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:	First Name:	M.I.	Preferred Name:
Metz	William	J	

Street Address	City	State	Zip
201 S. 2nd Ave	Brighton	Co	80601

How long at this address?	Social Security #:	Date of Birth:
5 1/2	502-84-8892	

Home Phone:	Alternate Phone:	Email Address:
970-556-9026	720-877-4020	

Have you ever been convicted of a Misdemeanor?	Have you ever been convicted of a Felony?
If Yes, please provide a brief explanation:	If Yes, please provide a brief explanation:
☒ D.V. Divorce	☐ NO

Position Applying For:	Salary Requested	How were you notified of our openings?
BASF		craigs List

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				
Trade / Vocational School				
College / University	IOWA	yes	yes	Public Admin

Employment History

Employer	Supervisor	Start Date	End Date	Position / Title:	Reason for Leaving:
UPS	JJ Williams	2000	2005	Supervisor	Economy
AP Construction	Steve Krall	2005	2011	Labor	" "

Emergency Contact:

Name	Relationship	City, State	Contact #:	Alternate #:
Donna Jimenez	Wife	Brighton	(___)___-____	(___)___-____
			(___)___-____	(___)___-____

Applicant's Certification (*Please read carefully before signing*)

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

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

X _____	8-9-17
Applicant Signature	Date

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Employee Information Form

First Name: William Middle Initial: J

Last Name: Metz

Name (Preferred to be called):

Address: 201 S. 2nd Ave APT #

City: Brighton State: Co Zip: 80601

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

Home Phone: ( ) Work: ( )

Cell Phone: (970) 556-9026 Fax Number: ( )

Social Security #: 502-84-8892 Date of Birth: 7-16-73

Work Email Address:

Home Email Address:

Disability: ☐ Yes ☐ No Veteran: ☐ Yes ☐ No

☐ Asian	☐ African American	☐ American Indian	☐ Hispanic	☒ White	☐ Other

Emergency Contact

Name: Donna Jimenez

Relationship: Wife

Address: 201 S. 2nd Ave

City: Brighton State: Co Zip: 80601

Home Phone: (720) 877-4020 Work: ( )

Second Emergency Contact

Name:

Relationship:

Address:

City: State: Zip:

Home Phone: ( ) Work: ( )

Employee Signature: **Date:**

OMB No. 1615-0047; Expires 08/31/12

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	First	Middle Initial	Maiden Name
Mc[illegible]	William	J	
Address *(Street Name and Number)*		Apt. #	Date of Birth *(month/day/year)*
201 S. 2nd Ave			8-9-12
City	State	Zip Code	Social Security #
Brighton	Co	80601	502-84-8892

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):

- [x] 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: William J Mc[illegible] Date *(month/day/year)*: 8-11-12

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

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

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

List A	OR	List B	AND	List C
Document title:		Drivers License		Soc Sec Card
Issuing authority:		CO		SS Admin
Document #:		94-077-2228		502-84-8892
Expiration Date *(if any)*:		7-16-2016		
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)* 8-9-12 **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	Print Name	Title
[signature]	Tina Kool	Account Manager
Business or Organization Name and Address *(Street Name and Number, City, State, Zip Code)*		Date *(month/day/year)*

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

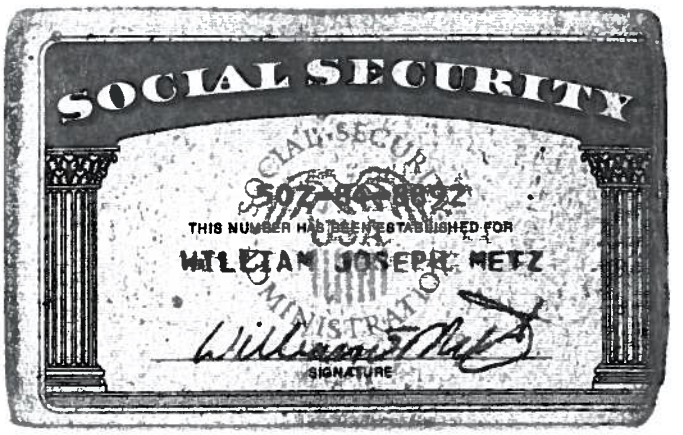
A. New Name *(if applicable)*	B. Date of Rehire *(month/day/year) (if applicable)*

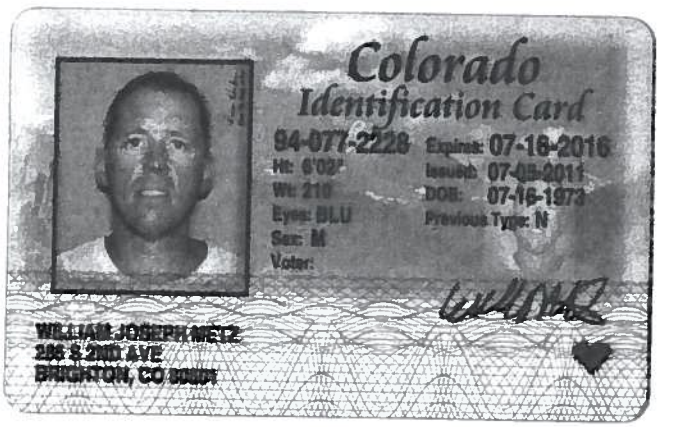
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date *(if any)*: _____

