



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 9/2

Name Trumbauer Heather Leigh Fenstermacher
Last First Middle Maiden

Present address General Delivery
Number Street
Boulder CO 80302
City State Zip

Social Security No. 211 - 66 - 4541

Telephone (267) 367-1223 E-Mail Rhagosto2015@gmail.com

If under 18, please list age _____ Referred by Ricardo Agosto Jr

Position applied for (1) _____ Shift available to work
and salary desired (2) 12.00 1st X
(Be specific) 2nd _____
3rd _____

How many hours can you work weekly? 40 + Can you work nights? at times

Employment desired ☒ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ FULL- OR PART-TIME

When available for work? 9/2/15

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
☒ No ☐ Yes If so, please explain _____

Do you anticipate any absences from work on a regular basis?
☒ No ☐ Yes If so, please explain _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Souderton	625 Lower Rd Souderton PA 18964	12	Graduate
College				
Bus. or Trade School	N. Monco Tec	1265 Sunnyside Ave Lansdale PA 19446	3	cosmetology
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☒ No ☐ Yes

If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. _____

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DO YOU HAVE A DRIVER'S LICENSE? ☒ Yes ☐ No

What is your means of transportation to work? car

Driver's license number 22 799 287 State of issue PA

Operator ☒ Commercial (CDL) ☐ Chauffeur ☐

Expiration date 8/9/16

Have you had any accidents during the past three years? ☒ Yes ☐ No

If so, how many? 1

Have you had any moving violations during the past three years? ☐ Yes ☒ No

If so, how many? _____

Please list two references other than relatives or previous employers.

Name Ruth Litke Name Diane Strauss

Position Secretary Position Aid

Company Telford Lutheran Home Company Grandview Medical ObGYN

Address 12 Lutheran Home Dr Address 99 N. West end Blvd #102

Telford PA 18969 Quakertown PA 18951

Telephone (215) 723 - 9819 Telephone (215) 536-3200

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes X No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? __ Yes X No

Branch _____ Specialty _____

Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name <u>Phillips Pet feed + Supply</u>		Supervisor name <u>Shelly Gilbert</u>	
Position <u>Picker + Packing</u>			
Company _____		Employment dates	Pay or salary
Address <u>3747 Hecktown Rd</u>		From <u>2014</u>	Start <u>11.50</u>
<u>Easton PA 18045</u>		To <u>2015</u>	Final <u>12.20</u>
Telephone <u>(610) 250-2099</u>		Your last job title <u>Blue Mod Picker</u>	
Reason for leaving (be specific) <u>Moving To Colorado</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Used the Jennifer System, headset to pick Pet supplies from a continuous 3 floor line. Got cross trained in packing + shipping - using computer</u>			
Name <u>Grandview Hospital</u>		Supervisor name <u>Ricardo C.</u>	
Position <u>EVS</u>			
Company _____		Employment dates	Pay or salary
Address <u>700 Lawn Ave</u>		From <u>2013</u>	Start <u>12.25</u>
<u>Sellersville PA 18960</u>		To <u>2014</u>	Final <u>12.25</u>
Telephone <u>(415) 453-4000</u>		Your last job title _____	
Reason for leaving (be specific) <u>Environment was hard to deal - sad</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>cleaned Labor + delivery rooms, C-Section OR room. learned about disinfection + chemicals. Used a bed-board system on hospital computers</u>			

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name <u>Supreme Holdings LP</u>	Supervisor name <u>Jim Trumbauer</u>	
Position <u>Secretary</u>	Employment dates	Pay or salary
Company _____	From <u>2007</u>	Start <u>1/4 owner</u>
Address <u>53 N. Main St</u>	To <u>Present</u>	Final <u>Ship</u>
<u>Telford PA 18969</u>	Your last job title _____	
Telephone (<u>267</u>) <u>266-4499</u>	Reason for leaving (be specific) <u>Still with Co.</u>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>used Quickbooks w/ real estate overlay.</u> <u>Collected Rents, Paid bills, Screened Tenants</u> <u>Made and signed leases</u> <u>*Turned over to Treasurer</u>		

