



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **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) Kruger		First Name (Given Name) Issac		Middle Initial D	Other Last Names Used (if any) n/a	
Address (Street Number and Name) 11520 S. 39TH Street			Apt. Number # 16	City or Town Bellevue		State ne
Date of Birth (mm/dd/yyyy) 11/21/1976		U.S. Social Security Number 585492791 - [] [] [] []		Employee's E-mail Address Rodriguez281@msn.com		Employee's Telephone Number 303-817-1469

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 (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Allen Registration Number/USCIS Number):
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "N/A" in the expiration date field. (See instructions)
<p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Allen Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Allen Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of issuance: _____</p>
QR Code - Section 1 Do Not Write In This Space

Signature of Employee ISSAC DOWDRES KRUGER	Today's Date (mm/dd/yyyy) 9/26/2022
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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





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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) <i>Kruaer</i>	First Name (Given Name) <i>JSSAC</i>	M.I. <i>D</i>	Citizenship/Immigration Status <i>US Citizen</i>
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List A Identity and Employment Authorization OR List B Identity AND List C Employment Authorization

Document Title	Document Title <i>Drivers License</i>	Document Title <i>Social Security Card</i>
Issuing Authority	Issuing Authority <i>NEBRASKA</i>	Issuing Authority <i>SSA</i>
Document Number	Document Number <i>H24268194</i>	Document Number <i>585-49-2791</i>
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy) <i>11/21/2024</i>	Expiration Date (if any) (mm/dd/yyyy)

Document Title	Additional Information	QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		

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): 09/30/2022 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Charles Ness</i>	Today's Date (mm/dd/yyyy) <i>09/30/2022</i>	Title of Employer or Authorized Representative <i>Senior Director</i>	
Last Name of Employer or Authorized Representative <i>Ness</i>	First Name of Employer or Authorized Representative <i>Trabean</i>	Employer's Business or Organization Name <i>Comorate Management Group</i>	
Employer's Business or Organization Address (Street Number and Name) <i>1521 W 124th Ave Suite 500</i>	City or Town <i>Westminster</i>	State <i>CO</i>	ZIP Code <i>80224-13</i>

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 <i>Charles Ness</i>	Today's Date (mm/dd/yyyy) <i>9/30/2022</i>	Name of Employer or Authorized Representative <i>Trabean Ness</i>
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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: Issac Dolores Kruger

Payroll Election: <input checked="" type="checkbox"/> Direct Deposit (Please see Section A) <input type="checkbox"/> Payroll Debit Card (Please see Section B)	
Section A: Direct Deposit Bank Name: <u>Wells fargo Bank</u> Routing Number: <u>102000076</u> Account Number: <u>6392363658</u> Account Type: Check <input checked="" type="checkbox"/> Savings: <input type="checkbox"/> Other: <input type="checkbox"/>	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: <u>IDK</u> Date: <u>9/26/2022</u>

Section B: Payroll Debit Card Routing Number: _____ Account Number: _____ Initial: <u>N/A</u> Date: _____	I have received my Payroll Debit Card, welcome brochure, program fees, conditions and disclosures. By activating my Payroll Debit Card on my first pay day I am agreeing to the program terms, conditions and disclosures that are included or made available to me from time to time from the financial institution. I authorize CMG to debit my Payroll Debit Card account for the fees described to me in the provided material.
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Section C: Additional Accounts Bank Name: _____ Routing Number: _____ Account Number: _____ Account Type: Check <input type="checkbox"/> Savings: <input type="checkbox"/> Other: <input type="checkbox"/>	I request that the following funds be deposited to the account listed in Section C: <input type="checkbox"/> _____% of my original deposit <input type="checkbox"/> \$ _____ from my original deposit Initial: <u>N/A</u> Date: _____
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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: <u>ISSAC DOLORES KRUGER</u>	Date: <u>9/26/2022</u>



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: ISSAC DOWRES KRUGER

Date/Fecha: 9/26/2022

February 2011

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: ISSAC DOWRES KRUGER

Date: 9/26/2022



Notification of Colorado Law Requirement
Unemployment Acknowledgement

EMPLOYEE COPY

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.

IDK (Initial)

ISSAC DOLORES KRUGER

Employee Signature: _____

9/26/2022

Date: _____

Issac Dolores Kruger

Employee (please print your name here) _____