
Diana C Elton

604 Shardlow Ln NE
Byron, MN 55920
507-398-9381
elton.diana18@gmail.com

18th September 2018

Dear Hiring Manager,

This letter is to express my interest in the Administrative Assistant Position listed on-line. Based on my effective communication skills and demonstrated ability to multitask, I am confident that I would be a great addition to your team.

My enclosed resume highlights my ability, knowledge, and expertise in customer service, cash handling and computer skills. As a Member Service Rep, I quickly became accustomed to a fast-paced, ever changing work environment while maintaining the ability to make appropriate decisions in a timely fashion.

I am excited about the Administrative Assistant Position and the ability to help your company succeed. Thank you in advance for your time. Please do not hesitate to contact me if you have any questions. I would appreciate the opportunity to review my qualifications with you in more detail.

Sincerely,

Diana C Elton

Diana Elton

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Byron, MN 55920
507-398-9381
elton.diana18@gmail.com

Objective:

To obtain a position for long-term career opportunities.

Work Experience

04/2014-07/2018

let go! shredded cost by accident.
Mayo Employees Federal Credit Union, Rochester – *Member Service Rep/Teller II*

- Establish memberships within the credit union
- Open/Close and Maintain Checking accounts, Savings accounts, Trust/Rep payee/Conservative accounts, IRA's, HSA's, CD's, and safe box
- Answer member questions and concerns ensuring they receive the best outcome
- Balancing and Issuing Credit cards and Debit cards on a daily basis
- Lending (Opening and underwriting credit cards, personal line of credit, personal loans and auto loans)
- Proficient in Windows, Microsoft Word and Excel. Answering phones, transfers and fax
- Public Notary
- Perform weekly buy/sell cash orders to the Federal Reserve while keeping vault within limits
- Ensuring all reports and documents are in the correct file and retained for the required amount of time
- Responsible for following open and closing procedures while performing the task at hand
- Balancing on a daily basis, while remaining to keep cash within limits, as well as performing daily and monthly audits on all drawers, machines, and vaults

12/2009-04/2014

Wells Fargo Bank, Rochester – *Lead Teller/Foreign Teller/Teller*

- Uncover needs of customers; ways to insure the customer gets the best relationship
- Building relationships and providing timely service while interacting with customers
- Handling deposits and withdrawals, cashing checks, accepting loan and credit card payments, issue gift cards and savings bonds, making of money orders, cashiers checks, and certified checks
- Follow all compliances in order to protect Bank policies and procedures
- Generated reports for Teller team needed in morning meetings
- Assisting my team members with questions, concerns, coaching situations, and decisions that have to be made, as well as taking responsibility for any action by granting approvals

04/2010-Present

Mr. Pizza South, Rochester – *Server*

- Part-time Job
- Meet and greet customers as they come in and out of the restaurant with a friendly smile
- Ensure customer is getting quality food and service

Education

2002-2004

Rochester Community and Technical College, Rochester – *Generals*

References

Amy McAndrew

Manager at First Steps Child Care

507-272-3791

Karen Nord

Receptionist at Mayo Credit Union

507-273-6007

Bill Henderson

Owner of Fat Willy's Bar and Grill

507-206-4301

MINNESOTA
DRIVER'S LICENSE



DIANA CHRISTINE ELTON
4611 20 1/2 AVE NW
ROCHESTER, MN 55901

Date of Birth 05-18-1983
Sex Eyes Class
F BRN D
Height Weight
5-1 130

ISSUED 07-2016 EXPIRES 05-18-2020

Diana Elton

N744137752615

SOCIAL SECURITY



468-08-9673

THIS NUMBER HAS BEEN ESTABLISHED FOR
DIANA C ELTON

Diana Elton
SIGNATURE

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri

Office Number: 507-923-4955

Office Address: 3707 Commercial Dr. SW Rochester, MN 55902



Applicant Information

(APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED)

Please fully complete pages 1-3

Full Name: (Last Name, First Name) Elton, Diana Date: 9-19-18

Address: (Street Address) 604 Shardlow Ln NE (Apt./Unit #) _____

(City) Byron (State) MN (ZIP Code) 55920

Phone: 507-398-9381 Email: Elton.Diana18@gmail.com

Social Security No. 468-08-9673 Date Available: ASAP

Position Applied for: Adm. Assistant Desired Salary: 19.00 hr →

Shift Available to work: 1st 2nd 3rd Employment desired: Full-Time Part-Time

Are you authorized to work in the U.S? Yes No

How did you hear about us? Indeed Referral Name: _____

If under 18, please list age: _____

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? No Yes

*flexible
around
conpermisi*

40

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	John Marshall High School	Rochester, MN	4	Generals
College	RCTC	Rochester, MN	2	N/A Generals
Bus. Or Trade School				
Professional School				

