



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the 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) <i>Bacchetta</i>		First Name (Given Name) <i>Leonard</i>		Middle Initial <i>L</i>	Other Names Used (if any)	
Address (Street Number and Name) <i>6525 Kalua rd</i>			Apt. Number <i>104</i>	City or Town <i>Boulder</i>		State <i>CO</i>
Zip Code <i>80301</i>		Date of Birth (mm/dd/yyyy) <i>10/09/1982</i>	U.S. Social Security Number <i>063-68-0365</i>	E-mail Address		Telephone Number

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

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

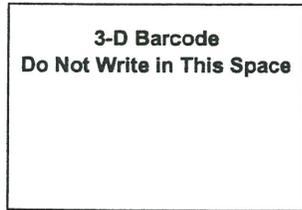
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <i>Leonard P Bacchetta</i>	Date (mm/dd/yyyy): <i>8/6/2015</i>
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Bacchetta, Leonard L.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver License</u>		Document Title: <u>Certificate of Live Birth</u>
Issuing Authority:		Issuing Authority: <u>Colorado</u>		Issuing Authority: <u>New York State</u>
Document Number:		Document Number: <u>09-363-0189</u>		Document Number: <u>131 821 04505</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>10/09/2015</u>		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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): 08/06/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>[Signature]</u>		Date (mm/dd/yyyy) <u>08/06/2015</u>	Title of Employer or Authorized Representative <u>Admin. Assistant</u>	
Last Name (Family Name) <u>Scholl</u>		First Name (Given Name) <u>Caitlin</u>		Employer's Business or Organization Name <u>Corporate Management Group</u>
Employer's Business or Organization Address (Street Number and Name) <u>12000 N. Washington Sr. Ste 350</u>			City or Town <u>Thornton</u>	State <u>CO</u>
			Zip Code <u>80241</u>	

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

Colorado
Driver License



09-363-0149 Expires: 10-09-2015
Class: R Issued: 09-15-2010
End: DOB: 10-09-1982
Rest: Previous Type: A
Ht: 5'11" Wt: 190 Eyes: HAZ Sex: M
Voter:

Leonard L. Bacchetta

LEONARD LOUIS BACCHETTA
258 S WASHINGTON AVE
LOUISVILLE, CO 80027

13182106505

SUB-DIVISION

RECORDED DISTRICT
2700
REGISTER NUMBER
9161

NEW YORK STATE
DEPARTMENT OF HEALTH
CERTIFICATE OF LIVE BIRTH

DISTRICT
701
754

3
3

HEIDI... Marie... Bacchetta

INFANT	1. NAME: FIRST MIDDLE LAST LEONARD LOUIS BACCHETTA				
	2. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	3A. IS THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/>	3B. IF NOT SINGLE BIRTH FIRST <input type="checkbox"/> SECOND <input checked="" type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/>	4A. DATE OF BIRTH MONTH DAY YEAR OCT. 9 1982	4B. HOUR 11:50P M.
PLACE	5A. COUNTY OF BIRTH MONROE	5B. LOCALITY (CHECK ONE AND SPECIFY) <input checked="" type="checkbox"/> CITY OF ROCHESTER <input type="checkbox"/> TOWN OF <input type="checkbox"/> VILLAGE OF		5C. HOSPITAL (IF NOT IN HOSPITAL, GIVE ADDRESS) ROCHESTER GENERAL HOSPITAL	
	6A. MAIDEN NAME: HEIDI	FIRST MIDDLE LAST MARIE WALLOCK	6B. AGE 17	6C. STATE OF BIRTH (COUNTRY IF NOT USA) NEW YORK	6D. SOCIAL SECURITY NUMBER
MOTHER	7A. RESIDENCE: STATE NEW YORK	7B. COUNTY MONROE	7C. LOCALITY (CHECK ONE AND SPECIFY) <input type="checkbox"/> CITY OF <input checked="" type="checkbox"/> TOWN OF GREECE <input type="checkbox"/> VILLAGE OF		7E. IF CITY OR VILLAGE IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, SPECIFY TOWN:
	7D. STREET AND NUMBER OF RESIDENCE (INCLUDE ZIP CODE) 296A SUSAN LANE				
	8. MAILING ADDRESS (IF DIFFERENT FROM ABOVE) ROCHESTER 14616				
FATHER	9A. NAME: FIRST MIDDLE LAST DANIEL LOUIS BACCHETTA			9B. AGE 21	9C. STATE OF BIRTH (COUNTRY IF NOT USA) NEW YORK
	10A. NAME OF INFORMANT: HEIDI MARIE BACCHETTA			10B. RELATION TO INFANT MOTHER	
CERTIFIER	11A. NAME: FIRST MIDDLE LAST Donald Jay Sabel			11B. TITLE MD <input checked="" type="checkbox"/> DO <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/>	
	12. MAILING ADDRESS (INCLUDE ZIP CODE) 1299 PORTLAND AVENUE, ROCHESTER, NEW YORK 14621				
	13A. I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS CHILD IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.			13B. DATE SIGNED MONTH DAY YEAR 10 14 82	
SIGNATURE: <i>D. Sabel</i>			14. NAME OF ATTENDANT IF OTHER THAN CERTIFIER		
15A. SIGNATURE OF REGISTRAR <i>Mary D... Sut</i>			15B. DATE FILED MONTH DAY YEAR 10 18 82		
15C. INFORMATION ADDED OR AMENDED BY: REASON:			15D. DATE MONTH DAY YEAR		



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: _____

Date/Fecha: _____

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.

LS (Initial)

Leonard L Bacchetta
Employee Signature:

8/6/2015
Date:

Leonard L Bacchetta
Employee (please print your name here)