S. Harvey
Ethanol Screen		NOT DETECTED	EIA	0.05 g/dL	S. Harvey
Propoxyphene Screen		NOT DETECTED	EIA	300 ng/mL	S. Harvey

### VALIDITY TESTING

TEST	RESULT	OUTCOME	METHOD	CUTOFF	CERTIFIED
Creatinine	167.0 mg/dL	IN RANGE	EIA	20 - 400 mg/dL	S. Harvey

### Comments

LC/MS/MS or GC/MS confirmation of a positive screen is strongly recommended if legal action is anticipated.

**DRAFT**



**NationSearch**  
REMOVING THE GRAY

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



**NATIONSEARCH STAFFING SOLUTIONS**

11160 HURON ST. #100A  
NORTHGLENN, CO 80234  
Phone: 303-202-2620  
Email: recruiting@nationsearchstaffing.com

**Search Information**

**Name:** NICHOLAS W WALKER  
**SSN:** 417-21-\*\*\*\*  
**DOB:** 02/07/\*\*\*\*

This is a CONFIDENTIAL REPORT and has been prepared exclusively for the above named client. This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records. Information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report. Additionally, Nationsearch.com makes no recommendation as to interpretation of the information. By acceptance of this report, the client accepts full responsibility for any use or disclosure of this report or its contents. Nationsearch.com, 11160 Huron St. #100 Northglenn, CO. 80234, 800-827-9550. Our files are available for review at no charge in person, by certified mail or telephonically with proper identification. Nuestros archivos se pueden revisar sin ningun cargo a usted, en persona, o por correo certificado o por telefono con la identificacion adecuada.

**The following are included in this report:**

Search Type	Detail	Status
Social Security Number/Address Trace		Complete
COMPREHENSIVE CRIMINAL SCREENING		
- STATE DEPT. OF CORRECTIONS	Colorado	Complete
- STATE DEPT. OF CORRECTIONS	Texas	Complete
- STATE DEPT. OF CORRECTIONS	Georgia	Complete
- County Criminal Search	Brazos, Texas	Complete - No Record
- County Criminal Search	Collin, Texas	Complete - No Record
- County Criminal Search	Chatham, Georgia	Complete - No Record
- County Criminal Search	Rusk, Texas	Complete - No Record
- COLORADO COURTS (NOT INCLUDED DENVER GS)	Colorado	Complete - No Record
- State Specific Sex Offender Registry	Colorado	Complete - No Record
- State Specific Sex Offender Registry	Georgia	Complete - No Record
- State Specific Sex Offender Registry	Texas	Complete - No Record

- Fed. Criminal State Specific District Court Search	Colorado	Complete - No Record
- Fed. Criminal State Specific District Court Search	Texas Eastern	Complete - No Record
- Fed. Criminal State Specific District Court Search	Georgia Southern	Complete - No Record
- DENVER COUNTY GENERAL SESSIONS	Denver, Colorado	Complete
Motor Vehicle History Search	Texas (license 34782110)	Complete
Credit Report (credentialed clients only)		Complete
Nationwide Criminal Database/Sex Offender Search		Complete
EPLS/LDP Search/BIS Denied Persons List		Complete
Banking Enforcement Search		Complete
OFAC SDN		Complete

### Social Security Number/Address Trace

**Social Security Number** 417-21-\*\*\*\*  
**Name** NICHOLAS W WALKER  
**DOB** 02/07/\*\*\*\*  
**Search ID** 790981  
**Date Ordered** 07/18/2012  
**Date Completed** 07/18/2012

#### Results

Valid SSN	yes
State Issued	Alabama
Date Issued	****

<b>WALKER, NICHOLAS</b> (DOB: February, 07 ****) (SSN: xxxxxxxxx)	
<b>Address 1</b> 3626 HOLLYHOCK ST COLLEGE STATION TX 77845 -7290 County: BRAZOS TX Date first reported: March, 2012 Date last reported: June, 2012	<b>Address 2</b> 6729 SCARLET DR PLANO TX 75023 -2058 County: COLLIN TX Date first reported: June, 2009 Date last reported: March, 2012
<b>Address 3</b> 5605 CEDAR CREEK VW APT 206 COLORADO SPRINGS CO 80915 -5027 County: EL PASO CO Date first reported: September, 2010 Date last reported: November, 2011	<b>Address 4</b> 5015 ADDISON CIR ADDISON TX 75001 -3308 County: DALLAS TX Date first reported: October, 2011 Date last reported: October, 2011
<b>Address 5</b> 3115 WOODLAND HILLS DR APT 715 COLORADO SPRINGS CO 80918 -4668 County: EL PASO CO Date first reported: February, 2010 Date last reported: March, 2011	<b>Address 6</b> 566 FOX HUNT CIR HIGHLANDS RANCH CO 80126 -2123 County: DOUGLAS CO Date first reported: June, 2010 Date last reported: June, 2010
<b>Address 7</b> 1915 SANDY LAKE RD APT CARROLLTON TX 75006 -3401 County: DALLAS TX Date first reported: February, 2010 Date last reported: February, 2010	<b>Address 8</b> 7276A GUADAL CANAL CIR COLORADO SPRINGS CO 80902 -2226 County: EL PASO CO Date first reported: December, 2008 Date last reported: June, 2009
<b>Address 9</b>	<b>Address 10</b>