CORPORATE MANAGEMENT GROUP



Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri

Office Number: 507-923-4955

Office Address: 3707 Commercial Dr. SW Rochester, MN 55902

Previous Employment

Company: Marjo Employees Federal Credit Union Phone: 507-293-9142

Address: 4151 St. NW Roch. MN Supervisor: Joy S

Job Title: Member Service Rep Starting Salary: \$ 18.53 Ending Salary: \$ 18.87

Responsibilities: Open, Close, maintain Accounts, Loans, IRAs, HSA's, Customer service

From: 4/14 To: 7/18 Reason for Leaving: Looking for different opportunity

May we contact your previous supervisor for reference? Yes No

Company: Wells Fargo Phone: 507-285-2980

Address: 1701 Greenview Pl SW Roch MN Supervisor: Josh W

Job Title: Lead Teller Starting Salary: \$ 11.00 Ending Salary: \$ 13.00

Responsibilities: Handling deposits, withdrawals, payments, uncover needs

From: 12/09 To: 4/14 Reason for Leaving: Looking for advancement

May we contact your previous supervisor for reference? Yes No

Company: KOSCOE'S B&B Phone: 507-285-0501

Address: Cedarwood mall Roch MN Supervisor: Barb Ross

Job Title: Manager, Server Starting Salary: \$ 9.50 Ending Salary: \$ 13.00

Responsibilities: Time, temp, control. Customer service, deposits, ~~work~~ schedule

From: 1/00 To: 12/09 Reason for Leaving: Build career

May we contact your previous supervisor for reference? Yes No

Company: Mr PIZZA Phone: 507 288 1488

Address: 1729 S Broadway Roch MN Supervisor: Ryan F

Job Title: Server Starting Salary: \$ 7.50 Ending Salary: \$ 9.05

Responsibilities: Customer service, answer phone, take orders

From: 4/10 To: present Reason for Leaving: Part-time will keep.

May we contact your previous supervisor for reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: [Signature] Date: 9/19/18

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri

Office Number: 507-923-4955

Office Address: 3707 Commercial Dr. SW Rochester, MN 55902



PLEASE READ CAREFULLY APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

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 remain an employee of Corporate Management Group, Inc. (CMG), 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 a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by 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 CMG policies.

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

I understand that, in connection with the routine processing of your employment application, CMG 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, CMG 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 CMG 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 CMG is terminable at will for any reason by either party.

Signature of applicant

Date:

9/19/10

Application Waiver

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

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 remain an employee of Corporate Management Group, Inc. (CMG), 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 a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

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I further understand that my employment with CMG shall be probationary for a period of ninety (90) days or 520 hours (based on the client site I am employed at) and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant *Diana C Elton* Date: Oct 1, 2018
Diana C Elton (Oct 1, 2018)



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name) Elton		First Name (Given Name) Diana		Middle Initial C	Other Last Names Used (if any) N/A	
Address (Street Number and Name) 604 Shardlow Ln NE			Apt. Number	City or Town Byron		State MN
Date of Birth (mm/dd/yyyy) 05/18/1983		U.S. Social Security Number 4 6 8 - 0 8 - 9 6 7 3		Employee's E-mail Address N/A		Employee's Telephone Number (507) 398-9381

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 boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>N/A</u>
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>N/A</u> Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>)

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: <u>N/A</u>
OR
2. Form I-94 Admission Number: <u>N/A</u>
OR
3. Foreign Passport Number: <u>N/A</u>
Country of Issuance: <u>N/A</u>

QR Code - Section 1
 Do Not Write In This Space


Signature of Employee	Today's Date (mm/dd/yyyy) <u>10/1/18</u>
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) Elton	First Name (Given Name) Diana	M.I. C	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title N/A		Document Title Driver's license issued by state/territory Minnesota		Document Title Social Security Card (Unrestricted) U.S. Department of Health and Human Serv
Issuing Authority N/A		Issuing Authority Minnesota		Issuing Authority U.S. Department of Health and Human Serv
Document Number N/A		Document Number n744137752615		Document Number 468089673
Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) 05/18/2020		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		Additional Information		QR Code - Section 2 Do Not Write In This Space 
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Kelsey Adkins</i>		Today's Date (mm/dd/yyyy) 10/1/18	Title of Employer or Authorized Representative Client Services Manager	
Last Name of Employer or Authorized Representative Sikkink	First Name of Employer or Authorized Representative Kelsey	Employer's Business or Organization Name Corporate Management Group		
Employer's Business or Organization Address (Street Number and Name) 12000 Washington St. Suite 350		City or Town Thornton	State CO	ZIP Code 80241