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

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


SOCIAL SECURITY
THIS NUMBER HAS BEEN ESTABLISHED FOR
WILLIAM JOSEPH METZ
SIGNATURE


Colorado
Identification Card
94-077-2228
Ht: 6'02"
Wt: 210
Eyes: BLU
Sex: M
Voter:
Expires: 07-16-2016
Issued: 07-05-2011
DOB: 07-16-1973
Previous Type: N
WILLIAM JOSEPH METZ
286 S 2ND AVE
BRIGHTON, CO 80601

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Direct Deposit Application

First Name: William Metz Middle Initial: J Last Name: Metz

Social Security #: 502-84-8892 Employer: Managed Staffing

Bank Name: TCF Bank

Account Disbursement

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

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

☐ Savings Account - I wish to deposit how much of your Net Pay_____

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

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

Please Tape Voided Check in this space

or

A letter from your bank stating the routing and account number

Hand written information will not be accepted for direct deposit

I 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: _____ **Date:** 8-8-12

Form W-4 (2011)

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

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

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

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for **yourself** if no one else can claim you as a dependent	A ____
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.	B ____
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. • 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.) ▶	H ____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $40,000 ($10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **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.**

OMB No. 1545-0074
2011

1 Type or print your first name and middle initial.	Last name	2 Your social security number
William J	Metz	502-84-8892

Home address (number and street or rural route)
201 S. 2nd Ave

City or town, state, and ZIP code
Brighton Co. 80601

3 ☐ Single ☐ Married ☐ 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.** ▶ ☐

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 $ 0
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 Exempt

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.) ▶ William Metz **Date** ▶ 8-12-12

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

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Handbook Acknowledgement Form

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

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

Employees Signature

William S Metz

Printed Name

8-8-12

Date

managed|Staffing

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.

William J Metz
Name Print Only

William J Metz
Signature

8-8-12
Date

Equipment Description

managed|Staffing

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 to 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 looses all visibly and can't be held responsible for delays.
10. If you need to make changes to your direct deposit a new direct deposit form must be fill out and sent into Human Resources.

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

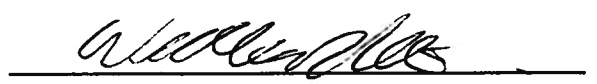
When timelines are not met it can affect several areas including your pay check.

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

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

William S Metz

Print your name



Your signature

8-8-12

Date

Form **8850**
(Rev. August 2009)
Department of the Treasury
Internal Revenue Service

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

▶ See separate instructions.

OMB No. 1545-1500

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

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number ( ) -

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

1 ☐ Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.

2 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

3 ☐ Check here if **any** of the following statements apply to you.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least age 18 but **not** age 40 or older and I am a member of a family that:
  - **a** Received SNAP benefits (food stamps) for the past 6 months, **or**
  - **b** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
- During the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and,** for at least 4 weeks during the past year, I received unemployment compensation.
- I am at least age 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 ▶ **Date** / /

For Employer's Use Only

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

Street address 15770 Dallas Parkway, Suite 800

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

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

Street address 2279 Eagle Glen Pkwy. # 112-217

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

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

Date applicant:

Gave information / / Was offered job / / Was hired / / Started job / /

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job

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

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

Employer's signature ▶ **Title** **Date** / /

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

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

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

WOTC Questionnaire

Work Opportunity Tax Credit

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

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

Applicant's Name Metz (Last Name) William (First Name) J (Middle Initial)

Government Identification Number: _____

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

Please answer YES or NO to the following questions:

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

	YES	NO
6. Are you a member of a family that received Temporary Assistance to Needy Families (TANF) for at least the last 18 months?	☐	☐
OR, are you a member of a family that received TANF benefits for any 18 months beginning after August 5, 1997?	☐	☐
OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time for payments?	☐	☐
Are you a member of a family that received TANF assistance for any 9 months during the 18-month period before you were hired?	☐	☐
If **YES**, please provide name of recipient: _____ City/State where benefits were received: _____		
7. In the past year have you been convicted of a felony or released from prison?	☐	☐
If **YES**, date of conviction: _____ and date of release: _____		
Was this a Federal or a State conviction? _____		
8. Do you live, and plan to continue living, in an Empowerment Zone or Renewal Community?	☐	☐
9. Did you receive Supplemental Security Income (SSI) benefits for any month ending within the last 60 days?	☐	☐
10. Are you an unemployed Veteran who served on active duty in the Armed Forces of the United States for a period of more than 180 days?	☐	☐
Were you discharged or released from active duty in the Armed Forces for a service-connected disability?	☐	☐
Were you discharged or released from active duty in the Armed Forces at any time during the last 5 years?	☐	☐
Did you receive unemployment compensation for at least four weeks during the past year?	☐	☐
11. Are you at least age 16 but under the age of 25?	☐	☐
If **YES**, were you not regularly employed during the last 6 months?	☐	☐
If **YES**, were you not employable because you lacked basic skills?	☐	☐
If **YES**, did you not regularly attend secondary, technical, or post-secondary school?	☐	☐

I certify that the information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification. I authorize any individual, organization, or agency to supply information or verification needed to determine tax credit eligibility to my employer.

