

**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): <i>Baumann, Jeremy, Benjamin</i>		Other names under which you have attended school or been employed:
<i>3701 West Union Avenue</i>		City, State & Zip: <i>Denver, CO 80236</i>	<i>N/A</i>
Social Security Number: <i>524-54-5731</i>	Home Phone: <i>303-948-9993</i>	Cell Phone: <i>303-483-8022</i>	Email:
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain: <i>In the National Guard, so I have a 2 day weekend once a month etc.</i>	
Have you ever been convicted of any law violations (excluding minor traffic)? Please include any plea of guilty or no contest. <small>Answering yes is not automatic grounds for disqualifications. Any offer of employment will be subject to a successful background investigation.</small>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, please explain:	
Have you in the past 7 years or are you currently in the process of filing bankruptcy? <small>Answering yes is not automatic grounds for disqualification. Candidates may be subject to a credit check.</small>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
How did you learn about this employment opportunity at Nationsearch Staffing Solutions? Check all that apply:			
<input 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:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
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)


**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.

X Dates Employed (most recent position) From: <u>Oct 2009</u> To: <u>Current</u>	<input type="checkbox"/> Full time <input checked="" type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/> 2 weeks a year <u>1 weekend a month</u>	Title: <u>SFC / Signal Support Systems Specialist</u>
	Organization Name: <u>Colorado National Guard- Army Aviation</u>	
Supervisor's Name & Title <u>SFC Mari Gadebush</u>	Phone #: <u>720-234-8437</u>	<u>absolutely - good standing</u>
Primary duties: <u>Install, Repair, Maintain Military/Civilian <sup>Communication</sup> Equipment</u>		Reason for Leaving: <u>N/A</u>

Dates Employed (most recent position) From: <u>Sep 2011</u> To: <u>Sep 2012</u>	<input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title: <u>Shift Manager</u>
	Organization Name: <u>Taco Bell</u>	
Supervisor's Name & Title <u>Sergio Chavez</u>	Phone #: <u>720-283-1418</u>	<u>Chief Leaders yes - would hire again</u>
Primary duties: <u>Manage shifts. Responsible for overall store, employees safe, other Cash Management, cleanliness, &amp; food safety.</u>		Reason for Leaving: <u>Seeking more opportunity.</u>

Dates Employed (most recent position) From: <u>March 2011</u> To: <u>August 2011</u>	<input type="checkbox"/> Full time <input checked="" type="checkbox"/> Part-time If part-time, # hrs./wk: <input checked="" type="checkbox"/> <u>15-30</u>	Title: <u>Front Desk Customer Service Representative</u>
Organization Name: <u>24 hour fitness</u>		
Supervisor's Name & Title <u>Jon Campbell</u>	Phone #: <u>317-757-3224</u> <del>303-904-2400</del>	<u>left msg</u> <u>yes. would hire</u>
Primary duties: <u>Greet Customers, Handle account inquiries/problems, cash register, Club "walk-thru's"</u>		Reason for Leaving: <u>Was about to attend fall time school,</u>

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

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

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

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

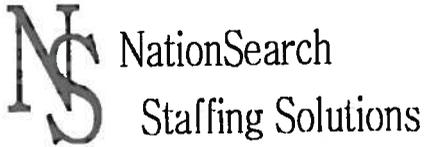
I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment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

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

Applicant Signature: 

Date: 8/10/2012

Printed Name: Jeremy Bauman



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.

10/10/2012

Date

  
Employee

IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Name: Jeremy Bauman  
Address: 3701 West Union Avenue  
Home Phone: 303-948-9993

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

1. Name: Anthony Bauman  
Phone (work): 303-263-6730  
Phone (home): 303-948-9993

2. Name: Edith Bauman  
Phone (work): \_\_\_\_\_  
Phone (home): 303-948-9993

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: \_\_\_\_\_



Bauman, Jeremy

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

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

10/10/2012

**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>Bourman</u>	First <u>Jeremy</u>	Middle Initial <u>B</u>	Maiden Name
Address (Street Name and Number) <u>3701 West Union Avenue</u>		Apt. #	Date of Birth (month/day/year)
City <u>Denver</u>	State <u>CO</u>	Zip Code <u>80236</u>	Social Security # <u>524-59-5981</u>

