

NICL



1234

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): Nicaise, LISA michelle		Other names under which you have attended school or been employed:
16544 E. 99th ave		City, State & Zip: Commerce City CO 80022 N/A	
Social Security Number:	Home Phone:	Cell Phone:	Email: lnicaise@hotmail.com
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
How did you learn about this employment opportunity at Nationsearch Staffing Solutions? Check all that apply: <input checked="" type="checkbox"/> Job Bulletin (Posting) <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:			

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:	Westminster CO	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		6-4-91	Diploma	Business
College:	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:	N/A	<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. N/A						

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)

Excel, Outlook, apps, Citrix, windows, ten key, touch, scanning, filing, answer phone

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: 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:

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:

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: Yusa Nicaise Date: 6-26-2012

Printed Name: LISA NICAISE

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>Nicaise</u>	First <u>LISA</u>	Middle Initial <u>M</u>	Maiden Name <u>Clinard</u>
Address (Street Name and Number) <u>16544 E. 99th Ave</u>		Apt. #	Date of Birth (month/day/year) <u>5-31-77</u>
City <u>Commerce City CO</u>	State <u>CO</u>	Zip Code <u>80022</u>	Social Security # <u>523 17 9389</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 Lisa Nicaise Date (month/day/year) 10-10-12

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: _____		<u>Colo Bado DR.</u>		<u>SS adm</u>
Issuing authority: _____		<u>Colo.</u>		<u>US</u>
Document #: _____		<u>94-116-2580</u>		<u>523179389</u>
Expiration Date (if any): _____		<u>5/31/13</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) 10-22-12 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 <u>Tina Krol</u>	Print Name <u>Tina Krol</u>	Title <u>Account Manager</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>CMG 12000 N. WASHINGTON ST. #290, 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)
--	-----------------------

IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Name: LISA Nicaise

Address: 16544 E. 99th Ave Commerce City
CO 80022

Home Phone: 303-288-3778

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

1. Name: Chad Nicaise

Phone (work): 720-232-6358

Phone (home): 303-288-3778

2. Name: Juan Nicaise

Phone (work): 303-356-1591

Phone (home): 303-410-9213

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

None.

IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Name: LISA NICAISE

Address: 16544 E. 99th Ave Commerce City

Home Phone: 303/288-3778 CO 80022

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

1. Name: Chad Nicaise

Phone (work): 720-232-6358

Phone (home): 303-288-3778

2. Name: Cory Nicaise

Phone (work): 303-356-7710

Phone (home): 303-410-9213

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

NO

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 NO LATER THAN THURSDAY end of business for Friday processing.
- Checks will be delivered via direct deposit from Capital Management Group every Friday.

Signed: Yvonne N. Cause

Date: 6-26-2018

PLEASE READ CAREFULLY
APPLICATION FORM WAIVER

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

I agree that:

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

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

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

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

NATIONSEARCH STAFFING SOLUTIONS

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: _____

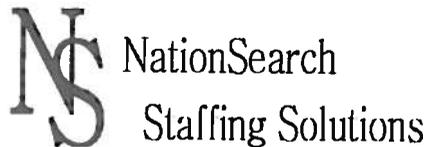
Yisa Nicaise

Printed name of Employee: _____

YISA NICAISE

Date: _____

10-10-17



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.

10-10-18

Date

Yona Nease

Employee

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.

