

**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:		Name (Last, First, Middle): <b>DE SOUZA HEBERTO GHISLAIN</b>		Other names under which you have attended school or been employed:  <b>N/A</b>	
		City, State & Zip: <b>NORTHGLENN, CO 80233</b>			
Social Security Number: <b>841 59 53 50</b>		Home Phone:		Cell Phone: <b>720 275 28 85</b>	
				Email: <b>desouzaheberto@yahoo.com</b>	
Are you eligible to work in the United States? <small>We participate in the E-Verify program.</small>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are you applying for:		<input checked="" type="checkbox"/> F/T <input 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 checked="" 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: <b>Jean - Mermoz</b>	<b>(Abidjan) Ivory Coast.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>07 / 1995</b>	<b>Baccalaureate</b>	<b>Economy</b>
College: <b>ISIAM</b>	<b>(AGADIR) MORROCO</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>01 / 2000</b>	<b>BACHELOR</b>	<b>MARKETING</b>
Collegc:		<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)

MICROSOFT OFFICE SUITE (EXPERT).
PHOTOSHOP (INTERMEDIATE).

**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: 2006 To 2008	<input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title: BACK OFFICE OPERATIONS MANAGER.
Organization Name: INTERNATIONAL BANK OF BENIN.		
Supervisor's Name & Title BOKO BEATRICE. (BRANCH MANAGER)	Phone #:	
Primary duties: - CERTIFY CHECKS - TRANSFERS (WIRE) - MONEY TRANSFER	- REPORT ACCOUNT FOR COLLECTION	Reason for Leaving: COMING TO USA.

Dates Employed (most recent position) From: 2002 To 2006	<input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title: CFO ASSISTANT.
Organization Name: INTERNATIONAL BANK OF BENIN		
Supervisor's Name & Title SALIOU I GUE (CFO)	Phone #:	
Primary duties: - IN CHARGE OF FLEET - " OF IT STOCK	- IN CHARGE OF ADMIN ASSETS - " " STATISTICS.	Reason for Leaving: TRANSFERED TO BRANCH.

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:	

**ALL OFFERS OF EMPLOYMENT ARE CONDITIONAL UPON SATISFACTORY PROOF OF IDENTITY AND LEGAL ABILITY TO WORK IN THE U.S**

I authorize Nationsearch Staffing Solutions and Corporate Management Group; herein after know as NSS/CMG, to use the information and statements contained in this application to determine my qualifications for employment. I authorize NSS/CMG to make inquiries of my former employers, exception as indicated in this application regarding my previous duties, responsibilities, performance, compensation, and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of NSS/CMG. This may include but is not limited to investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by NSS/CMG policies.

I release NSS/CMG and other persons or entities from any claims that might be based on NSS/CMG decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures on NSS/CMG and the client to which I am placed.

Applicant Signature: \_\_\_\_\_

Date: 04/27/2012

Printed Name: HEBERTO DE SOUZA

# 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 \$160,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent.	<b>A</b>	<u>0</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>0</u>
<b>C</b>	Enter "1" for your <b>spouse</b> . 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 <b>dependents</b> (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 <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above).	<b>E</b>	<u>0</u>
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> 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" <b>additional</b> 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.)	<b>H</b>	<u>0</u>

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 \$10,000 (\$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.

<b>Form 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: 5px 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="font-size: 2em; margin: 0;">2011</h1>
<b>1</b> Type or print your first name and middle initial: <u>HEBERTO G</u> Last name: <u>DE SOUZA</u>		<b>2</b> Your social security number: <u>841-59-5350</u>
Home address (number and street or rural route): <u>11501 WASHINGTON ST # 325</u> City or town, state, and ZIP code: <u>NORTHGLENN CO 80233</u>		<b>3</b> <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
<b>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2): <u>0</u>		<b>4</b> 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"/>
<b>6</b> Additional amount, if any, you want withheld from each paycheck: <u>\$</u>		<b>7</b> I claim exemption from withholding for 2011, and I certify that I meet <b>both</b> of the following conditions for exemption: <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability and</li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here. ▶
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, its true, correct, and complete.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶ <u>[Signature]</u>		Date ▶ <u>08/31/2012</u>
<b>8</b> Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.): <u>CMG 12000 N. Washington St #290, Montrose, CO 80241</u>		<b>9</b> One code (optional): _____ <b>10</b> Employer identification number (EIN): _____

**IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION**

Name: HEBERTO DE SOUZA

Address: 11501 WASHINGTON ST # 325 NORTHGLENN, CO 80233

Home Phone: 720 275 2885

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

1. Name: ASSIONGBON ABLAVI GEORGETTE

Phone (work): \_\_\_\_\_

Phone (home): 720 561 9512

2. Name: HANS DE SOUZA

Phone (work): 303-

Phone (home): 303-931 8359

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

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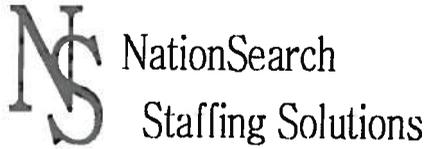
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11160 Huron St., #100, Northglenn, CO  
Toll Free 800-827-9550  
www.NationSearchStaffingSolutions.com

## 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.

04/27/2012 / 08/22/2012.

Date

A handwritten signature in black ink, appearing to read 'J. DeBora', is written over a horizontal line.

Employee

# 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: HEBERTO DE SOUZA .

Date: 04/21/2012 . / 06-22-2012 .

## 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: \_\_\_\_\_

04/27/2012 / 08-22-2012

**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.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

USSS/CMPA

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, HERERIO DE SOUZA, 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) USSS/CMPA.

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

04/21/2012 / 08-22-2012  
 Date

Other Names Used:

N/A

Social Security Number	<input checked="" type="checkbox"/> 841 59 5350
Date of Birth: To be used for screening purposes only	<input checked="" type="checkbox"/> 07/02/1975
Motor Vehicle Drivers License Number and State of Issue	<input checked="" type="checkbox"/> 09-147-0374 COLORADO

Street Address	City	State	Zip Code
<input checked="" type="checkbox"/> 11501 WASHINGTON ST # 325	<input checked="" type="checkbox"/> NORTHGLENN	<input checked="" type="checkbox"/> CO	<input checked="" type="checkbox"/> 80233



Dr. James Ruth, DABFT, Lab Director

www.forensiclaboratories.com

Client Name: Heberto DeSouza

DOB: 7/2/1975

Specimen: 4418820

Reference: 068223

Requested By:

Agency: NationSearch Staffing Solutions

Test Reason: Pre-Employment

Type (Matrix): Urine

Collected By: R. Hendricks

Collected: 08/23/2012 11:25 AM

Received: 08/23/2012 12:31 PM

Reported: 08/25/2012 07:00 AM

MEDICATIONS:

INITIAL SCREENING RESULTS

Table with 6 columns: TEST, RESULT, OUTCOME, METHOD, CUTOFF, CERTIFIED. Rows include Amphetamine Screen, Barbiturates Screen, Benzodiazepines Screen, Cocaine Metabolite Screen, Opiates Screen, Methadone Screen, Phencyclidine Screen, Cannabinoids Screen, Ethanol Screen, Propoxyphene Screen.

VALIDITY TESTING

Table with 6 columns: TEST, RESULT, OUTCOME, METHOD, CUTOFF, CERTIFIED. Row: Creatinine, 348.6 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.



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

Dr. James Ruth, DABFT, Lab Director

www.forensiclaboratories.com

**Client Name:** Heberto G DeSouza

**DOB:** 7/2/1975

**Specimen:** 4251580

**Reference:** 058985

**Requested By:**

**Agency:** NationSearch Staffing Solutions

**Test Reason:** Pre-Employment

**Type (Matrix):** Urine

**Collected By:** S. Miller

**Collected:** 04/30/2012 03:30 PM

**Received:** 04/30/2012 04:11 PM

**Reported:** 05/03/2012 10:00 AM

**MEDICATIONS:**

**INITIAL SCREENING RESULTS**

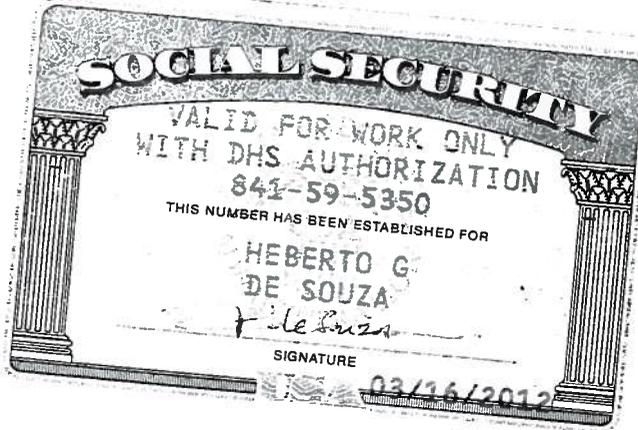
TEST	RESULT	OUTCOME	METHOD	CUTOFF	CERTIFIED
Amphetamine Screen		NOT DETECTED	EIA	1000 ng/mL	J. Bergherm
Barbiturates Screen		NOT DETECTED	EIA	200 ng/mL	J. Bergherm
Benzodiazepines Screen		NOT DETECTED	EIA	200 ng/mL	J. Bergherm
Cocaine Metabolite Screen		NOT DETECTED	EIA	300 ng/mL	J. Bergherm
Opiates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