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

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

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

Employee's Signature [Signature] Date (month/day/year) 10/10/2012

**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: _____		<u>US Gov Card</u>		<u>Driver License</u>
Issuing authority: _____		<u>Dept of Defense</u>		<u>CO</u>
Document #: _____		_____		<u>98-0840740</u>
Expiration Date (if any): _____		_____		<u>3.17.15</u>
Document #: _____		_____		<u>[Arrow]</u>
Expiration Date (if any): _____	_____	_____	_____	_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 10-29-12 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>[Signature]</u>	Print Name <u>Tina Kool</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. #210, 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 Rchire (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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United States Government

SEP2013



Affiliation  
**Uniformed  
Services**  
Agency/Department  
**Army**  
Expires  
**2013SEP30**

**BAUMANN,  
JEREMY BENJAMIN**



Pay Grade Rank  
**E4 SPC**



Geneva Conventions Identification Card

JEREMY BENJAMIN BAUMANN  
5701 WEST BENSON AVE  
DENVER CO 80228



98-084-0740 Expires: 03-17-2015  
Class: F Issued: 11-01-2010  
End: N DOB: 03-17-1982  
Restr: V Previous Type:  
H5FD7 RH: 180 Eyes: BLU Sex: M  
Notes:

*Colorado*  
*Driver License*

**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.

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

10/10/2012



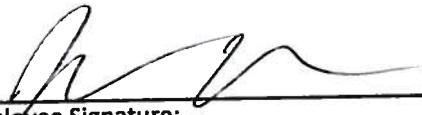
**Notification of Colorado Law Requirement**  
**Unemployment Acknowledgement**

*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.

JB (Initial)

  
Employee Signature:

10/10/2017  
Date:

Jeremy Brunner  
Employee (please print your name here)

# 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>1</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>  </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 Head of household 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>  </u>

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 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. <u>Jeremy</u> Last name <u>Baumann</u>		2 Your social security number <u>524-59-5731</u>
Home address (number and street or rural route) <u>3701 West Union Avenue</u>		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 <u>Denver, CO 80236</u>		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>1</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>2</u>
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 <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.		
Employee's signature (This form is not valid unless you sign it.) ▶ <u>[Signature]</u>		Date ▶ <u>10/10/2012</u>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) <u>CMG 12000 N. Washington St. #290, Thornton, CO 80241</u>		9 Office code (optional) <u>  </u> 10 Employer identification number (EIN) <u>  </u>

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	2	\$ _____
3	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919) . . . . .	4	\$ _____
5	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.) . . . . .	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest) . . . . .	6	\$ _____
7	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	7	\$ _____
8	<b>Divide</b> the amount on line 7 by \$3,700 and enter the result here. Drop any fraction . . . . .	8	_____
9	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	9	_____
10	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	10	_____

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	1	_____
2	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	2	_____
3	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	3	_____

**Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet . . . . .	4	_____
5	Enter the number from line 1 of this worksheet . . . . .	5	_____
6	<b>Subtract</b> line 5 from line 4 . . . . .	6	_____
7	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	7	\$ _____
8	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	9	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 - 120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 - 110,000 -	12						
110,001 - 120,000 -	13						
120,001 - 135,000 -	14						
135,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. 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 Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



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, Jeremy Bauman, 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.

[Signature]  
 Applicant Signature

10/10/2012  
 Date

Other Names Used:

Social Security Number <u>524-59-5731</u>	
Date of Birth: To be used for screening purposes only <u>March 17, 1982</u>	
Motor Vehicle Drivers License Number and State of Issue <u>98-084-0740</u>	

Street Address	City	State	Zip Code
<u>3701 West Union Avenue</u>	<u>Denver</u>	<u>CO</u>	<u>80236</u>

**Jeremy B. Baumann**

3701 West Union Avenue

Denver, CO 80236

303-483-8022

[remybman@gmail.com](mailto:remybman@gmail.com)

**Career Objective**

A position as a Batch Print Associate

**Qualifications**

- Served Active Army from Nov '01 to May '05
  - Deployed to Iraq from Feb '04 to Feb '05
- Received Honorable Discharge (Army Veteran)
- Currently serving in the CO Army National Guard
- Able to function as a team player or independently
- Able to Multi-task in stressful or non-stressful situations
  - Superior customer service skills
  - Able to conform to procedures
- Able to identify and solve problems
  - Computer literate
  - Types 50 words per minute