Will Clem
Signature

8-8-12
Date

The Trustees of

Upper Iowa University

on the recommendation of the Faculty have conferred upon

William Joseph Metz

The Degree of

Bachelor of Science

With all the Honors, Rights and Privileges
appertaining to that degree

Given this twenty-third day of December in the year two thousand
in the Town of Fayette, in the State of Iowa.

Witness the Seal of the Corporation and the signatures of the President of the College and Secretary of the Board of Trustees hereunto affixed.

William R. Cook
Secretary

Ralph Sheffey
President

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

AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

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

_____.

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

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

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

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

William J Mata
Applicant Signature

9-9-12
Date

Other Names Used: _____

Social Security Number	502-84-[illegible]
Date of Birth: To be used for screening purposes only	7-16-73
Drivers License number : State of Issue:	94077 2228

Street Address	City	State	Zip Code
201 S. 2nd Ave	Brighton	Co	80601

Revised 2/22/2011

2nd FL

P. O. Box 1246, Brighton, CO 80601
Mobile 970.556.9026 • metzwlliam38@rocketmail.com
720-877-4020

William Metz

Qualifications

- Successfully completed the operator safety training course for Power Industrial Lift trucks in accordance with 29 CFR 1910.178.
- 10 years of shipping and receiving experience.
- Loading and unloading tractor trailers and rail cars
- Efficient operation of warehouse forklifts, all terrain forklift, pallet jacks, and scissor lifts.

Employment

2005-2011 *Warehouse Supervisor* *A.P. Construction,* Brighton, CO

- Loading and unloading of flat bed trucks, strait trucks, and railcars with forklifts.
- Pull and restock product with forklifts.
- Handle all shipping and receiving issues.

2000-2005 *Hub Supervisor,* *UPS* Des Moines, IA

- Oversee all warehouse operations.
- Shipping and receiving.
- Ensure safety procedures where active.

Education

1998-2002 Upper Iowa University Des Moines, IA

- Associates in Fire Science
- Bachelor's in Public Administration

Certifications

- First Aid/CPR
- Operator's safety training course for powered industrial lift trucks.

BASF Corporation
Isocyanates Medical Surveillance – Health Professional

Category II and III Conditions

CONDITION

Category II

Acute Bronchitis no

Recurrent Eczema or Dermatitis* no

Shortness of Breath no

Pneumoconiosis no

Pulmonary Fibrosis no

"Smoker's Cough" no

Pulmonary Tuberculosis no

Category III

Current or Active

Asthma no

Chronic Bronchitis(2 tabs sputum production per day, over a three month period) no

Byssinosis no

Allergy to Isocyanate containing compounds
(e.g. glue, epoxy, paint) no

* If the worker has a skin condition with open wounds that would increase dermal absorption, he/she should be considered as having a Category III condition.

No Restriction

BASF Corporation
Isocyanates Medical Surveillance – Health Professional

Respiratory Symptom Questionnaire

8.8.12
Date of Examination

William Metz
Employee's Name (Print)

Location

502-84-8892
Employee's Social Security Number

Please check the single best answer to each question

During the past four weeks:

	Yes	No
1.1. Has your chest felt tight or your breathing become difficult?	☐	☒
1.2. Has your chest sounded wheezing or whistling?	☐	☒
1.3. Have you had a persistent or regular cough?	☐	☒
1.4. Have you developed a new skin rash?	☐	☒

If yes to any of the above, please answer the following questions:

2.1 If you run, or climb stairs fast do you

2.1.1.	cough?	☐	☒
2.1.2.	wheeze?	☐	☒
2.1.3.	get tight in the chest?	☐	☒

2.2 Is your sleep broken by

2.2.1.	wheeze?	☐	☒
2.2.2.	difficulty with breathing?	☐	☒

2.3 Do you wake up in the morning (or from sleep, if a shift worker) with

2.3.1.	wheeze?	☐	☒
2.3.2.	difficulty with breathing?	☐	☒

2.4 Do you wheeze

2.4.1.	if you are in a smoky room?	☐	☒
2.4.2.	if you are in a very dusty place?	☐	☒

3.1 What happens to this on weekends? ☐ better ☒ same ☐ worse

3.2 What happens to this on holidays of 4 days or more? ☐ better ☐ same ☐ worse

3.3 Does this occur with exposure to a particular substance or process? Please describe.

N/A.

Vision

R – 20/20 L – 20/20 B – 20/20