**VALIDITY TESTING**

TEST	RESULT	OUTCOME	METHOD	CUTOFF	CERTIFIED
Creatinine	379.0 mg/dL	IN RANGE	EIA	20 - 400 mg/dL	J. Bergherm

**Comments**

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



UNITED STATES OF AMERICA EMPLOYMENT AUTHORIZATION CARD

DE SOUZA HEBERTO G 02 JUL 1975



Surname DE SOUZA  
Given Name HEBERTO G  
USCIS# 203-372-635  
Country of Birth Cote D'Ivoire  
Category Card# C09 MSC1290217772  
Terms and Conditions None  
Date of Birth 02 JUL 1975 Sex M  
Valid From: 02/10/12  
Card Expires: 02/09/13  
NOT VALID FOR REENTRY TO U.S.

**SENSITIVE BUT UNCLASSIFIED**

Department of Homeland Security  
E-Verify

Report Prepared: 08/23/2012  
Page: 1 of 1

Case Verification Number: 2012236094252XD

**Case Information:****Employee Information:**

Last Name:	Desouza	First Name:	Heberb
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 5350	Date of Birth:	07/02/1975
Citizenship Status:	An alien authorized to work		

**Document Information:**

List B Document:	ID card issued by a U.S. federal, state or local government agency	List C Document:	Social Security Card
Alien Number:	203372635	I-94 Number:	

**Additional Information:**

Hire Date:	08/23/2012	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CKRO8757	Submitted On:	08/23/2012

**Initial Case Result:**

Last Name (in DHS records):	DE SOUZA	First Name (in DHS records):	HEBERTO
Case Result:	Employment Authorized		

**Employee Referred to SSA:**

Referred By:	Referred On:
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**Case Result from SSA (after SSA Tentative Nonconfirmation):**

Case Result:	Response Date:
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**Resubmitted to SSA (after Review and Update Employee Data):**

Last Name:	First Name:
Middle Initial:	Maiden Name:
Social Security Number:	Date of Birth:
Resubmitted By:	Resubmitted On:

**Case Result from SSA (after Resubmission):**

Case Result:
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**Request Name Review:**

Comments:	
Submitted By:	Submitted On:

**Case Result from DHS (after DHS Verification in Process):**

Case Result:	Response Date:
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**Employee Referred to DHS:**

Referred By:	Referred On:
--------------	--------------

**Case Result from DHS (after DHS Tentative Nonconfirmation):**

Case Result:	Response Date:
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**Photo Matching Results:**

Determination:
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**Employee Referred to DHS (Additional):**

Referred By:	Referred On:
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**Case Result from DHS (after Additional DHS Tentative Nonconfirmation):**

Case Result:

Response Date:

**Case Closure:**

Closure Statement:

Closed By:

Closed On:

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**SENSITIVE BUT UNCLASSIFIED**

# Form W-4 (2011)

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

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

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

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

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

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

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

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

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

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

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

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

## Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	A	<u>0</u>
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	<u>0</u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	C	<u>0</u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	D	<u>0</u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	E	<u>0</u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	F	<u>0</u>
G	<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>	G	<u>0</u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ For accuracy, complete all worksheets that apply. <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 <b>Deductions and Adjustments Worksheet</b> 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 <b>Two-Earners/Multiple Jobs Worksheet</b> 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>	H	<u>0</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>Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="font-size: 2em;">2011</h1>
1 Type or print your first name and middle initial Last name <u>HEBERTO G DE SOUZA</u>		2 Your social security number <u>841-59-5350</u>
Home address (number and street or rural route) <u>11501 WASHINGTON ST # 325</u> City or town, state, and ZIP code <u>NORTHGLENN CO 80233</u>		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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) <u>0</u> 6 Additional amount, if any, you want withheld from each paycheck \$ <u>0</u> 7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶ <input type="checkbox"/>
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.) ▶ <u>[Signature]</u>		Date ▶ <u>08/24/2012</u>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) <u>CMG 12000 N. Washington St. #210, Morrison, CO 80241</u>		9 Office code (optional) 10 Employer identification number (EIN)