Name <u>Victorian Boutique</u>	Supervisor name <u>Jackie Fenstermacher</u>	
Position <u>Helper</u>	Employment dates	Pay or salary <u>8.00</u>
Company _____	From <u>1998^{PT} - 2001</u>	Start <u>5.00</u>
Address <u>53 N. Main St</u>	To <u>2014</u>	Final <u>8.00</u>
<u>Telford PA 18969</u>	Your last job title _____	
Telephone (<u>215</u>) <u>723-5061</u>	Reason for leaving (be specific) <u>Moved To Colorado</u>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. <u>recieved orders, unpacked boxes, set up house</u> <u>managed the 15,000 + mailing list, ran computer</u> <u>registers, entered inventory into computer, called</u> <u>in damages, shipped items out upon request.</u>		

May we contact your present employer? ☒ Yes ___ No - Not employed

Did you complete this application yourself ☒ Yes ___ No

If not, who did? _____

Form W-4 (2015)

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 2015 expires February 16, 2016. 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 \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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 can 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. 505 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. 505 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. 505 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>1</u>
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	<u> </u>
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child		
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
For accuracy, complete all worksheets that apply. • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.			

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
		▶ 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.		2015	
1 Your first name and middle initial <u>Heather L</u>		Last name <u>Trumbauer</u>		2 Your social security number <u>211-66-4541</u>	
Home address (number and street or rural route) <u>53 N. Main St.</u>		3 ☒ Single ☐ Married ☐ 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>Telford PA 18969</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. ▶ ☐			
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> </u>	
7 I claim exemption from withholding for 2015, 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>Heather L Trumbauer</u>				Date ▶ <u>9/2/15</u>	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

**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 Heather L Trumbauer Date: 9/2/15

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

_____, or any of its subsidiaries may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history (State and Federal records), social security verification, address trace, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised NationSearch LLC, 11160 Huron St. Suite 100 Northglenn, Co 80234, (800)-827-9550 will be conducting the ICR or another outside organization. The scope of this notice and authorization is all encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, credit reporting agency, employer, to provide any and all background information requested by NationSearch LLC, 11160 Huron St. Suite 100 Northglenn, CO 80234 (800)-827-9550, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Notice to California Applicants: Notice to California Applicants: Under section 1786.22 of California Civil Code, you have the right to request from NationSearch, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which NationSearch has previously furnished within the two-year period preceding your request. You may view the file maintained on you by contacting NationSearch during normal business hours. You may also obtain a copy of this report(s) upon submitting proper identification. Upon making a written request, you may receive a summary of your report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

Notice to Maine Applicants: Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency, NationSearch and request a copy of the report(s) compiled.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

Last Name: Trumbauer	First: Heather	SS# 211-66-4541
Other Names used: Heather L Trumbauer	Date of Birth: For employment Purposes Only 08/08/1972	
Motor Vehicle Number and State of Issue: (Driver's License #, NOT License Plate #) PA 22T99 287		
Address: 53 N. Main St. Telford PA 18969		

Signature: Heather L Trumbauer Date: 9/2/15

Please initial this box in affirmation that you have been advised of your rights as it pertains to this consumer investigative report, and are aware of the agency conducting the investigation:

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IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Name: Ricardo Agosto Jr

Address: General Delivery Boulder CO 80302

Home Phone: 267-367-1225

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

1. Name: Ricardo Agosto Jr

Phone (work): _____

Phone (home): 267-367-1225

2. Name: _____

Phone (work): _____

Phone (home): _____

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



Affirmation of Legal Work Status
Pursuant to § 8-2-122, Colorado Revised Statutes

Employee Name: Trumbauer Heather L 8/8/1972
Last First Middle Date of Birth

Social Security Number: 211 - 66 - 4541 Date of Hire: 9/2/15

In accordance with § 8-2-122, C.R.S., within twenty days after hiring the new employee listed above,

I affirm all four of the following:

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

Print Name of Employer (or Designated Representative) _____ Official Title _____

Signature of Employer (or Designated Representative) _____ Date Signed _____

Corporate Management Group 12000 N. Washington Street #290
Thornton, CO 80241 303-920-1425

Business or Organization Name _____ Employer Phone Number _____

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.

This affirmation and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

This affirmation is provided as a courtesy by the Colorado Division of Labor.