7276 GUADAL CANAL CIR COLORADO SPRINGS CO 80902 -2226 County: EL PASO CO Date first reported: January, 2009 Date last reported: January, 2009	3975 LOMA VISTA PT APT 203 COLORADO SPRINGS CO 80918 -3083 County: EL PASO CO Date first reported: September, 2008 Date last reported: January, 2009
<b>Address 11</b> 121 JENKINS DR SAVANNAH GA 31405 -7104 County: CHATHAM GA Date first reported: February, 2008 Date last reported: September, 2008	<b>Address 12</b> 792 ZETTEL ST APT SAVANNAH GA 31409 -4530 County: CHATHAM GA Date first reported: December, 2006 Date last reported: August, 2008
<b>Address 13</b> 107 MARTIN AVE SAVANNAH GA 31405 -6645 County: CHATHAM GA Date first reported: September, 2005 Date last reported: January, 2007	<b>Address 14</b> 505 DESIREES TRL TATUM TX 75691 -3456 County: RUSK TX Date first reported: December, 2004 Date last reported: June, 2005

## COMPREHENSIVE CRIMINAL SCREENING

### STATE DEPT. OF CORRECTIONS

**Name Searched** NICHOLAS W WALKER  
**DOB** 02/07/\*\*\*\*  
**SSN** 417-21-\*\*\*\*  
**Search ID** 790987  
**Date Ordered** 07/18/2012  
**Date Completed** 07/18/2012

#### Information Provided

State Colorado

#### Results

NO RECORDS FOUND USING NAME(S) PROVIDED AND PER STATE DISSEMINATION PRACTICES

### STATE DEPT. OF CORRECTIONS

**Name Searched** NICHOLAS W WALKER  
**DOB** 02/07/\*\*\*\*  
**SSN** 417-21-\*\*\*\*  
**Search ID** 791000  
**Date Ordered** 07/18/2012  
**Date Completed** 07/19/2012

#### Information Provided

State Texas

#### Results

NO RECORD FOUND USING NAME(S) PROVIDED, PER THE TEXAS STATE DEPARTMENT OF CORRECTIONS.

### STATE DEPT. OF CORRECTIONS

**Name Searched** NICHOLAS W WALKER  
**DOB** 02/07/\*\*\*\*  
**SSN** 417-21-\*\*\*\*  
**Search ID** 791001

**Date Ordered** 07/18/2012

**Date Completed** 07/19/2012

**Information Provided**

State Georgia

**Results**

NO RECORDS FOUND USING NAME(S) PROVIDED, PER THE GEORGIA STATE DEPARTMENT OF CORRECTIONS.

**County Criminal Search**

**Jurisdiction Searched** Brazos, Texas  
**Name Searched** NICHOLAS W WALKER  
**DOB Searched** 02/07/\*\*\*\*  
**SSN Searched** 417-21-\*\*\*\*  
**Search ID** 790990  
**Date Ordered** 07/18/2012  
**Date Completed** 07/19/2012  
**Records Searched** 10 year Felony and Misdemeanor  
**Status** No Records Found

**County Criminal Search**

**Jurisdiction Searched** Collin, Texas  
**Name Searched** NICHOLAS W WALKER  
**DOB Searched** 02/07/\*\*\*\*  
**SSN Searched** 417-21-\*\*\*\*  
**Search ID** 790997  
**Date Ordered** 07/18/2012  
**Date Completed** 07/19/2012  
**Records Searched** 10 year Felony and Misdemeanor  
**Status** No Records Found

**County Criminal Search**

**Jurisdiction Searched** Chatham, Georgia  
**Name Searched** NICHOLAS W WALKER  
**DOB Searched** 02/07/\*\*\*\*  
**SSN Searched** 417-21-\*\*\*\*  
**Search ID** 790998  
**Date Ordered** 07/18/2012  
**Date Completed** 07/19/2012  
**Records Searched** 10 year Felony and Misdemeanor  
**Status** No Records Found