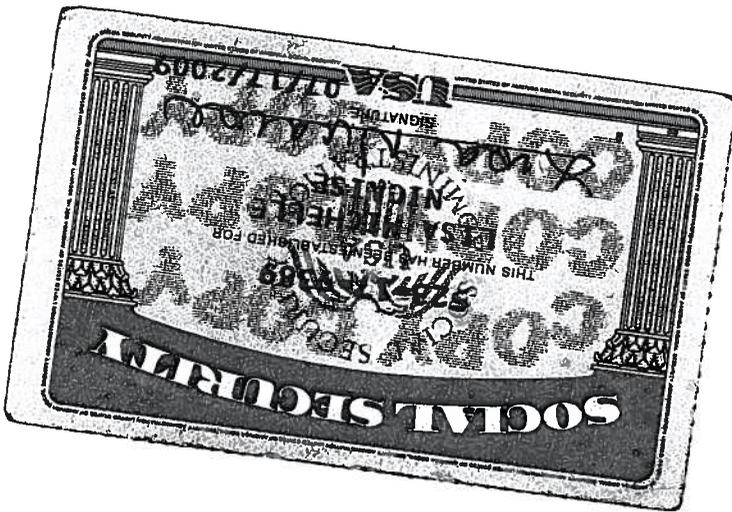
Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2011</div>
1 Type or print your first name and middle initial. Last name Lisa M. Nicaise		2 Your social security number
Home address (number and street or rural route) 16544 E. 99th Ave City or town, state, and ZIP code Commerce City CO 80022		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)	5 <u>8</u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$	
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ <i>Lisa Nicaise</i>		Date ▶ 10-10-12
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) CMG 12000 N. Washington St. #290, Morrison, CO 80241		9 Office code (optional) 10 Employer identification number (EIN)



Colorado
Driver License



94-166-2580 Expires: **05-31-2013**
Class: R Issued: **07-19-2010**
Exp: **05-31-1972**
Rest: V Previous Type: **A**
Ht: **5'04"** Wt: **150** Eyes: **HAZ** Sex: **F**
Voter: **Y**

LISA MICHELLE NICAISE
18544 E 99TH AVE
COMMERCE CITY CO 80022

Colorado
Driver License



94-166-2580 Expires: **05-31-2013**

Class: R Issued: **07-19-2010**

End: DOB: **05-31-1972**

Rest: V Previous Type: **A**

Ht: **5'04"** Wt: **150** Eyes: **HAE** Sex: **F**

Voter: **Y**

Colorado Department of Transportation

LISA MICHELLE NICAISE
16544 E 99TH AVE
COMMERCE CO, CO 80022

SOCIAL SECURITY

SE
5777 189

THIS NUMBER HAS BEEN ESTABLISHED FOR
DISABLED

SIGNATURE
Lisa Nicaise

USA 07/11/2009



Class R: Any motor vehicle with a GVWR of less than 26,001 lbs. as a single unit or in combination, designed to carry 15 or fewer passengers, including the driver, and does not carry hazardous material.

Restrictions:
V - Corrective Lenses

For more information on Organ & Tissue Donation:
www.ColoradoDonorRegistry.org or Call 888-256-4386

Address Change: _____

Endorsements:



This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:
Social Security Administration
P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business information, contact your local Social Security office. If you write to the above address for any business other than returning a found card you will not receive a response.

Social Security Administration
Form SSA-3000 (10-2007)

F54462576



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 Sender Full 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 # 5688098432

ACH Routing # 1070000761

Bank Name Wells Fargo Bank

Additional Account - Checking or Savings Account (circle one)

Acct # ~~5688098432~~ Dollar Amount _____

ACH Routing # / / / / / / / / / / / / / / / /

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / / / / / / / / / / / / / / / /

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / / / / / / / / / / / / / / / /

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / / / / / / / / / / / / / / / /

Bank Name _____

Employee Name LISA Nicaise SS# 523179389

Address 14544 E. 99th Ave City Commerce City State CO Zip 80020

Employee Signature Lisa Nicaise

1242
23-7/1020 6272
5688098432

MP

Date _____ Dollars \$ _____

NO

WELLS FARGO
Colorado
wellsfargo.com

WELLS FARGO Bank, N.A.
18581 COUNTY ROAD 0.5
FORT MORGAN, CO 80701

Pay to the Order of _____

For _____

1020000761 5688098432 01242



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 saving 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 # _____

ACH Routing # / _ / _ / _ / _ / _ / _ / _ / _ / _ /

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / _ / _ / _ / _ / _ / _ / _ / _ / _ /

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / _ / _ / _ / _ / _ / _ / _ / _ / _ /