✓  
\$14.00 - 15.00  
✓ 12.00

\$11501 Wash #325

3yr -

# HEBERTO de SOUZA

720 275 2885  
desouzaheberto@yahoo.com

9:30

1:00 PM

## PROFESSIONAL EXPERIENCE

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**BIBE (BANK INTERNATIONAL OF BENIN)**  
*CFO Assistant*

**COTONOU, BENIN**  
*July 2002 - May 2006*

- Plan, administer and control budgets for contracts, equipment and supplies.
- Monitor the facility to ensure that it remains safe, secure, and well-maintained.
- Establish and maintain relationships with customers, and provide assistance with problems these customers may encounter.
- Management of fleet, assets' stocks and administrative department's statistics

*Back Office Operations Manager in Branch*

*June 2006 - April 2008*

- Submit delinquent accounts to attorneys or outside agencies for collection.
- In charge of certified checks
- In charge of money transfers (MoneyGram)
- In charge of wire transfers.

*Cote d'Ivoire*

*Checks / Transfer*

## EDUCATION

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**I.S.I.A.M. (ADVANCED INSTITUTE OF APPLIED COMPUTER SCIENCE)**  
*BACHELOR in Business Management, July 2000*

**AGADIR, MOROCCO**

**LYCEE INTERNATIONAL JEAN-MERMOZ**  
*Baccalaureate, September 1975*

**ABIDJAN, COTE D'IVOIRE**

## ADDITIONAL SKILLS

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- Proficient in written and spoken French.
- Extensive experience with Microsoft Office and Internet.

*Proficient in Microsoft*

*US - Study →*

## Final Mod Position

The Final MOD primary function is to make sure that all Chase Final Documents have been QC'd and countersigned correctly and within the parameters provided. It is imperative that we stay within the SLA (per contract). Additionally, the position will require the availability to scan using the SRT so that the department can complete their daily goals.

### Duties:

- Perform Quality Control and Countersign functions on Final Modification documents, both manual process and processing.
- Process and Track QC and Countersign Modification documents using internal software.
- Ability to perform various tasks and maintain process timeline to meet SLA's.
- Scanning Final Modification documents.
- Audit previously processed documents for accuracy.
- Perform related duties as requested.
- Knowledgeable of different computer systems

### Qualifications:

Minimum of 1 years experience in the Mortgage lending environment would be helpful. Excellent oral and written communication skills. Should possess knowledge of banking/lending industry documentation, strong sense of urgency with a proactive approach to problem solving. Final Mod position also requires a high level of attention to detail. Candidates should be proficient in Microsoft Word, Microsoft Outlook, Excel and Computer formats (i.e. PDF, JPG etc) High School Graduate or equivalent a must.

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

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name Last <u>DeSouza</u>	First <u>Heberto</u>	Middle Initial <u>Te</u>	Maiden Name
Address (Street Name and Number) <u>11 501 Washington #325</u>		Apt #	Date of Birth (month/day/year) <u>7/2/75</u>
City <u>Northglenn</u>	State <u>CO</u>	Zip Code <u>80233</u>	Social Security # <u>841 59 5350</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature [Signature] Date (month/day/year) [Date]

**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: <u>US Emp Authoriz Card</u>				<u>05 55 Card</u>
Issuing authority: <u>US</u>				<u>841-59 5350</u>
Document #: <u>M5C12890217772</u>				<u>work only</u>
Expiration Date (if any): <u>2/9/13</u>				
Document #: <u>M5C15-203372435-109</u>				
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) <u>CMG 12600 N. WASHINGTON ST. #29D, THORNTON, CO 80241</u>		Date (month/day/year)

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

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

Document Title	Document #	Expiration Date (if any)
----------------	------------	--------------------------

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)
--	-----------------------



### Authorization of Direct Deposit

The undersigned (hereafter referred to as the "employee") hereby authorizes and requests PAYCOM to make deposits from time to time in the account(s) identified below and authorizes the bank to accept such deposits. It is agreed that these deposits may be made electronically and under the Rules of the National Automated Clearing House Association. It is agreed that PAYCOM is only responsible for direct deposit of funds that have previously been received from \_\_\_\_\_ hereafter referred to as the "employer".