**County Criminal Search**

**Jurisdiction Searched** Rusk, Texas  
**Name Searched** NICHOLAS W WALKER  
**DOB Searched** 02/07/\*\*\*\*  
**SSN Searched** 417-21-\*\*\*\*

<b>Search ID</b>	790999
<b>Date Ordered</b>	07/18/2012
<b>Date Completed</b>	07/19/2012
<b>Records Searched</b>	10 year Felony and Misdemeanor
<b>Status</b>	No Records Found

#### **COLORADO COURTS (NOT INCLUDED DENVER GS)**

<b>Jurisdiction Searched</b>	Colorado
<b>Name Searched</b>	NICHOLAS W WALKER
<b>DOB Searched</b>	02/07/****
<b>SSN Searched</b>	417-21-****
<b>Search ID</b>	790982
<b>Date Ordered</b>	07/18/2012
<b>Date Completed</b>	07/18/2012
<b>Records Searched</b>	Felony and Misdemeanor
<b>Status</b>	No Records Found

#### **State Specific Sex Offender Registry**

<b>Location</b>	Colorado
<b>Name Searched</b>	NICHOLAS W WALKER
<b>DOB Searched</b>	02/07/****
<b>SSN Searched</b>	417-21-****
<b>Search ID</b>	790988
<b>Date Ordered</b>	07/18/2012
<b>Date Completed</b>	07/18/2012
<b>Status</b>	No Record

#### **State Specific Sex Offender Registry**

<b>Location</b>	Georgia
<b>Name Searched</b>	NICHOLAS W WALKER
<b>DOB Searched</b>	02/07/****
<b>SSN Searched</b>	417-21-****
<b>Search ID</b>	790995
<b>Date Ordered</b>	07/18/2012
<b>Date Completed</b>	07/18/2012
<b>Status</b>	No Record

#### **State Specific Sex Offender Registry**

<b>Location</b>	Texas
<b>Name Searched</b>	NICHOLAS W WALKER
<b>DOB Searched</b>	02/07/****
<b>SSN Searched</b>	417-21-****
<b>Search ID</b>	790996
<b>Date Ordered</b>	07/18/2012
<b>Date Completed</b>	07/18/2012
<b>Status</b>	No Record

#### **Fed. Criminal State Specific District Court Search**

**Jurisdiction Searched** Colorado,  
**Name Searched** NICHOLAS W WALKER  
**DOB Searched** 02/07/\*\*\*\*  
**SSN Searched** 417-21-\*\*\*\*  
**Search ID** 790985  
**Date Ordered** 07/18/2012  
**Date Completed** 07/19/2012  
**Status** No Records Found  
**Years Searched** 10

**Fed. Criminal State Specific District Court Search**

**Jurisdiction Searched** Texas Eastern,  
**Name Searched** NICHOLAS W WALKER  
**DOB Searched** 02/07/\*\*\*\*  
**SSN Searched** 417-21-\*\*\*\*  
**Search ID** 790993  
**Date Ordered** 07/18/2012  
**Date Completed** 07/19/2012  
**Status** No Records Found  
**Years Searched** 7

104

**Fed. Criminal State Specific District Court Search**

**Jurisdiction Searched** Georgia Southern,  
**Name Searched** NICHOLAS W WALKER  
**DOB Searched** 02/07/\*\*\*\*  
**SSN Searched** 417-21-\*\*\*\*  
**Search ID** 790994  
**Date Ordered** 07/18/2012  
**Date Completed** 07/19/2012  
**Status** No Records Found  
**Years Searched** 10

**DENVER COUNTY GENERAL SESSIONS**

**Name Searched** NICHOLAS W WALKER  
**DOB** 02/07/\*\*\*\*  
**SSN** 417-21-\*\*\*\*  
**Search ID** 790983  
**Date Ordered** 07/18/2012  
**Date Completed** 07/18/2012

**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.

**Motor Vehicle History Search**

---

**State** Texas  
**License** 34782110  
**Name Searched** NICHOLAS W WALKER  
**DOB Searched** 02/07/\*\*\*\*  
**SSN Searched** 417-21-\*\*\*\*  
**Search ID** 790986  
**Date Ordered** 07/18/2012  
**Date Completed** 07/18/2012

**Results**

TEXAS DRIVER RECORD REPORT

REPORT SEARCH DATE -> 07/18/2012

LICENSE NAME/ADDRESS DRIVER DESCRIPTION

-----  
WALKER, NICHOLAS WAYNE D.O.B. |SEX| HGT |RACE| SOC.SEC  
6729 SCARLET DR =====|===|=====|=====|=====  
PLANO, TX. 75023NULL 02/07/\*\*\*\*| | | |--

LICENSE NUMBER -> 34782110

ORIG.ISSUED ISSUED EXPIRES CLASS STATUS

-----  
05/16/2011 02/07/2018 C CLEAR  
-----

LICENSE TYPE:

