



New Employee Acknowledgement Form

Welcome to CMG!

As a new employee, you will be provided with a Drug and Alcohol Policy and website/app to view paystubs/tax forms. Please sign and date the bottom of this form stating that you received the following information.

Drug and Alcohol Testing Policy

Website/App to View Paystubs

Website: <https://saashr.com/ta/default.login>



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-Benefits-Please speak to your CMG Representative regarding client specific Benefits offered.

-It is your responsibility to direct any questions to your CMG representative.

I hereby acknowledge that I have been provided with information to view the items listed above. I understand that it is my responsibility to read and follow each document provided to me and that if I have any questions concerning the content, it is my responsibility to address my questions with a CMG representative. I also hereby waive any claim, now or in the future, that I did not receive, did not read or did not comprehend the items or their contents.

Signature:  Date: 5/26/2026

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: 8am-5pm Monday to Friday

Office Number: (303) 920-1425

Office Address: 1501 W 124th Ave Ste 500, Westminster, CO 80234



Applicant Information

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

Full Name: (Last Name, First Name) Graham kyle Date: 5/26/2026

Address: (Street Address) 7630 hwy 2 lot 12 (Apt. /Unit #) _____

(City) Commerce city (State) Co (ZIP Code) 80022

Phone: 7202257864 Email: Kyleg2582@gmail.com

Social Security No. 651-10-4215 Date Available: _____

Position Applied for: _____ Desired Wage: _____

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? _____ 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

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? ☐ Yes ☐ No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? ☐ Yes ☐ No

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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 WJ Date: 5/26/2026



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)C. Also, a temporary employee who agrees to work on an as-needed bases 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 8-73-105.

This paragraph applies only if, at the beginning of employment with the staffing service, the applicant signed and was provided a copy of a separate document written in clear and concise language that informed the applicant of this paragraph and that unemployment benefits may be affected.

It is your responsibility to contact CMG directly for additional assignments. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact CMG within three separate pay periods once an assignment ends. I also acknowledge that I have been provided a copy of this form. _____ (Initial)

Recruiter: Corporate Management Group

Phone number: 303-920-1425

Address: 1501 W 12th Ave Unit 500

Westminster, CO 80021

A handwritten signature in black ink, appearing to read "Kyle Graham", written over a horizontal line.

Employee Signature:

5/26/2026

Date:

Kyle graham

Employee Printed Name:



HCMTOGO

Authorization of Direct Deposit

The undersigned (hereafter referred to as the "employee") hereby authorizes and requests Smart-HR to make deposits from time to time in the account(s) identified below and authorizes the bank to accept such deposits. It is agreed that these deposits may be made electronically and under the National Automated Clearing House Association. It is agreed that Smart-HR is only responsible for direct deposits of funds that have previously been received from Corporate Management Group hereafter referred to as the employee.

Main Account

Checking or Saving Account (circle one)

Account # 766160840761Routing # 031101279Bank Name The Bancorp Bank**Additional Account**

Checking or Saving Account (circle one)

Account # _____

Routing # _____

Bank Name _____

Signature [Signature]Date 5/26/2026**Emergency Contact Information**

Please list at least one person with one working phone number. We will only contact the name(s) listed below if we are unable to get ahold of you or if there is an emergency.

Contact #1

Contact #2

Name: Crystal lewis

Name: _____

Relationship: Mother figure

Relationship: _____

Phone Number: 3038778112

Phone Number: _____

Additional information you want ESSG and our client to know in the event of an emergency:

Confidential Information

The employee acknowledges that in the Employee's work, the employee will be making use of acquiring and adding to confidential information of a special and unique nature and value relating to such matters as, but not limited to, CMG's business operations, internal structure, financial affairs, systems, procedures, manuals, confidential reports and lists of clients, as well as the amount, nature and type of services used and preferred by CMG's clients and fees paid by such clients, all of which shall be deemed to be confidential information. In consideration of work by CMG the employee agrees that during the employment period and upon and after ceasing to be employed by CMG for any reason whatsoever, the employee shall not, for any reason or purpose whatsoever, directly or indirectly, divulge or disclose to any person or entity any of such confidential information which was obtained by the employee as a result of the employee's employment with CMG, or any information or knowledge respecting the affairs of CMG or any of its officers, directors employees, stockholders, agencies or referrers of clients learned or conceived by the employee while in the employ of CMG, but shall hold all of the same inviolate.

