

managed Staffing

Employee Information Form

First Name: Brandon Middle Initial: L

Last Name: Fabrizio

Name (Preferred to be called): Brandon

Address: 12505 Dexter St APT # _____

City: Thornton State: CO Zip: 80241

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

Home Phone: (720) 366-7641 Work: (_____)

Cell Phone: (_____) ↓ Fax Number: (_____)

Social Security #: 601-23-1071 Date of Birth: 9/11/91

Work Email Address: _____

Home Email Address: Bweery22222@gmail.com

Disability: Yes No Veteran: Yes No

Asian African American American Indian Hispanic White Other

Emergency Contact

Name: Tony Fabrizio

Relationship: Father

Address: 12505 Dexter St

City: Thornton State: CO Zip: 80241

Home Phone: (303) 451-8491 Work: (303) 717-2085

Second Emergency Contact

Name: Anissa Fabrizio

Relationship: step mom

Address: 12505 Dexter St.

City: Thornton State: CO Zip: 80241

Home Phone: (303) 451-8491 Work: (303) 358-2552

Employee Signature: [Signature] Date: 9/11/12

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 <u>Fabrizio</u> | First <u>Brandon</u> | Middle Initial <u>L</u> | Maiden Name |
| Address (Street Name and Number) <u>12505 Dexter St</u> | | Apt. # | Date of Birth (month/day/year) <u>9/11/1991</u> |
| City <u>Thornton</u> | State <u>CO</u> | Zip Code <u>80241</u> | Social Security # <u>601-23-1071</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

[Handwritten Signature]

Date (month/day/year)

9/11/2012

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

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

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

| List A | OR | List B | AND | List C |
|---------------------------------|----|------------------------|-----|-----------------------------|
| Document title: _____ | OR | <u>Drivers License</u> | | <u>cert of vital Record</u> |
| Issuing authority: _____ | | <u>CO</u> | | <u>State of AZ</u> |
| Document #: _____ | | <u>07-086-0739</u> | | <u>102-91-046991</u> |
| Expiration Date (if any): _____ | | <u>10-1-2012</u> | | |
| Document #: _____ | | | | |
| Expiration Date (if any): _____ | | | | |

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 9-14-12 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

[Handwritten Signature]

Tina Krol

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)

Colorado
Driver License

07-086-0735 Expires: 10-01-2012
Issued: 01-13-2010

BRANDON LEONARD FARRIDO
12506 DEXTER ST
THORNTON, CO 80241

UNDER 21
DOB: 09-11-1991



Class: B
Previous Type: M
End:
Rest:
Ht: 5'01"
Wt: 175
Sex: M
Eyes: HAZ
Voter:

Brandon Farrido

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA
Certified Copy of Vital Record