CLASS DESCRIPTION: C - Single or comb veh , not in class A or B

STATUS DESCRIPTION: CLEAR

RESTRICTIONS:

ENDORSEMENTS:

PRIOR STATE: DL #: STATUS:

C.D.L. ISSUED: STATUS:

POINTS:

REINST DATE:

SECONDARY LIC:

OTHER STATE LIC:

OTHER STATE:

NON-RESIDENT MILITARY:

BOATCLASS:

Commercial Driver License (CDL) Indicator: N

THIS TYPE OF RECORD WILL NOT REFLECT COMPLETION OF A DRIVING SAFETY COURSE.

THIS RECORD REFLECTS CONVICTIONS AND CRASH INVOLVEMENTS THAT ARE ALLOWED TO BE  
DISPLAYED BY LAW.

NO ENTRIES FOUND FOR THIS PERSON

TYPE VIOL/SUSPE CONV/REINS HISTORY ENTRY PTS  
-----

\*\*\*\*\*END OF RECORD\*\*\*\*\*

**Credit Report (credentialed clients only)**

**Name Searched** NICHOLAS W WALKER  
**DOB Searched** 02/07/\*\*\*\*  
**SSN Searched** 417-21-\*\*\*\*  
**Search ID** 790991  
**Date Ordered** 07/18/2012  
**Date Completed** 07/18/2012

**Results**

TRANS UNION REPORT - PEER

Exact Match between SSN on input and SSN on file.

**Personal Information Since 12/22/2004 FAD 7/18/2012**

<b>Name</b>	WALKER, NICHOLAS W	<b>Reported</b>
<b>SSN</b>	417-21-****	
<b>Address</b>	3626, HOLLYHOCK, ST, COLLEGE STATION, TX, 77845	3/17/2012
<b>Address</b>	6729, SCARLET, DR, PLANO, TX, 75023	6/26/2009
<b>Address</b>	5605, CEDAR CREEK VW, 206, COLORADO SPRINGS, CO, 80915	

**ID Mismatch Alert [Trans Alert]**

Current Address - House Number Mismatch: Mismatch - input does not match file  
 Inquiries in last 60 days: 0

**Employment**

	<b>Date Hired</b>	<b>Date Separated</b>	
<b>Employer</b> BRITT RICE ELECTRIC			Verified 3/1/2012
<b>Employer</b> U S ARMY			Reported 2/16/2010

**Credit Summary From 12/22/2004 To 7/18/2012**

Public Records	0	Collections	1	Negative Trades	0
Hist Neg Trades	2	# Trades	17	Revolving	9
Hist Neg Occurr	3	Installment	8	Mortgage	0
Open Trades	0	Inquiries	9		

<u>Type</u>	<u>High</u>	<u>Limit</u>	<u>Balance</u>	<u>Past Due</u>	<u>Payment</u>	<u>%Avail</u>
Revolving	\$12,314	\$12,083	\$3,880	\$0	\$261	68%
Installment	\$19,098	\$0	\$18,317	\$0	\$515	-
Totals	\$31,412	\$12,083	\$22,197	\$0	\$776	-

**Collection Accounts**

<u>Firm/ID Code</u>	<u>Paid/ Placed/</u>	<u>VRFD/</u>	<u>\$PLCD/ Acc#</u>	<u>Creditor Name</u>	<u>Remarks</u>
	<u>ECOA CLSD</u>	<u>CS(MOP)</u>	<u>BAL</u>		
ADV NTWK SYS Y 026G4001	08/11	06/12A	75	10 COLORADO SPRINGS UTILITIES	Placed for collection
		O9B	82		

*Collection*

**Revolving Accounts**

<u>Acc Name/Address</u>	<u>Current Status</u>				<u>Hist Status</u>			<u>Rating</u>
	<u>Rptd DLA</u>	<u>Opened Cisd/PD</u>	<u>High Limit</u>	<u>Pmt Term</u>	<u>\$Bal</u>	<u>\$Past Due</u>	<u>Mths</u>	
							30 60 90	