Signature [Signature]Date 5/26/2026

Employee Non-Compete Agreement

The employee and Corporate Management Group recognize that due to the nature of employee's engagement hereunder and the relationship of the employee to CMG, the employee will have substantial personal contacts with clients of CMG which are likely to result in the development of strong business and personal ties to and goodwill with the employee rather than CMG and, as a result, it is likely that such clients would follow the employee in the event the employee ceases to be employed by CMG. Accordingly, the employee agrees as follows:

- During the term of employment with CMG the employee shall not, directly or indirectly, either individually or as a partner, agent, employee, stockholder, officer, director, consultant or otherwise, except for the account of and on behalf of CMG engage in practice of temporary employment services. Additionally, during the term of employment with CMG and for a period of twelve months after the cessation of employment, for any reason whatsoever, the employee shall not solicit or otherwise attempt to establish for himself or for any other person, firm or entity any business relationships with any person or entity which was at any time during the term of this agreement, a client of CMG.
- For a period of twelve months after the cessation of employment, for any reason whatsoever, the employee shall not directly or indirectly, either individually or as a partner, agent, employee, consultant or otherwise, solicit any person or entity to provide or render temporary employment services within the city limits of any city where CMG has clients at the time of cessation of employment.
- For a period of twelve months after the cessation of the employee's employment with CMG for any reason whatsoever, the employee shall not directly or indirectly, either individually or as a partner, agent, employee, stockholder, officer, director, consultant or otherwise, solicit for employment or employ any person who was an employee of CMG at any time during the term of this agreement.

These parties hereto agree that to the extent that any provision or portion of this agreement shall be held, found or deemed to be unreasonable, unlawful or unenforceable by a court of competent jurisdiction, then any such provision or portion thereof shall be deemed to be modified to the extent necessary in order that any such provision or portion thereof shall be legally enforceable to the fullest extent permitted by applicable law; and the parties hereto do further agree that any court of competent jurisdiction shall, and the parties hereto do hereby expressly request any court of competent jurisdiction to, enforce any such provision or portion thereof or to modify any such provision or portion thereof in order that any such provision or portion thereof shall be enforced by such court to the fullest extent permitted by applicable law. Any remedy available under the agreement shall be in addition to, and cumulative with, any remedy available to CMG at law, in equity or otherwise.

Signature WJ

Date 5/26/2026

Background Check Authorization

I, hereby authorize and its designated agents and representatives to conduct a comprehensive background check as part of the employment screening process. This background check may include, but is not limited to, the following:

1. Criminal background check: This may involve researching and reporting any criminal convictions or pending criminal cases.
2. Professional references: This may involve contacting individuals listed as professional references by the employee to assess their qualifications and suitability for the position.
3. Driving record check (if applicable): This may involve reviewing the employee's driving history, including any traffic violations and accidents.

Release of Information:

I understand that, in the course of the background check process, may need to disclose my personal information to third-party vendors or agencies for the purpose of obtaining the necessary background information. I consent to the release of such information.

By signing below, I acknowledge that I have read and understand the terms of this consent form and voluntarily consent to the background check described herein.

Signature: WJ

Date: 5/26/2026

Recruiting Acknowledgement

I understand and acknowledge that Corporate Management Group is an Equal Employment Opportunity employer. We believe in treating each employee and applicant for employment fairly and with dignity. We take personnel action on the basis of merit experience, and potential, without regard to race, color, national origin, sex, marital status, age, religion, disability, sexual orientation, or Vietnam Era status.

CMG is a voluntary participant of the E-Verify program through the U.S. Department of Homeland Security. Each and every applicant that accepts a position with his company is screened through the E-Verify database. Any person rejected by the E-Verify database is unauthorized to work in the US and will not be hired.

I also understand and acknowledge it is this company's practice and expectation of our recruiters and hiring managers to hire only those people legally authorized to work in the United States. Any employee disregarding the seriousness of or fails to follow the protocol of the company's hiring practices and guidelines will be disciplined with the possibility of termination. Any employee of CMG that knowingly and/or willingly hires an unauthorized individual will be terminated.