Attach a voided check, copy of a check, or spec sheet for each account. Indicate whether it is a checking or savings account. (No deposit slips)

1. Call your bank and confirm the ACH Routing Number(s) and Account numbers for Checking and/or Savings
2. Complete and Sign the form

Main Account (Net Pay) - Checking or Savings Account (circle one)

Acct # 962419404

ACH Routing # 1101210101101171

Bank Name CHASE

Additional Account - Checking or Savings Account (circle one)

Acct # \_\_\_\_\_ Dollar Amount \_\_\_\_\_

ACH Routing # 1111111111

Bank Name \_\_\_\_\_

Additional Account - Checking or Savings Account (circle one)

Acct # \_\_\_\_\_ Dollar Amount \_\_\_\_\_

ACH Routing # 1111111111

Bank Name \_\_\_\_\_

Additional Account - Checking or Savings Account (circle one)

Acct # \_\_\_\_\_ Dollar Amount \_\_\_\_\_

ACH Routing # 1111111111

Bank Name \_\_\_\_\_

Additional Account - Checking or Savings Account (circle one)

Acct # \_\_\_\_\_ Dollar Amount \_\_\_\_\_

ACH Routing # 1111111111

Bank Name \_\_\_\_\_

Employee Name HERBERTO DE SOUZA SS# 841 159 13350

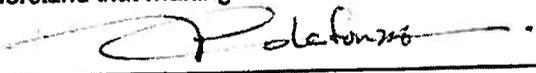
Address 11501 WASHINGTON ST # 525 City NORTHGLENN State CO Zip 80235

Employee Signature [Signature]

**EMPLOYEE INFORMATION** (Must Be Filled Out) **ENROLLMENT FORM - PLAN 2** USE BLACK or BLUE INK ONLY

Social Security Number   
 Date of Birth  Sex  M  F  
 Name HEBERTO G. DE SOUZA  
 Street Address 11501 WASHINGTON ST # 325  
 City NORTHGLENN State  Zip   
 Home Phone

Do you or any dependents have Medicare?  
 Yes  No If Yes:  
 Medicare Health Insurance Claim Number (HICN)  
 \_\_\_\_\_  
 Medicare Effective Date //  
 Names of Covered Person(s)  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no medical selection is a declination of coverage.  
 Signature  Date

- You MUST enroll in the Medical Insurance Plan before adding any additional benefits.
- Your coverage level for the additional benefits will be identical to your medical plan selection.

**BENEFIT SELECTION** Weekly Rates

**MEDICAL**

\$23.69 Employee Only  
 \$48.08 Employee + 1  
 \$64.20 Employee + Family  
 NO to all benefits.  
*If checked, stop! Go no further.*

**DENTAL**

YES \$5.23 Employee Only  
 \$10.46 Employee + 1  
 NO \$17.26 Employee + Family

**VISION**

YES \$2.35 Employee Only  
 \$4.00 Employee + 1  
 NO \$5.64 Employee + Family

**TERM LIFE**

YES \$0.60 Employee Only  
 \$0.90 Employee + 1  
 NO \$1.80 Employee + Family

**SHORT-TERM DISABILITY**

YES \$4.20 Employee Only  
 NO

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

**REQUIRED DEPENDENT INFORMATION**

Name ASSIONGBON ABLAVI G.  
 Social Security Number   
 Date of Birth  Sex  M  F  
 Relationship:  Spouse  Domestic Partner  Child

Name \_\_\_\_\_  
 Social Security Number --  
 Date of Birth // Sex  M  F  
 Relationship:  Spouse  Domestic Partner  Child

Name \_\_\_\_\_  
 Social Security Number --  
 Date of Birth // Sex  M  F  
 Relationship:  Spouse  Domestic Partner  Child

Name \_\_\_\_\_  
 Social Security Number --  
 Date of Birth // Sex  M  F  
 Relationship:  Spouse  Domestic Partner  Child

**BENEFICIARY INFORMATION**

For Term Life \ Accidental Loss of Life, Limb & Sight, please write in your beneficiary information.

NAME OF BENEFICIARY ASSIONGBON ABLAVI G.  
 RELATIONSHIP SPOUSE.

Accidental Loss of Life, Limb & Sight is part of the Medical Benefit.

**ABLAVI G. ASSIONGBON**  
**HEBERTO DE SOUZA**  
11501 WASHINGTON ST., APT. 325  
NORTHGLENN, CO 80233-1917

23-10127  
1020

1061

DATE

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www.Chase.com

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982469404⑈ 1061