PHONE NUMBER OF THE AGENCY THAT PROVIDED THE INFORMATION.\*- YOU HAVE THE RIGHT TO KNOW WHAT IS IN YOUR FILE. YOU MAY REQUEST AND OBTAIN ALL THE INFORMATION ABOUT YOU IN THE FILES OF A CONSUMER REPORTING AGENCY (YOUR "FILE DISCLOSURE"). YOU WILL BE REQUIRED TO PROVIDE PROPER IDENTIFICATION, WHICH MAY INCLUDE YOUR SOCIAL SECURITY NUMBER. IN MANY CASES, THE DISCLOSURE WILL BE FREE. YOU ARE ENTITLED TO A FREE FILE DISCLOSURE IF: \*- A PERSON HAS TAKEN ADVERSE ACTION AGAINST YOU BECAUSE OF INFORMATION IN YOUR CREDIT REPORT; \*- YOU ARE THE VICTIM OF IDENTITY THEFT AND PLACE A FRAUD ALERT IN YOUR FILE; \*- YOUR FILE CONTAINS INACCURATE INFORMATION AS A RESULT OF FRAUD; \*- YOU ARE ON PUBLIC ASSISTANCE; \*- YOU ARE UNEMPLOYED BUT EXPECT TO APPLY FOR EMPLOYMENT WITHIN 60 DAYS.\*- IN ADDITION, BY SEPTEMBER 2005 ALL CONSUMERS WILL BE ENTITLED TO ONE FREE DISCLOSURE EVERY 12 MONTHS UPON REQUEST FROM EACH NATIONWIDE CREDIT BUREAU AND FROM NATIONWIDE SPECIALTY CONSUMER REPORTING AGENCIES. SEE WWW.FTC.GOV/CREDIT FOR ADDITIONAL INFORMATION.\*- YOU HAVE THE RIGHT TO ASK FOR A CREDIT SCORE. CREDIT SCORES ARE NUMERICAL SUMMARIES OF YOUR CREDIT-WORTHINESS BASED ON INFORMATION FROM CREDIT BUREAUS.\*- YOU MAY REQUEST A CREDIT SCORE FROM CONSUMER REPORTING AGENCIES THAT CREATE SCORES OR DISTRIBUTE SCORES USED IN RESIDENTIAL REAL PROPERTY LOANS, BUT YOU WILL HAVE TO PAY FOR IT. IN SOME MORTGAGE TRANSACTIONS, YOU WILL RECEIVE CREDIT SCORE INFORMATION FOR FREE FROM THE MORTGAGE LENDER.\*- YOU HAVE THE RIGHT TO DISPUTE INCOMPLETE OR INACCURATE INFORMATION. IF YOU IDENTIFY INFORMATION IN YOUR FILE THAT IS INCOMPLETE OR INACCURATE, AND REPORT IT TO THE CONSUMER REPORTING AGENCY, THE AGENCY MUST INVESTIGATE UNLESS YOUR DISPUTE IS FRIVOLOUS. SEE WWW.FTC.GOV /CREDIT FOR AN EXPLANATION OF DISPUTE PROCEDURES.\*- CONSUMER REPORTING AGENCIES MUST CORRECT OR DELETE INACCURATE, INCOMPLETE, OR UNVERIFIABLE INFORMATION. INACCURATE, INCOMPLETE OR UNVERIFIABLE INFORMATION MUST BE REMOVED OR CORRECTED, USUALLY WITHIN 30 DAYS. HOWEVER, THE CONSUMER REPORTING AGENCY IS NOT REQUIRED TO REMOVE ACCURATE DEROGATORY INFORMATION FROM YOUR FILE UNLESS IT IS OUTDATED (AS DESCRIBED BELOW) OR CANNOT BE VERIFIED . A CONSUMER REPORTING AGENCY MAY CONTINUE TO REPORT INFORMATION IT HAS VERIFIED AS ACCURATE.\*- CONSUMER REPORTING AGENCIES MAY NOT REPORT OUTDATED NEGATIVE INFORMATION. IN MOST CASES, A CONSUMER REPORTING AGENCY MAY NOT REPORT NEGATIVE INFORMATION THAT IS MORE THAN SEVEN YEARS OLD, OR BANKRUPTCIES THAT ARE MORE THAN 10 YEARS OLD.\*- ACCESS TO YOUR FILE IS LIMITED. A CONSUMER REPORTING AGENCY MAY PROVIDE INFORMATION ABOUT YOU ONLY TO PEOPLE WITH A VALID NEED -- USUALLY TO CONSIDER AN APPLICATION WITH A CREDITOR, INSURER, EMPLOYER, LANDLORD, OR OTHER BUSINESS. THE FCRA SPECIFIES THOSE WITH A VALID NEED FOR ACCESS.