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2018 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial Diana Christine		Last name Elton		2 Your social security number 468-08-9673	
Home address (number and street or rural route) 604 Shardlow Ln NE			3 <input checked="" type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code Byron MN 55920			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, 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>Diana C. Elton</i> <small>(Diana C. Elton, PS-1, 1-2018)</small>		Date ▶ Oct 1, 2018	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

Emergency Contact Information

<p>In the event of an emergency CMG will contact the follow contacts</p> <p>Please list two people in order of priority.</p>	
<p style="text-align: center;">Contact # 1</p> <p>Name: Matt Henderson</p> <p>Relationship: Kids Father</p>	<p>Home Phone: Work: 507-206-4301</p> <p>Cell Phone: Cell: 507-421-5092</p>
<p style="text-align: center;">Contact # 2</p> <p>Name: Matt Erwin</p> <p>Relationship: Spouse</p>	<p>Home Phone: Cell: 507-993-5411</p> <p>Cell Phone:</p>

Additional information you would like CMG and our clients to know in the event of an emergency:

Oldest Son Talon Henderson (12yrs): 507-272-2510

Youngest Son Teigen Henderson (10yrs): 507-398-0702



Direct Deposit/Payroll Debit Card Authorization Form

Employees have the option of receiving wages by Direct Deposit or Payroll Debit Card. If you do not provide a written payroll election a Payroll Debit Card will be provided.

Employee Name Diana C Elton

Payroll Election:

Direct Deposit (Please see Section A)

Payroll Debit Card (Please see Section B)

Section A: Direct Deposit

Bank Name: Mayo Employees Federal Credit Union

Routing Number: 291975478

Account Number: 728090009

Account Type: Check Savings: Other:

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account information that I provided is incorrect.

Initial: DE Date: Oct 1, 2018

Section DIANA ELTON 4109

Routing 75-7547/2919

Account MP

Pay to the Order of [Signature] Date _____ \$ _____

Initial: _____ Dollars 

 www.mayocreditunion.org

Section DIANA ELTON

Bank For Mayo Employees Federal Credit Union

Routing 291975478:0000728090009 4109

Account Number: _____

Account Type: Check Savings: Other:

Initial: _____ Date: _____

I authorize CMG to directly deposit my wages and other payments as necessary into my account(s) as designated above and to initiate, debit entries and adjustments for any credit entries made in error to my account(s).

I have been informed how to gain access to my electronic pay stubs if needed.

Employee Signature: Diana C Elton Date: Oct 1, 2018



To: All Employees
Quien: Todos Empleados

From: Corporate Management Group & Employer Solutions Group
De: Corporate Management Group y Employer Solutions Group

Re: Stop Payment Check Fee
Re: Tarifa de cheque parado

Effective immediately, to replace a lost or stolen check, \$50.00 will be deducted from the replacement check for a stop payment fee and for a reprocessing fee. *Efectivo inmediatamente, para reemplazar un cheque de sueldo perdido o robado, \$50.00 de tarifa sera deducido de el cheque reemplazado para parar el cheque original y para procesarlo denuevo.*

If you lose your check, we will first have to verify that it has not been processed through the bank. If it has not, a new check will be issued, minus the \$50.00 fee. *Si usted pierde su cheque, tendremos que verificar que no ha sido procesado en el banco. Si no, un cheque nuevo sera processado, menos las tarifa de \$50.00.*

If your check is stolen, we will first need a copy of the police report before a new check can be reissued. After we receive a copy of the police report, a new check will be issued following the same procedures as listed above. *Si su cheque es robado, necesitaremos una copia de el reporte de policia antes de que un cheque nuevo sera procesado. Despues de obtener una copia del reporte de policia, un cheque nuevo sera procesado usando los mismos procedimientos mencionados arriba.*

If you have any questions regarding this new policy, please contact your On-Site Representative or the Corporate Office (303-920-1425). *Si usted tiene preguntas sobre esta poliza, por favor contacte a su representante de CMG o la oficina corporal al (303-920-1425)*

Thank you for your continued dedication and hard work!

Gracias por su dedicacion continua!

By signing below you are confirming that you understand the above policy.
Con su firma abajo usted esta confirmando que entiende la poliza descrita.

Signature/Firma: *Diana C Elton*
Diana C Elton (Oct 1, 2018)

Date/Fecha: Oct 1, 2018

February 2011



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.

