



# CORPORATE MANAGEMENT GROUP

Employment Application



## Applicant Information

**Full Name:** (Last Name, First Name) Monica Janet Meraz **Date:** 5/21/2025

**Address:** (Street Address) 9425 Quintero St (Apt. /Unit #) \_\_\_\_\_

(City) Commerce City (State) CO (ZIP Code) 80022

**Phone:** 7209711287 **Email:** 30m.monica@gmail.com

**Social Security No.** 523797194 **Date Available:** 5/27/2025

**Position Applied for:** Bookkeeper **Desired Wage:** 28.50

**Shift Available to work:**  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> **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:** n/a

**If under 18, please list age:** n/a

**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

**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: 5/21/2025



## 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)€. 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. MM (Initial)

Recruiter: Corporate Management Group

Phone number: 303-920-1425

Address: 1501 W 12<sup>th</sup> Ave Unit 500

Westminster, CO 80021

MM

5/21/2025

Employee Signature:

Date:

Monica Meraz

Employee Printed Name:

# Authorization of Direct Deposit



The undersigned (hereafter referred to as the "employee") hereby authorizes and requests PAYCOM 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 PAYCOM is only responsible for direct deposit of funds that have previously been received from Corporate Management Group hereafter referred to as the employer.

**Main Account** Checking or Saving Account (circle one)  
Account # 625841765  
Routing # 102001017  
Bank Name Chase Bank

**Additional Account** Checking or Saving Account (circle one)  
Account # \_\_\_\_\_  
Routing # \_\_\_\_\_  
Bank Name \_\_\_\_\_

Signature  Date 5/21/2025

## 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: <u>Jose Barron</u>	Name: <u>Val Barron</u>
Relationship: <u>Brother</u>	Relationship: <u>Cousin</u>
Phone Number: <u>3039566822</u>	Phone Number: <u>7208422315</u>

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

This information will remain confidential and will only be used in the case 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  Date 5/21/2025

# 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 \_\_\_\_\_



Date \_\_\_\_\_

5/21/2025

## 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:  Date: 5/21/2025

## 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:  Date: 5/21/2025



*"your workforce management & staffing experts"*

## **DRUGS/ALCOHOL**

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Drugs are defined as any behavior-modifying product, including marijuana. Employees are prohibited from possessing, storing, transferring or using such substances, or reporting for work under the influence of any drug (prescribed or over the counter), unless the Company receives prior notice and satisfactory confirmation from a health care provider that the drug has been prescribed to the employee for a current condition. Even in such cases, however, if the drug affects the employee's ability to perform the essential functions of his or her position, or if the drug poses a threat to the health and safety of the employee, co-workers or the public, Corporate Management Group Inc. may restrict or prohibit the employee from working while under the influence of the drug.

Except as provided above, any employee found possessing, storing, transferring, using or under the influence of drugs in the course of employment, on Company property (including the Company parking lots), within Company vehicles, or on any job site, will be subject to disciplinary action up to and including termination and to possible civil and/or criminal prosecution.

Employees shall not consume alcoholic beverages during lunch periods, dinner periods, or breaks when returning immediately thereafter to perform work on behalf of the Company. In situations where the employee conducts the Company's business after the intake of alcohol, the employee shall be subject to discipline up to and including discharge. Consumption of alcohol in the course of employment, on Company property (including Company parking lots), within Company vehicles, at seminars or conferences, or on any job site is prohibited except for refreshments served during Company sponsored events conducted for our customers and occasional officially sanctioned.

Company sponsored employee functions. On those occasions, all employees are expected to act responsibly and to exercise prudence in the amount of alcohol they consume.



*"your workforce management & staffing experts"*

Apart from these limited exceptions, the possession, storage, transfer or consumption of alcoholic beverages on Company premises, within Company vehicles, or on any job site will result in disciplinary action, up to and including termination. Employees who report to work under the influence of alcohol will not be admitted into the building or onto job sites, and will also be subject to discipline, up to and including termination.

Corporate Management Group Inc.'s Drug and Alcohol Testing Policy.



## DRUG AND ALCOHOL TESTING CONSENT FORM

1. I have been allowed to read and inspect a written copy of CMG policy on drugs and alcohol.
2. I have read the entire contents of this policy, and I am aware and fully understand:
  - (a) the policy and its contents.
  - (b) what conduct the policy prohibits and the consequences of such conduct;
  - (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with CMG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.
3. I hereby voluntarily consent to CMG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by CMG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to CMG of the results of my drug and/or alcohol test and other information related to the test.

Employee's Signature

5/21/2025

Date



# 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) Meraz		First Name (Given Name) Monica		Middle Initial (if any) J	Other Last Names Used (if any) Barron	
Address (Street Number and Name) 9425 Quintero St			Apt. Number (if any)	City or Town Commerce City		State CO
Date of Birth (mm/dd/yyyy) 11/30/1990		U.S. Social Security Number 523797194		Employee's Email Address 30m.monica@gmail.com		Employee's Telephone Number 7209711287

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: *[Signature]* Today's Date (mm/dd/yyyy): 5/21/2025

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:** Employers 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 OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

Document Title 1	List A	OR	List B	AND	List C
Passport					
Issuing Authority	United States				
Document Number (if any)	A33092461				
Expiration Date (if any)	03/10/2034				
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	Additional Information				
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.

First Day of Employment (mm/dd/yyyy): 05/22/2025

Last Name, First Name and Title of Employer or Authorized Representative Ness, Izabelle Senior Recruiter		Signature of Employer or Authorized Representative <i>[Signature]</i>		Today's Date (mm/dd/yyyy) 05/22/2025
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Employer's Business or Organization Name Corporate Warehouse Group	Employer's Business or Organization Address, City or Town, State, ZIP Code 1521 W 12th Ave Suite 520 Westminster, CO 80234
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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
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) 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.</li> </ol> </li> </ol> </li> <li>6. 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</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. 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</li> <li>2. 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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <b>Section 7</b> and <b>Section 13</b> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol>

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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\*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. <b>Meraz</b>	First Name (Given Name) from Section 1. <b>Monica</b>	Middle initial (if any) from Section 1. <b>J</b>
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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 <i>[Signature]</i>		Date (mm/dd/yyyy)	
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)	
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)	
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)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code