\*- YOU MUST GIVE YOUR CONSENT FOR REPORTS TO BE PROVIDED TO EMPLOYERS. A CONSUMER REPORTING AGENCY MAY NOT GIVE OUT INFORMATION ABOUT YOU TO YOUR EMPLOYER, OR A POTENTIAL EMPLOYER, WITHOUT YOUR WRITTEN CONSENT GIVEN TO THE EMPLOYER. WRITTEN CONSENT GENERALLY IS NOT REQUIRED IN THE TRUCKING INDUSTRY. FOR MORE INFORMATION, GO TO WWW.FTC.GOV/CREDIT.\*- YOU MAY LIMIT "PRESCREENED" OFFERS OF CREDIT AND INSURANCE YOU GET BASED ON INFORMATION IN YOUR CREDIT REPORT. UNSOLICITED "PRESCREENED" OFFERS FOR CREDIT AND INSURANCE MUST INCLUDE A TOLL-FREE PHONE NUMBER YOU CAN CALL IF YOU CHOOSE TO REMOVE YOUR NAME AND ADDRESS FROM THE LISTS THESE OFFERS ARE BASED ON. YOU MAY OPT-OUT WITH THE NATIONWIDE CREDIT BUREAUS AT 1-888-567-8688.\*- YOU MAY SEEK DAMAGES FROM VIOLATORS. IF A CONSUMER REPORTING AGENCY, OR, IN SOME CASES, A USER OF CONSUMER REPORTS OR A FURNISHER OF INFORMATION TO A CONSUMER REPORTING AGENCY VIOLATES THE FCRA, YOU MAY BE ABLE TO SUE IN STATE OR FEDERAL COURT.\*- IDENTITY THEFT VICTIMS AND ACTIVE DUTY MILITARY PERSONNEL HAVE ADDITIONAL RIGHTS. FOR MORE INFORMATION, VISIT WWW.FTC.GOV/CREDIT.\*STATES MAY ENFORCE THE FCRA, AND MANY STATES HAVE THEIR OWN CONSUMER REPORTING LAWS. IN SOME CASES, YOU MAY HAVE MORE RIGHTS UNDER STATE LAW. FOR MORE INFORMATION, CONTACT YOUR STATE OR LOCAL CONSUMER PROTECTION AGENCY OR YOUR STATE ATTORNEY GENERAL.\*THE FCRA GIVES SEVERAL DIFFERENT FEDERAL AGENCIES AUTHORITY TO ENFORCE THE FCRA.\*FOR QUESTIONS OR CONCERNS REGARDING: PLEASE CONTACT:\*CONSUMER REPORTING AGENCIES, FEDERAL TRADE COMMISSION CREDITORS, AND OTHERS NOT LISTED CONSUMER RESPONSE CENTER - FCRA BELOW WASHINGTON, DC 20580 1-877-382- 4357\*NATIONAL BANKS, FEDERAL BRANCHES/ OFFICE OF THE COMPTROLLER OF THE CURRENCY AGENCIES OF FOREIGN BANKS (WORD COMPLIANCE MANAGEMENT, MAIL STOP 6-6 "NATIONAL" OR INITIALS "N.A." WASHINGTON, DC 20219 APPEAR IN OR AFTER BANK'S NAME) 800-613-6743\*FEDERAL RESERVE SYSTEM MEMBER BANKS FEDERAL RESERVE BOARD (EXCEPT NATIONAL BANKS, AND FEDERAL DIVISION OF CONSUMER & COMMUNITY AFFAIRS BRANCHES/AGENCIES OF FOREIGN WASHINGTON, DC 20551 BANKS) 202-452-3693\*SAVINGS ASSOCIATIONS AND FEDERALLY OFFICE OF THRIFT SUPERVISION CHARTERED SAVINGS BANKS (WORD CONSUMER COMPLAINTS "FEDERAL" OR INITIALS "F.S.B." WASHINGTON, DC 20552 APPEAR IN FEDERAL INSTITUTION'S 800-842-6 929 NAME)\*FEDERAL CREDIT UNIONS (WORDS NATIONAL CREDIT UNION ADMINISTRATION "FEDERAL CREDIT UNION" APPEAR IN 1775 DUKE STREET INSTITUTION'S NAME) ALEXANDRIA, VA 22314 703-519- 4600\*STATE-CHARTERED BANKS THAT ARE NOT FEDERAL DEPOSIT INSURANCE CORPORATION