**Education**

High School Diploma, High Plains High School, November 2000

Indirect Fire Infantryman Course, Ft. Benning, GA, May 2002

Combat Lifesaver certification, Germany, 2004

EMT-B certification, Health One EMS, May 2006

IV Approval course, Health One EMS, June 2006

**Arapahoe Community College 2007**

Biology: A human approach  
English Composition I  
General Psychology I  
Dietary Nutrition  
Human Growth and Development  
Anatomy & Physiology I

School of Nursing, Platt College 2009 (1.5 semesters)

Signal Support Systems Specialist Course, Riverton, UT Feb 2011

**Arapahoe Community College 2008**

Anatomy & Physiology II  
Microbiology  
EMT-B refresher(NREMT/State cert)  
Math for Clinical Calculations  
Rhetoric and Propaganda

**Summary**

In addition to my experience and schooling I have a good work ethic, and am interested in professional development.

**References**

Available Upon Request



### Authorization of Direct Deposit

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

Attach a voided check, copy of a check, or spec sheet for each account. Indicate whether it is a ch (slips)

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

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

Acct # 103674458445

ACH Routing # 1110121010101211

Bank Name US. Bank

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 Jeremy Baumann SS# 524, 59, 5731

Address 3701 West Union Ave City Denver State CO Zip 80236

Employee Signature [Signature]

MEMO

**usbank** All of us serving you<sup>SM</sup>

MEMO #: 1020000211: 103674458445 1736

PAY TO THE ORDER OF VOID

DATE \_\_\_\_\_

\$ \_\_\_\_\_

DOLLARS

23-2/1020 1736

© DELUXE WALLET OR DUPLICATE STERLING ENTRY

JEREMY BAUMANN  
3701 W UNION AVE  
DENVER, CO 80236-3632



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

Dr. James Ruth, DABFT, Lab Director

www.forensiclaboratories.com

**Client Name:** Jeremy B Baumann

**DOB:** 3/17/1982

**Specimen:** 4508161

**Reference:** 062380

**Requested By:**

**Agency:** NationSearch Staffing Solutions

**Test Reason:** Pre-Employment

**Type (Matrix):** Urine

**Collected By:** S. Miller

**Collected:** 10/25/2012 12:00 AM

**Received:** 10/25/2012 03:44 PM

**Reported:** 10/26/2012 09:11 AM

**MEDICATIONS:** LISINAPRIL

**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
Methadone Screen		NOT DETECTED	EIA	300 ng/mL	S. Harvey
Phencyclidine Screen		NOT DETECTED	EIA	25 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
Propoxyphene Screen		NOT DETECTED	EIA	300 ng/mL	S. Harvey

**VALIDITY TESTING**

TEST	RESULT	OUTCOME	METHOD	CUTOFF	CERTIFIED
Creatinine	23.9 mg/dL	IN RANGE	EIA	20 - 400 mg/dL	S. Harvey

**Comments**

Unknown medication listed on requisition form.

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

**DRAFT**

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 10/30/2012  
Page: 1 of 1

Case Verification Number: 2012304142748FF

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

Last Name:	Baumann	First Name:	Jeremy
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 5731	Date of Birth:	03/17/1982
Citizenship Status:	A citizen of the United States		

**Document Information:**

List B Document:	U.S. military card or draft record	List C Document:	Social Security Card
Alien Number:		I-94 Number:	

**Additional Information:**

Hire Date:	10/29/2012	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CKR08757	Submitted On:	10/30/2012

**Initial Case Result:**

Case Result: Employment Authorized

**Employee Referred to SSA:**

Referred By: \_\_\_\_\_ Referred On: \_\_\_\_\_

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

Case Result: \_\_\_\_\_ Response Date: \_\_\_\_\_

**Resubmitted to SSA (after Review and Update Employee Data):**

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

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

Case Result: \_\_\_\_\_

**Request Name Review:**

Comments: \_\_\_\_\_  
Submitted By: \_\_\_\_\_ Submitted On: \_\_\_\_\_

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

Case Result: \_\_\_\_\_ Response Date: \_\_\_\_\_

**Employee Referred to DHS:**

Referred By: \_\_\_\_\_ Referred On: \_\_\_\_\_

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

Case Result: \_\_\_\_\_ Response Date: \_\_\_\_\_

**Photo Matching Results:**

Determination: \_\_\_\_\_

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

Referred By: \_\_\_\_\_ Referred On: \_\_\_\_\_

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

Case Result:

Response Date:

**Case Closure:**

Closure Statement:

Closed By:

Closed On:

**SENSITIVE BUT UNCLASSIFIED**