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / _ / _ / _ / _ / _ / _ / _ / _ / _ /

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / _ / _ / _ / _ / _ / _ / _ / _ / _ /

Bank Name _____

Employee Name LISA Nicaise SS# 523,17,9389

Address 16544 E. 99th Ave City Commerce State CO Zip 80028

Employee Signature Lisa Nicaise

Tues. 6/26 2pm

Lisa M Nicaise

16544 E. 99th Ave Commerce, CO 80022 - 303-918-3198 (H) - - Inicaise@hotmail.com

Career Overview

Seeking a challenging job to sharpen my skills through hands on experience in an industry and work for the growth of the industry.

Summary of Qualifications

- Strong ability to lead and train staff.
- Excellent ability to gather and analyze statistical data and generate reports.
- Knowledge of general accounting principles.
- Excellent ability to solve problems.
- Excellent customer service skills.
- Ability to prioritize and remain focused on the essence of an issue.
- 5+ years experience in a fast-paced, deadline-driven environment
- Broad-ranging industry experience includes: healthcare, banking, manufacturing
- Energetic and organized

Core Accomplishments

Training

- Responsible for training all new employees to ensure continued quality of customer service.

Operations

- Collaborated to ensure smooth work flow and efficient organization operations.
- Accountable for all operations of busy office, including scheduling, high volume of calls coming in, and excellent customer service skills.

Professional Experience

Farm Bureau Insurance
Customer Service Representative
Fort Morgan, CO

no longer
March 2012 to Present

Answering phone, accepting premium payments, handle billing and claim issues in a timely manner.
Maintain file and record systems
Recording financial transactions
Preparing customer quotes, proposals and policy changes
Servicing between underwriting, customers, and agents
Writing new business and handling customer inquiries on behalf of the agent
Knowledge of Insurance terms

Wal-Mart
Meat Department Associate
Fort Morgan, CO

January 2011 to March 2012

Customer service, claims/returns, stock meat in case, knowledge of all types of meat for inquiring customers, rotating dates, Maintain a safe work environment.

Sold
OMNI

Walgreens Long Term Care Pharmacy

May 2008 to December 2010

Collection Representative

Aurora, CO

Work off an Excel spreadsheet daily; apply credits, payments, schedule payment plans, customer service, and resolve issues with accounts. Work with nursing homes, returns of medications. Meet monthly goals, heavy phone and invoicing. Developed new customer relations through telephone contact and sales activity. Medical reception. Worked with customer's health insurance companies to see if they needed to pay or have already met their deductible.

EZ Money Payday Loans

February 2004 to May 2008

Store Manager/Collector

Westminster, CO

Created a friendly professional environment; managed store operations including portfolio growth and profit maximization through local store marketing; hiring, scheduling, and supervising store Team Members including on the job training, and ensuring adherence to industry regulations and company policies in order to comply and prevent losses. Collections Specialist include collection calls/and or correspondence in a fast paced department. Resolve client discrepancies and or short payments, schedule payment plans when needed. Meet defined department goals and activity metrics. Ability to prioritize and manage multiple responsibilities at a time. Identify factors that help determine a debtor's repayment potential. Prioritize collection efforts on amounts owed, days late and repayment potential. Remain calm and cool when customers get upset, negotiating verbal agreements with debtors that will keep repayment on track and on schedule.

Owens Corning Basement Finishing Company

September 2000 to October 2003

Administrative Assistant/Payroll

Denver, CO

Manage office documentation, Directed office personnel. Answered multi-lined phones Arranged meetings, appointments, seminars and travel accommodations for employees to Owens Corning World Headquarters for meetings and training sessions trained new hires A/P & A/R, Payroll, Assisted supervisors with special projects. Praised by management for the quality and timeliness of reports.

Education**Westminster High School**

05/91

Business Management

Certificate/ Diploma

Westminster, CO

Certification of Owens Corning Franchise Business

03-01

Denver, CO

Skills

Medicaid, Medicare, MS Word, MS Excel, MS Outlook, reports, Accounts Payable, Accounts Receivable
10 key, Data Entry, Medical billing, Insurance billing, Insurance Verification, Multi-Task Management,
Scheduling, QuickBooks Pro.