MEMBERS OF THE FEDERAL RESERVE CONSUMER RESPONSE CENTER, SYSTEM 2345 GRAND AVENUE, SUITE 100 KANSAS CITY, MISSOURI 64108-2638 877-275-3342\*AIR, SURFACE, OR RAIL COMMON DEPARTMENT OF TRANSPORTATION CARRIERS REGULATED BY FORMER CIVIL OFFICE OF FINANCIAL MANAGEMENT AERONAUTICS BOARD OR INTERSTATE WASHINGTON, DC 20590 COMMERCE COMMISSION 202-366-1306\*ACTIVITIES SUBJECT TO THE PACKERS DEPARTMENT OF AGRICULTURE AND STOCKYARDS ACT, 1921 OFFICE OF DEPUTY ADMINISTRATOR - GIPSA WASHINGTON, DC 20250 202-720-7051#BR#

**Serviced By:**  
 TRANSUNION  
 2 BALDWIN PLACE, P.O. BOX 1000  
 CHESTER, PA 19022  
 800-888-4213  
<http://www.transunion.com>

END OF REPORT - TRANS UNION - 7/18/2012, 17:11:28 CT

**Nationwide Criminal Database/Sex Offender Search**

**Name Searched** NICHOLAS W WALKER  
**DOB Searched** 02/07/\*\*\*\*  
**SSN Searched** 417-21-\*\*\*\*  
**Search ID** 791030  
**Date Ordered** 07/18/2012  
**Date Completed** 07/18/2012  
**Status** complete

1 possible match was found.

*Walker*

<b>NICHOLAS WALKER</b> Date of Birth: UNKNOWN	
Jurisdiction: 43938 Gender: Unknown Additional Info: xmlns: <a href="http://www.tempuri.org/Criminal.xsd">http://www.tempuri.org/Criminal.xsd</a> Import Date: 06/28/2011 personid: MOAOC31302CM5280 recordtype: C	Race: Unknown  State: MO Match Criteria: Name COUNTY: Greene
<b>Case Number: 31302CM5280</b>	
<b>Snap Shot</b>	
File Date: 06/07/2002 Arresting Agency: SO GREENE COUNTY-SPRINGFIELD	Court: Circuit
Crime: <b>NO CHARGES LISTED</b> Disposition: <b>GUILTY PLEA</b> Citation Number: 1 Additional Info: Case Type: Criminal Judge Name: POWELL, MARK A Import Date: 06/27/2011	Reporting Database: Intellicorp Instant USA Criminal Disposition Date: 09/16/2002  CourtID: Circuit Case Notes: COURT LOCATION: GREENE

This search is a database search that culls the available data sources. This information is not all inclusive, and is a database search. NationSearch.com strongly encourages that the information found in this search, be

followed up with a county search using more targeted methods of verification. This search should not be used to solely determine eligibility of employment. NationSearch.com is not responsible for missing or unvalidated information found in these databases as these databases are maintained and managed from an outside vendor.

### **EPLS/LDP Search/BIS Denied Persons List**

---

**Name Searched** NICHOLAS W WALKER  
**DOB** 02/07/\*\*\*\*  
**SSN** 417-21-\*\*\*\*  
**Search ID** 790984  
**Date Ordered** 07/18/2012  
**Date Completed** 07/19/2012

#### **Results**

No record found using the EPLS/LDP/BIS/HUD database, using name(s) provided.

### **Banking Enforcement Search**

---

**Name Searched** NICHOLAS W WALKER  
**DOB** 02/07/\*\*\*\*  
**SSN** 417-21-\*\*\*\*  
**Search ID** 790989  
**Date Ordered** 07/18/2012  
**Date Completed** 07/19/2012

#### **Results**

A SEARCH WAS CONDUCTED NO RECORD FOUND, USING THE NAMES AND IDENTIFIERS PROVIDED USING THE FOLLOWING DATABASES: BOARD OF GOVERNORS FEDERAL RESERVE ENFORCEMENT, OFFICE OF THRIFT SUPERVISION, NCUA ADMINISTRATION ORDERS, FDIC ENFORCEMENT DECISIONS AND ORDERS, OCC ENFORCEMENT.

### **OFAC SDN**

---

**Name Searched** NICHOLAS W WALKER  
**DOB** 02/07/\*\*\*\*  
**SSN** 417-21-\*\*\*\*  
**Search ID** 790992  
**Date Ordered** 07/18/2012  
**Date Completed** 07/18/2012

#### **Results**

No Matches Found

### **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.

# nextSource

<b>Invoice</b>	1000127092
<b>Date</b>	7/19/2012
<b>Page</b>	1

**Bill To:**

Corporate Management Group Inc.  
 12000 N. Washington Street, Ste. 290  
 Thornton CO 80241

