

**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 HAUS S.</b>		Other names under which you have attended school or been employed:  <b>N/A</b>	
<b>5266 RED HAWK</b>		City, State & Zip: <b>Brighton, CO 80601</b>			
Social Security Number: <b>651 32 0529</b>		Home Phone: <b>303 931 8359</b>		Cell Phone: <b>SATIE</b>	
				Email: <b>ha.sdesouza@hotmail.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:  <b>N/A</b>	
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:  <b>N/A</b>	
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 type="checkbox"/> Job Bulletin (Posting) <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor <input checked="" 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>CSP ABIDJAN</b>	<b>ABIDJAN COTE D'IVOIRE</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
College: <b>PELIT SENIORS</b>	<b>QUEREC CANADA</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>BUSI NCS</b>
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

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

EXCEL / WORD / PHOTOSHOP / OUTLOOK

**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: 02/12 To PRESENT	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/> 30	Title: DRIVER.
Organization Name: MEDICAL LOGISTIC SOLUTION.		
Supervisor's Name & Title BRYAN	Phone #: 303 519 4262	
Primary duties: MEDICAL SAMPLE DELIVERIES	Reason for Leaving: N/A.	

Dates Employed (most recent position) From: 06/06 To PRESENT	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title: OWNER.
Organization Name: SOUZA COMMUNICATIONS.		
Supervisor's Name & Title	Phone #: 303 931 8359	
Primary duties: Exports of goods + advertising company.	Reason for Leaving: N/A.	

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: *Hans de Souza*                      Date: 08/27/2012

Printed Name: Hans 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 \$180,000 (Married).

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

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>    </u>
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>0</u>
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>    </u>
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>    </u>
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b>	<u>    </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children . . . . .</li> </ul>	<b>G</b>	<u>    </u>
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> <li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the <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>	<b>H</b>	<u>1</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	<h3>Employee's Withholding Allowance Certificate</h3> <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 <b>2011</b>
<b>1</b> Type or print your first name and middle initial. Last name Hans S. de Souza		<b>2</b> Your social security number 651 82 0529
<b>3</b> <input 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.		
<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>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		<b>5</b> <u>1</u>
<b>6</b> Additional amount, if any, you want withheld from each paycheck		<b>6</b> \$ <u>    </u>
<b>7</b> 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 . . . . . ▶ <b>7</b> <u>    </u>		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶ <i>Az de Souza</i>		<b>Date</b> ▶ <u>08/27/2012.</u>
<b>8</b> Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.) CIMG 1200 N. Washington St. #290, Thornton, CO 80241		<b>9</b> Office code (optional) <b>10</b> Employer identification number (EIN)

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>de Souza</u>	First <u>Hans</u>	Middle Initial <u>S.</u>	Maiden Name <u>N/A.</u>
Address (Street Name and Number) <u>5266 Red Hawk Pkwy</u>		Apt. #	Date of Birth (month/day/year) <u>12/25/1971</u>
City <u>Brighton</u>	State <u>CO</u>	Zip Code <u>80601</u>	Social Security # <u>651 32 0529</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

Date (month/day/year)

**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 <u>N/A</u>	Print Name <u>N/A</u>
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 Perm Res.</u>		<u>CO Driver License</u>		<u>SS</u>
Issuing authority: <u>US</u>		<u>CO</u>		<u>US</u>
Document #: <u>097204352</u>		<u>04395-0687</u>		<u>61320529</u>
Expiration Date (if any): <u>11/5/22</u>		<u>12/25/17</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) 10-22-13 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 Kral</u>	Print Name <u>Tina Kral</u>	Title <u>Account Manager</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>CMG 1200 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):
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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)
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## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

Documents that Establish Both  
Identity and Employment  
Authorization

### LIST B

Documents that Establish  
Identity

### LIST C

Documents that Establish  
Employment Authorization

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

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



UNITED STATES OF AMERICA

PERMANENT RESIDENT

Surname

DE SOUZA

HANS S.