Signature: WJ

Date: 5/26/2026

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2025**Step 1:**
Enter
Personal
Information

(a) First name and middle initial

Kyle r

Last name

Graham

(b) Social security number

651-10-4215

Address

7630 hwy 2 lot 12

City or town, state, and ZIP code

Commerce city, co , 80022

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.(c) ☒ Single or Married filing separately☐ Married filing jointly or Qualifying surviving spouse☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3:
Claim
Dependent
and Other
Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500 \$

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3 \$

Step 4
(optional):
Other
Adjustments(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

4(a) \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(b) \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period

4(c) \$

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

5/26/2026

Date

Employers
Only

Employer's name and address

First date of
employmentEmployer identification
number (EIN)



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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) Graham		First Name (Given Name) Kyle		Middle Initial (if any) R	Other Last Names Used (if any)	
Address (Street Number and Name) 7630 hwy 2 lot 12		Apt. Number (if any)	City or Town Commerce city		State Co	ZIP Code 80022
Date of Birth (mm/dd/yyyy) 05/16/1999	U.S. Social Security Number 651-10-4215	Employee's Email Address Kyleg2582@gmail.com			Employee's Telephone Number 720-225-7864	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		☒ 1. A citizen of the United States				
		☐ 2. A noncitizen national of the United States (See Instructions.)				
		☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		☐ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4., enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee <i>[Signature]</i>		Today's Date (mm/dd/yyyy) 5/26/2026				

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2: Employer Review and Verification: Employer or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment and must physically examine or examine consistent with an alternative procedure authorized by the Secretary of DHS documentation from List A and/or a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box. See instructions.

List A	List B	AND	List C
Document Title	Driver License		Social Security Card
Issuing Authority	Colorado		SSA
Document Number (if any)	110-245-0952		65110-4215
Expiration Date (if any)	05/16/2029		N/A
Document Title 2 (if any)	Additional Information		
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Document Title 3 (if any)			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

Last Name, First Name and Title of Employer or Authorized Representative Ness, Izabean Senior Recruiter		Signature of Employer or Authorized Representative <i>[Signature]</i>	First Day of Employment (mm/dd/yyyy) 05/29/2026
Employer's Business or Organization Name Corporate Management Group		Today's Date (mm/dd/yyyy) 05/29/2026	
Employer's Business or Organization Address, City or Town, State, ZIP Code 1801A-124th Ave Suite 520 North Platte CO 80341			

For reverification or rehire, complete Supplement B. Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
- U.S. Passport or U.S. Passport Card - Permanent Resident Card or Alien Registration Receipt Card (Form I-551) - Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa - Employment Authorization Document that contains a photograph (Form I-766) - For an individual temporarily authorized to work for a specific employer because of his or her status or parole: - Foreign passport; and - Form I-94 or Form I-94A that has the following: - The same name as the passport; and - An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. - Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		- Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address - ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address - School ID card with a photograph - Voter's registration card - U.S. Military card or draft record - Military dependent's ID card - U.S. Coast Guard Merchant Mariner Card - Native American tribal document - Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: - School record or report card - Clinic, doctor, or hospital record - Day-care or nursery school record		- A Social Security Account Number card, unless the card includes one of the following restrictions: - NOT VALID FOR EMPLOYMENT - VALID FOR WORK ONLY WITH INS AUTHORIZATION - VALID FOR WORK ONLY WITH DHS AUTHORIZATION - Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) - Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal - Native American tribal document - U.S. Citizen ID Card (Form I-197) - Identification Card for Use of Resident Citizen in the United States (Form I-179) - Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.				
- Receipt for a replacement of a lost, stolen, or damaged List A document. - Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. - Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.		Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

**Department of Homeland Security
U.S. Citizenship and Immigration Services**

**USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 05/31/2027**

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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 		Date (mm/dd/yyyy) 5/26/2026	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	City or Town	State	ZIP Code

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 		Date (mm/dd/yyyy) 5/26/2026	
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Signature of Preparer or Translator 		Date (mm/dd/yyyy) 5/26/2026	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	City or Town	State	ZIP Code