Purchase Order No.		Customer ID	Payment Terms	
W/E - 07/14/12		CMG0001	Net 30	
# of Hours		Description	Unit Price	Ext. Price
36.00	R. APODACA	Raymond Apodaca - Corporate Management Week Ending: 7/14/2012	\$16.12	\$580.32
40.00	T. BUSHEY	T. Bushey - Corporate Management Grp. Week Ending: 7/14/2012	\$16.86	\$674.40
8.00	T. BUSHEY O/T	T. Bushey - Corporate Management Grp. Week Ending: 7/14/2012	\$25.29	\$202.32
40.00	B. CARSON	Benjamin Carson - Corporate Management Week Ending: 7/14/2012	\$17.36	\$694.40
20.00	B. CARSON O/T	Benjamin Carson - Corporate Management Week Ending: 7/14/2012	\$26.04	\$520.80
36.00	AUDRA COOPER	Audra Cooper - Corporate Management Grp Week Ending: 7/14/2012	\$16.12	\$580.32
36.00	M. DESANTOS	Malaquias DeSantos - Corporate Management Week Ending: 7/14/2012	\$16.12	\$580.32
40.00	J. GARCIA	Jared Garcia - Corporate Management Grp. Week Ending: 7/14/2012	\$16.86	\$674.40
8.00	J. GARCIA O/T	Jared Garcia - Corporate Management Grp. Week Ending: 7/14/2012	\$25.29	\$202.32
36.00	RUBEN GARCIA	Ruben Garcia - Corporate Management Grp Week Ending: 7/14/2012	\$18.10	\$651.60
36.00	A. GONZALEZ	Aljandron Gonzalez - Corporate Management Week Ending: 7/14/2012	\$16.12	\$580.32
36.00	T. GREENFIELD	Tyler Greenfield - Corporate Management Week Ending: 7/14/2012	\$18.10	\$651.60
36.00	C. LAZARO	Carlos Lazaro - Corporate Management Grp Week Ending: 7/14/2012	\$16.12	\$580.32
40.00	B. MORET	Brandon Moret - Corporate Management Grp Week Ending: 7/14/2012	\$16.86	\$674.40
1.50	B. MORET O/T	Brandon Moret - Corporate Management Grp Week Ending: 7/14/2012	\$25.29	\$37.94
36.00	B. THOMPSON	Bryan Thompson - Corporate Management Week Ending: 7/14/2012	\$18.10	\$651.60
40.00	F. TOLEDO	Frank Toledo - Corporate Management Grp Week Ending: 7/14/2012	\$16.86	\$674.40

# nextSource

nextSource, Inc.  
 3 Park Avenue  
 15th Floor  
 NEW YORK NY 10016

Invoice	1000127092
Date	7/19/2012
Page	2

**Bill To:**

Corporate Management Group Inc.  
 12000 N. Washington Street, Ste. 290  
 Thornton CO 80241

Purchase Order No.	Customer ID	Payment Terms		
W/E - 07/14/12	CMG0001	Net 30		
# of Hours		Description	Unit Price	Ext. Price
8.00	F. TOLEDO O/T	Frank Toledo - Corporate Management Gr Week Ending: 7/14/2012	\$25.29	\$202.32
36.00	R. VALDEZ	Ryan Valdez - Corporate Management Grp. Week Ending: 7/14/2012	\$16.86	\$606.96

Remit To:  
 nextSource, Inc.  
 SRM  
 500 Seventh Avenue  
 P.O. Box 742 Midtown Station  
 New York, NY 10018  
 For Questions Contact 212-736-5870

Subtotal	\$10,021.06
Misc	\$0.00
Tax	\$0.00
Total	\$10,021.06

[Add To Favorites](#)

<b>Timesheet - Raymond Apodaca</b>							
<b>Client:</b> BASF Corporation 10601 Fulton Street Brighton, CO 80601 USA <b>Vendor:</b> Corporate Management Group 12000 N.Washington Street #290 Denver, CO 80241 USA				<b>Requisition # 7514 : Packager</b> Cost Center: US164790 Project Manager: Gina Kinnamon Start Date: 1/26/2012 End Date: 1/28/2013 Policy Type: Hourly OT Policy Type: Weekly over 40 hours Daily over 12 hours			
<b>Submitted:</b> 7/16/2012 2:25:35 PM							
Day:	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
Date:	7/8/2012	7/9/2012	7/10/2012	7/11/2012	7/12/2012	7/13/2012	7/14/2012
Time In	0AM	5:00AM	5:00AM	0AM	0AM	0AM	5:00AM
Time Out	0PM	5:30PM	5:30PM	0PM	0PM	0PM	5:30PM
Non Billable Time	0	0.5	0.5	0	0	0	0.5
Daily Total	0	12	12	0	0	0	12
Absence Reason	Other			Other		Other	
Cost Center:	0	12	12	0	0	0	12
US164790							
<b>Total Hours : 36</b> <b>Total Regular Rate Hours : 36</b> <b>Total OT Rate Hours : 0</b> <b>Total Billable Days : 3</b> <b>Total Sick Days : 0</b> <b>Total Personal Days : 0</b> <b>Total Vacation Days : 0</b> <b>Total Other Days : 4</b>							
<u>Comments to Date</u>				<u>Approval History</u>			
Decision Date				Decision		Approver	
7/16/2012				Approved		Gina Kinnamon	
2:39:08 PM							
Manager							
Signature: _____							