Date of Birth

01/01/55

Sex

M

Card Expires:

01/05/22

Resident Since:

01/05/11

**SOCIAL SECURITY**

**SOCIAL SECURITY**

**051-32-0529**

THIS NUMBER HAS BEEN ESTABLISHED FOR

**HANS S DE SBUZA**

*Hans S De Sbuza*

SIGNATURE

**Colorado**  
**Driver License**

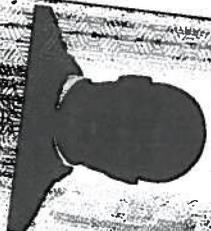
04-295-0697 Expires: 12-25-2015  
Class: B  
Issued: 05-09-2005  
DOB: 12-5-97  
Sex: M  
Ht: 5'08" Wt: 150 Eyes: BLK Hair: BRN  
Water: 100%  
HANS DE SOUZA  
1036 CHIOLE CIR  
BRIGHTON, CO 80601





UNITED STATES OF AMERICA

PERMANENT RESIDENT



Surname

DE SOUZA

Given Name

HANS S

Date of Birth

05 DEC 1955

Sex

M

Card Expires

01/05/22

Resident Since

01/05/13



© DELUXE WALLET OR DUPLICATE

MEMO

**ACADEMY BANK**  
877-712-2255 or academybank.com

PAY TO  
THE ORDER OF

DATE

82-148/1070

DOLLARS

\$

⑆ 107001481⑆ 396743⑆

MP

SPRINTY FILE

PAY TO  
THE ORDER OF

**ACADEMY BANK**  
877-712-2255 or academybank.com

DOLLARS

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MEMO

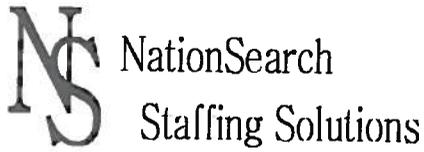
⑆ 107001481⑆ 396743⑆

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SPRINTY FILE

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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.

08/27/2012

Date

*AJ [Signature]*

Employee

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

Name: Hans de Souza  
Charlotte de Souza

Address: 5266 Red Hawk Pkwy Brighton CO 80601

Home Phone: 303 720 224 1499

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

1. Name: Charlotte de Souza

Phone (work): 720 224 1499

Phone (home): \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Phone (home): \_\_\_\_\_

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

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

*A. de Souza*

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

*Hans de Souza*

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

*08/27/2012*

## 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: 08/27/2012

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

In exchange for the consideration of my job application by Nationseach 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.





**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.

JS - (Initial)

A. de Souza  
Employee Signature:

08/27/2012  
Date:

A. de Souza  
Employee (please print your name here)



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

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

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

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

I, Hans 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) \_\_\_\_\_.

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.

AJ Hans de Souza  
 Applicant Signature

08/27/2012  
 Date

Other Names Used:

Social Security Number	651 32 0529
Date of Birth: To be used for screening purposes only	12.25.1971
Motor Vehicle Drivers License Number and State of Issue	

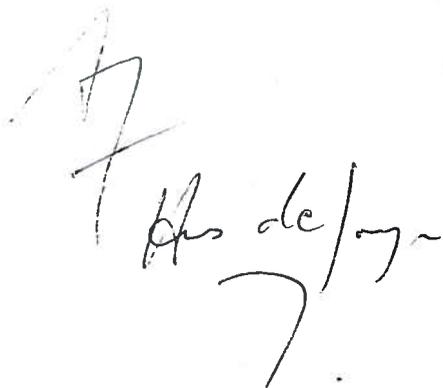
Street Address	City	State	Zip Code
5266 Red Hawk Pkwy	Brighton	CO	80601

To Whom it May Concern:

My credit issues are a due to lack of consistent work and the necessity to go back to my home. Due to the poor economy I was unable to maintain my payments and as such this has made my income very limited.

I am exploring the possibility of declaring bankruptcy and or debt consolidation. I am also making payment arrangements with the creditors listed on collection area.

Respectfully,

A handwritten signature in blue ink, appearing to read "Hans De Souza". The signature is stylized and somewhat cursive, with a large initial "H" and "S".

Hans De Souza

10/13/2012



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

Dr. James Ruth, DABFT, Lab Director

www.forensiclaboratories.com

**Client Name:** Hans S Desouza

**DOB:** 12/25/1971

**Specimen:** 4493132

**Reference:** 062367

**Requested By:**

**Agency:** NationSearch Staffing Solutions

**Test Reason:** Pre-Employment

**Type (Matrix):** Urine

**Collected By:** A. Valderrama

**Collected:** 10/15/2012 04:28 AM

**Received:** 10/16/2012 08:52 AM

**Reported:** 10/18/2012 10:03 AM

**MEDICATIONS:**

**INITIAL SCREENING RESULTS**

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

**VALIDITY TESTING**

TEST	RESULT	OUTCOME	METHOD	CUTOFF	CERTIFIED
Creatinine	239.9 mg/dL	IN RANGE	EIA	20 - 400 mg/dL	D. Bozard

**Comments**

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

**DRAFT**