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF LIVE BIRTH

BIRTH NO.
B 102-91-046991

| | | | | | |
|--|--|---|--|--|--|
| CHILD'S NAME A. FIRST BRANDON | | B. MIDDLE LEONARD | C. LAST FABRIZIO | | |
| SEX Male | PLURALITY (SINGLE, TWIN, TRIPLET, ETC.) SINGLE | 3B. IF MULTIPLE BIRTH (BORN FIRST, SECOND, ETC.) | | DATE OF BIRTH - (MONTH, DAY, YEAR) September 11, 1991 | |
| 4B. HOUR OF BIRTH 7:11 AM | | A.M. P.M. | 5. PLACE OF BIRTH A. COUNTY Maricopa | | |
| 6C. PLACE OF BIRTH <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> FREESTANDING BIRTHING CENTER <input type="checkbox"/> RESIDENCE <input type="checkbox"/> CLINIC/DOCTOR'S OFFICE <input type="checkbox"/> OTHER (SPECIFY) | | | D. FACILITY NAME (IF NOT INSTITUTION GIVE STREET AND NUMBER) Scottsdale Memorial Hospital-Osborn | | |
| FATHER'S NAME A. FIRST ANTHONY | | B. MIDDLE LEE | C. LAST FABRIZIO | DATE OF BIRTH (MONTH, DAY, YEAR) JULY 21, 1967 | |
| MOTHER'S MAIDEN NAME A. FIRST JENNIFER | | | B. MIDDLE MARIAN | C. LAST SCRIVEN | |
| DATE OF BIRTH (MONTH, DAY, YEAR) JANUARY 12, 1966 | | 11. PLACE OF BIRTH (STATE OR COUNTRY) COLORADO | | | |
| 12. MOTHER'S USUAL RESIDENCE A. STATE ARIZONA | | B. COUNTY MARICOPA | C. TOWN OR CITY PHOENIX | D. ZIP 85021 | |
| 12E. STREET ADDRESS OR R.F.D. 1719 W. GLENDALE AVE. #3040 | | 12F. IN CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 13. MOTHER'S MAILING ADDRESS (IF DIFFERENT FROM ITEM 12) SAME | | |
| 14. THE INFORMATION LISTED IN ITEMS 1-13 IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. | | 14A. PARENT OR INFORMANT'S SIGNATURE <i>Jennifer M. Fabrizio</i> | | 15. RELATIONSHIP TO CHILD <i>mother</i> | |
| 17. I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE PLACE, TIME, AND DATE ENTERED ABOVE. | | 17A. ATTENDANT'S SIGNATURE (TYPE NAME BELOW LINE) <i>J.R. Bair</i> JAMES R. BAIR, MD | | 16. DATE SIGNED 9/12/91 | |
| | | | | 16. TITLE <input type="checkbox"/> M.D. <input type="checkbox"/> C.N.M. <input type="checkbox"/> D.O. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (specify) | |
| | | | | 19. DATE SIGNED (MONTH, DAY, YEAR) 9-13-91 | |
| 20. SUPPLEMENTARY ENTRIES | | | | | |
| DATE REGISTERED SEP 23 1991 | REG. FILE NO. 30-12-1 | 23. REGISTRAR'S SIGNATURE <i>Doree Caruthers Deputy</i> | | REG. DISTRICT 0701 | |
| | | | | 25. DATE REC'D. IN STATE OFFICE OCT 29 1991 | |

DATE ISSUED

MAR 27 1992

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITAL RECORDS, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-141, and by direction of:

ALETHEA O. CALDWELL, Director
Department of Health Services
State Registrar

Renée Gaudino
RENEE GAUDINO
Assistant State Registrar

This copy not valid unless prepared on engraved form displaying state seal and impressed with raised seal of issuing agency.





Form W-4 (2011)

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

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

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

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

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

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

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

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

| | | | |
|--|---|----------|----------|
| A | Enter "1" for yourself if no one else can claim you as a dependent | A | <u>1</u> |
| B | Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } | B | <u>1</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 | F | <u>0</u> |
| (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) | | | |
| 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 | <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.) ▶ | H | <u>2</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 \$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 | | OMB No. 1545-0074 2011 |
| ▶ 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. | | | |
| 1 Type or print your first name and middle initial. Brandon L. | Last name Fabrizio | 2 Your social security number 601-23-1071 | |
| Home address (number and street or rural route) 12505 Dexter St | | 3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. | |
| City or town, state, and ZIP code Thornton, CO 80241 | | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/> | |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) | 5 | 2 | |
| 6 Additional amount, if any, you want withheld from each paycheck | 6 | \$ | |
| 7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. • 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 |
| Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete. | | | |
| Employee's signature (This form is not valid unless you sign it.) ▶ | | Date ▶ 9/11/2012 | |
| 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) | |

Direct Deposit Application

First Name: Brendon Middle Initial: L Last Name: Fabrizio

Social Security #: 601-23-1071 Employer: Managed Staffing

Bank Name: _____

Account Disbursement

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

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

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

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

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

BF Enter your initials on line that you understand this procedure.