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

Yvona Nease

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, Yvona Nease, 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.

Yvona Nease
Applicant Signature

6-26-12
Date

Other Names Used:

Social Security Number	523-17-9389
Date of Birth: To be used for screening purposes only	5-31-1972
Motor Vehicle Drivers License Number and State of Issue	CO 94166 2580

Street Address	City	State	Zip Code
16544 E. 99th Ave	Commerce City	CO	80020



Notification of Colorado Law Requirement
Unemployment Acknowledgement

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

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

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

Y.N. (Initial)

Lisa Nicaise
Employee Signature:

10-10-12
Date:

Lisa Nicaise
Employee (please print your name here)

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 NO LATER THAN THURSDAY end of business for Friday processing.
- Checks will be delivered via direct deposit from Capital Management Group every Friday.

Signed: _____

Lisa Nause

Date: _____

10-10-2018



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

Dr. James Ruth, DABFT, Lab Director

www.forensiclaboratories.com

Client Name: Lisa Nicaise

DOB: 5/31/1972

Specimen: 4488271

Reference: 068196

Requested By:

Agency: NationSearch Staffing Solutions

Test Reason: Pre-Employment

Type (Matrix): Urine

Collected By: A. Valderrama

Collected: 10/11/2012 11:41 AM

Received: 10/11/2012 01:21 PM

Reported: 10/12/2012 01:05 PM

MEDICATIONS: CITALOPRAM, LISINOPRIL, TYLENOL

INITIAL SCREENING RESULTS

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

VALIDITY TESTING

TEST	RESULT	OUTCOME	METHOD	CUTOFF	CERTIFIED
Creatinine	149.0 mg/dL	IN RANGE	EIA	20 - 400 mg/dL	S. Harvey

Comments

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

DRAFT



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

Dr. James Ruth, DABFT, Lab Director

www.forensiclaboratories.com

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Cocaine Metabolite Screen		NOT DETECTED	EIA	300 ng/mL	S. Harvey
Opiates Screen		NOT DETECTED	EIA	2000 ng/mL	S. Harvey
Cannabinoids Screen		NOT DETECTED	EIA	50 ng/mL	S. Harvey
Ethanol Screen		NOT DETECTED	EIA	0.05 g/dL	S. Harvey

VALIDITY TESTING

TEST	RESULT	OUTCOME	METHOD	CUTOFF	CERTIFIED
Creatinine	149.0 mg/dL	IN RANGE	EIA	20 - 400 mg/dL	S. Harvey

Comments

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

DRAFT

Lisa Nicaise

Credit issues – Letter of Explanation

From: Lisa Nicaise [<mailto:lnicaise@hotmail.com>]

Sent: Thursday, October 11, 2012 9:38 AM

To: jodie@nationsearch.com

Subject: BK/Verizon Explanation

Jodie,

This email is in regards to your questions about our Bankruptcy and Verizon account. Due to the fact that my husband and I have been caught up in the layoffs of jobs and the increase in our mortgage, we were unable to substantiate our income versus our outgoing bills. Sadly, our savings diminished to where we were unable to meet those commitments to our creditors. We had no choice, lose our house or file for bankruptcy. Family comes first and I will put food on the table and a roof over our children's heads before we would send a bill out just to make ends meet. We worked with the creditors, but in the end we were hurting ourselves and causing a pivotal family situation. In regards to the Verizon bill, it was also included in bankruptcy. My family has strived to conserve and make ends meet in this down turn economic disaster and will one day thrive again. This was in no part our choice to go down this road of unknowns, but in the end we will survive and move forward. If you have any further questions, please email me or call.

Sincerely,

Lisa Nicaise

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF COLORADO
DENVER DIVISION

In re:

CHAD CHRISTOPHER NICAISE and
LISA MICHELLE NICAISE,

Debtor(s).