DE
DE _____ (Initial)

Diana C Elton
Diana C Elton (Oct 1, 2018)

Employee Signature:

Diana C Elton

Employee (please print your name here)

Oct 1, 2018

Date:



"Your workforce management & staffing experts"

ANTI-HARASSMENT POLICY

It is Corporate Management Group's (CMG) policy that all employees should be able to enjoy a work environment free from all forms of discrimination, including harassment. As such, CMG is committed to vigorously enforcing their Anti-harassment Policy. This policy applies to all employees of the organization (without regard to position) and individuals not directly connected to CMG (e.g., an outside vendor, consultant, customer or guest). Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation or veteran status. Harassment is considered a form of discrimination and is specifically included among the prohibitions under Title VII of the Civil Rights Act of 1964. In addition, retaliation or reprisal taken against anyone who has expressed concern about harassment or discrimination against the individual raising the concern is illegal.

The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as "unwelcome sexual advances, requests for sexual favors, sexual comments, or other verbal or physical acts of a sexual or sex-based nature including, but not limited to drawings, pictures, jokes, and/or teasing where (1) submission to such conduct is made either explicitly or implicitly a term or a condition of an individual's employment; (2) an employment decision is based on an individual's acceptance or rejection of such conduct; or (3) such conduct interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment."

The Anti-harassment Policy prohibits harassment and/or retaliation by any individual employed by, doing business with or for, or visiting CMG. Employees who believe they have been the subject of harassment and/or retaliation or an employee who may have been witness to harassment and/or retaliation must report the incident immediately. Information and/or allegations must be reported to a manager of CMG (by telephoning 866.920.1425 or 303.920.1425). Only those who have an immediate need to know, including the alleged target of harassment or retaliation, the alleged harassers or retaliators, and any witnesses may find out the identity of the complainant. All individuals contacted in the course of an investigation will be advised that all persons involved in a charge are entitled to respect and that any retaliation or reprisal against an individual who is an alleged target of harassment or retaliation, who has made a complaint, or who has provided information in connection with a complaint, is a separate violation of CMG's policy. All information will be disclosed only on a need-to-know basis to allow CMG to

investigate and resolve the incident. CMG recognizes the serious nature of harassment and therefore will endeavor to protect the employee who may have been subjected to harassment, any witnesses and the party against whom allegations have been filed to every possible extent.

Harassment is unlawful and has a negative impact on employees. Violation of the Anti-harassment Policy will not be tolerated by CMG and may result in discipline up to and including termination. Offensive acts or conduct have no legitimate business purpose; accordingly, any employee, regardless of his/her position within CMG, who it is determined has engaged in such conduct will be made to bear the full responsibility for such unlawful conduct.

With respect to sexual harassment, the following is prohibited:

1. Unwelcome sexual advances, request for sexual favors, and all other verbal or physical conduct of a sexual or otherwise offensive nature, especially where:
 - Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
 - Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
 - Such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment.
2. Offensive comments, jokes, innuendoes and other sexually-oriented statements.

If Harassment Occurs:

1. When possible, confront the harasser and tell him/her to stop. Sometimes a simple confrontation will end the situation.
2. If confrontation is unsuccessful, immediately contact your CMG supervisor to report the harassment.
3. An investigation will be conducted and appropriate action taken, including disciplinary measures. We will investigate, in confidence; all reported incidents of harassment and retaliation.

Employee Signature: *Diana C Elton*
Diana C Elton (Oct 1, 2018)

Date: Oct 1, 2018

DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF BACKGROUND REPORTS

It is recognized and understood that the Fair Credit Reporting Act provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses" shall be fined not more than \$2,500 or imprisoned not more than a year, or both.

In connection with my application for EMPLOYMENT (including contract for services), I understand that investigative background inquiries are to be made on me which may include criminal convictions, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences. If I include a current employer for verification, I may jeopardize my position within that company. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from BACKGROUND SOURCE INTL and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract).

Applicant Signature: Diana C Elton Date: Oct 1, 2018
Diana C Elton (Oct 1, 2018)

Please PRINT clearly: Position applied for: Administrative Assistant

Name: Diana C Elton Maiden / AKA: _____
First Middle Last

Soc. Sec. #: 468-08-9673 *Sex: F *Race: White *Date of Birth: 05/18/1983

Current Address: 604 Shardlow Ln NE County: _____

City: Byron State: MN Zip: 55920 How long: 05/2017 to Present

Previous Address: 3037 Aylon Cove Ct. NW County: _____

City: Rochester State: MN Zip: 55901 How long: 11/2016 to 05/2017

Motor Vehicle Report Fax to: (208)769-7282

Name as it appears: Diana Elton License #: _____ State held: MN

*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the event we discover adverse information during our background investigation. 03/06/01