Please Tape Voided Check in this space

or

A letter from your bank stating the routing and account number

Hand written information will not be accepted for direct deposit

I hereby authorize Managed Staffing to deposit any amounts owed to me, by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and credit and credit entries indicated by Managed Staffing to my account. In the event that Managed Staffing deposit funds erroneously into my account, I authorize Managed Staffing to debit my account for an amount not to exceed the original amount of the erroneous credit.

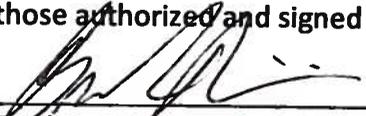
This authorization is to remain in full force and effect until Managed Staffing and BANK, have received written notice from me of its termination in such time and in such manner as to afford Managed Staffing and BANK a reasonable opportunity to act on it.

Employee Signature: [Signature] Date: 9/11/12

Handbook Acknowledgement Form

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

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



Employees Signature

Brandon Fabrizio

Printed Name

9/11/12

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.

Brandon Fabrizio

Name Print Only

9/11/12

Date



Signature

Equipment Description



Payroll & Timesheet Systems Policies & Procedures

Managed Staffing take great pride in communicating with all employees, so all parties have a full understanding of what is expected from each other during the course of an “employer/employee” relationship.

As an employee of Managed Staffing Inc., it is imperative that you fully understand the policy and procedures as well as client compliance guidelines.

One procedure that can affect all parties is timesheets and payroll. With this said, please read these detailed instructions pertaining to timesheets and payroll.

1. Managed Staffing is your employer not the end client.
2. Managed Staffing has a separate payroll and timesheet system from the client called ExponentHR.
3. The client might have a separate timesheet system for tracking your time and project codes.
4. To stay within compliance guidelines with our clients and Managed Staffing, your timesheet must 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.

Brandon Fabrizio
Print your name


Your signature

9/11/12
Date

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 Fabrizio Brandon L
Last Name First Name Middle Initial

Government Identification Number: 07-086-0735

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

Please answer YES or NO to the following questions:

| | YES | NO |
|--|--|--|
| 1. Have you ever been employed by Managed Staffing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Are you between the ages of 18-39? If YES, please provide your date of birth: <u>9-11-91</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a Veteran of the U.S. Armed Forces? If YES, are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) benefits for at least 3-month period during the last 15 months? If YES, please provide name of recipient: _____ City/State where benefits were received: _____ 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? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| 4. Are you a member of a family that received SNAP (Food Stamps) benefits for the last 6 months? OR, received SNAP (Food Stamps) at least a 3-month period within the last 5 months, but is no longer receiving them? If YES, please provide name of recipient: _____ City/State where benefits were received: _____ | <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| 5. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a state? OR, by an Employment Network under the Ticket to Work Program? OR, by the Department of Veterans Affairs? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |

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

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.


Signature

9/11/12
Date

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

OMB No. 1545-1500

▶ See separate instructions.

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

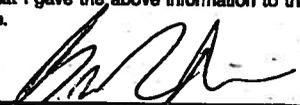
Your name Bowden Fabrizio Social security number ▶ 601 231 071
Street address where you live 12505 Dexter St.
City or town, state, and ZIP code Thornton, CO 80241
County Adams Telephone number (703) 366-7641
If you are under age 40, enter your date of birth (month, day, year) 9/11/91

- 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 9/11/91

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.

YOUTH SELF-ATTESTATION FORM
Work Opportunity Tax Credit Program

PLEASE HAVE NEW HIRES UNDER AGE 25 COMPLETE AND SIGN

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

New Hire Name: Brandon Fabrizio

Social Security Number: 601-23-1071 Date of Birth: 9/11/91

Employer Name: Managed Staffing, Inc.

Employer Federal ID (EIN) Number: 26-0717857

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

- In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations.
- I do not have a High School Diploma or GED certificate.
- I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate.

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

New Hire's Signature:  Date 9/11/12

Public Burden Statement

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