Bankruptcy Case No. 09-23064
Chapter 13

REQUEST FOR SPECIAL NOTICE

TO THE CLERK AND ALL PARTIES:

Pursuant to Federal Rule of Bankruptcy Procedure 2002(g)(1), the undersigned, B-Line, LLC, hereby notifies the Court, Debtor(s), Trustee, and interested parties in the above entitled bankruptcy case that all notices given or required to be given and all papers served or required to be served in this case be also given to and served, whether electronically or otherwise, on:

B-Line, LLC
Attn: Steven Kane
P.O. Box 91121
Dept. 550
Seattle, WA 98111-9221
Phone: 866-670-2361
Fax: 206-239-1958
Email: bline.chapter13@blinellc.com

Linh K. Tran is no longer associated with B-Line in this bankruptcy case.

Dated this 8th day of June 2011.

/s/ Steven G. Kane
Steven G. Kane
Agent for B-Line, LLC
P.O. Box 91121
Dept. 550
Seattle, WA 98111-9221
Phone: 866-670-2361
Fax: 206-239-1958
Email: bline.chapter13@blinellc.com

09-23064-ABC Chad Christopher Nicaise and Lisa Michelle Nicaise
Case type: bk **Chapter:** 13 **Asset:** Yes **Vol:** v **Judge:** A. Bruce Campbell
Date filed: 07/01/2009 **Date of last filing:** 10/12/2012 **Plan confirmed:** 01/08/2010

Case Summary

Office: Denver
County: DENVER-CO
Filed: 07/01/2009
Terminated:
Fee: Paid
Origin: 0
Previous term:
Joint: y
Debtor discharged:
Joint debtor discharged:
Reopened:
Converted:
Debtor dismissed:
Joint debtor dismissed:
Confirmation hearing:

Nature of debt: consumer
Pending status: Awaiting Meeting of Creditors ,Plan in Progress
Flags: REPEAT, CONFIRMED, 506

Trustee: US City: Denver Phone: 303-312-7230 Fax: 303-312-7239 Email: USTPRegion19.DV.ECF@usdoj.gov
Trustee: Sally Zeman City: Denver Phone: () 303-830-1971 Email: mail@ch13colorado.com

Party 1: Nicaise, Chad Christopher (xxx-xx-9611) (Debtor)
Party 2: Nicaise, Lisa Michelle (xxx-xx-9389) (Debtor)

Atty: Dana M. Arvin Represents party 1: Debtor Phone: 303-328-7565 Fax: 303-388-6070 Email: danaarvinlaw@msn.com
Atty: Dana M. Arvin Represents party 2: Debtor Phone: 303-328-7565 Fax: 303-388-6070 Email: danaarvinlaw@msn.com

Location of case files:
Volume: CS1
 The case file may be available.

PACER Service Center			
Transaction Receipt			
10/15/2012 11:32:09			
PACER Login:	ns0074	Client Code:	
Description:	Case Summary	Search Criteria:	09-23064-ABC
Billable Pages:	1	Cost:	0.10

Brenda Lund

To: tina@corpmanagementgroup.com; Lincoln Mooney (lincoln@corpmanagementgroup.com)
Cc: jodie@nationsearch.com
Subject: 2 new LL employees

Hi guys,

Jodie may have already told you. We have 2 new people starting at Lender Live today, 10:15, 8am, in the Batch Print area.

Lisa Nicaise
Hans DeSouza

They are working on day shift for a little while, for training, for \$11.50/hour, then they will go to night shift permanently, and receive a 10% differential which comes to \$12.65/hour.

I will ask their supervisor, Louis Castinado to note on their timecards as to when their pay changes.

Hans still needs to take his drug test today. Once I get that, I will let you know that their information packets are ready to go. Afshin will probably drop them off, unless you want to come get them.

Thanks.

Brenda Lund
Administrative/Marketing
Phone: 303-202-2620 800-827-9550
www.nationsearch.com

*both permanent employees
(not temps)*