CORPORATE MANAGEMENT GROUP

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5

DATE 7/24/15

Name MEinzinger, THOMAS, J.
Last First Middle Maiden

Present address 11777 Logan ST.
Number Street

Northglenn CO 80233
City State Zip

Social Security No. 134 - 48 - 1190

Telephone (720) 347-2555

E-Mail T2Ang54@gmail.com

If under 18, please list age _____

Referred by _____

Position applied for (1) _____

and salary desired (2) $12.00 $1,500
(Be specific)

Shift available to work
1st ✓
2nd _____
3rd _____

How many hours can you work weekly? 50

Can you work nights? Prefer DAYS

Employment desired ✓ FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME

When available for work? immediately

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	Nanuet Public School	Church St Nanuet NY 10954	K-12	General Studies
College				
Bus. or Trade School				
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. _____

_____

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ✓ Yes ___ No

What is your means of transportation to work? Personal Vehicle

Driver's license number 09-321-0618 State of issue CO

Operator ✓ Commercial (CDL) ___ Chauffeur ___

Expiration date 12-14-18

Have you had any accidents during the past three years? ___ Yes ✓ No

If so, how many? _____

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 MARC Doris	Name David Reid
Position TRUCK-Driver	Position Store MANAGER
Company SunBelt Rentals	Company NAPA AUTO PARTS
Address 11777 Logan ST.	Address 120 TH ST.
Northglenn CO	Broomfield CO
Telephone (303)-374-4805	Telephone (303)-408-2134

APPLICATION FOR EMPLOYMENT

MILITARY

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

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? __ Yes ✓ 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 SWIFT TRANSPORTATION
Position OTR-CDLA Driver
Company SWIFT TRANSPORTATION
Address 4080 N. ROSEMARY
Denver Colo.
Telephone (303) 336-1926

Supervisor name Joe Tyler

Employment dates	Pay or salary
From 6/12	Start .25 cpm
To 3/13	Final .30 cpm

Your last job title OTR-CDLA Driver

Reason for leaving (be specific) Job Ended

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. OTR-CDLA Driver- pick up And deliver 53Ft. trailers to various designated companies throughout the country.

Name STARPRESS
Position Pressman
Company STAR Press
Address 614 Corporate Way
Valley Cottage NY 10989
Telephone (845) 268-2294

Supervisor name MARINO NICOLICH JR

Employment dates	Pay or salary
From 10/05	Start 18.00
To 5/09	Final 18.00

Your last job title Pressman

Reason for leaving (be specific) Company Downsized After Re-Location

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Pressman - Responsible for All aspects of printing from Lay out thru set-up, printing And Shipping. This includes ordering supplies (paper, envelopes, ink, etc) And mixing ink To colors As per customer requests.

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 _____ Position _____ Company _____ Address _____ _____ Telephone (____)_____	Supervisor name _____ Employment dates: From / To — Pay or salary: Start / Final Your last job title _____
Reason for leaving (be specific) _____	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.	

Name _____ Position _____ Company _____ Address _____ _____ Telephone (____)_____	Supervisor name _____ Employment dates: From / To — Pay or salary: Start / Final Your last job title _____
Reason for leaving (be specific) _____	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

May we contact your present employer? __ Yes __ No - unemployed

Did you complete this application yourself ✓ Yes __ No

If not, who did? _____

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 Thomas J Meinzinger Date: 7/24/15

[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:	First:	SS#
Meinzinger	THOMAS	134-48-1190
Other Names used: —	Date of Birth: For employment Purposes Only	12/14/54
Motor Vehicle Number and State of Issue: (Driver's License #, NOT License Plate #)	09-321-0618 - CO.	
Address:	11777 Logan ST Northglenn CO.	

Signature: Thomas J Meinzinger Date: 7/24/15

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: ☐ TM

IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Name: ~~MARC DORIS~~ THOMAS Meinzinger

Address: 11777 Logan St.

Home Phone: ~~303-374-4805~~ 720-347-2555

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

1. **Name:** MARC DORIS

   Phone (work):

   Phone (home): 303-374-4805

2. **Name:**

   Phone (work):

   Phone (home):

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

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 Rules of 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 _____ hereafter referred to as the "employer".

Attach a voided check, copy of a check, or spec sheet for each account. Indicate whether it is a checking or saving account. (No deposit slips)

1. Call your bank and confirm the **ACH Routing Number(s)** and Account numbers for **Checking and/or Savings**
2. Complete and Sign the form

Main Account (Net Pay) - (Checking) or Savings Account (circle one)

Acct # 930782925

ACH Routing # /1/0/2/0/0/1/0/1/7/

Bank Name Chase

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # /_/_/_/_/_/_/_/_/_/

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # /_/_/_/_/_/_/_/_/_/

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # /_/_/_/_/_/_/_/_/_/

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

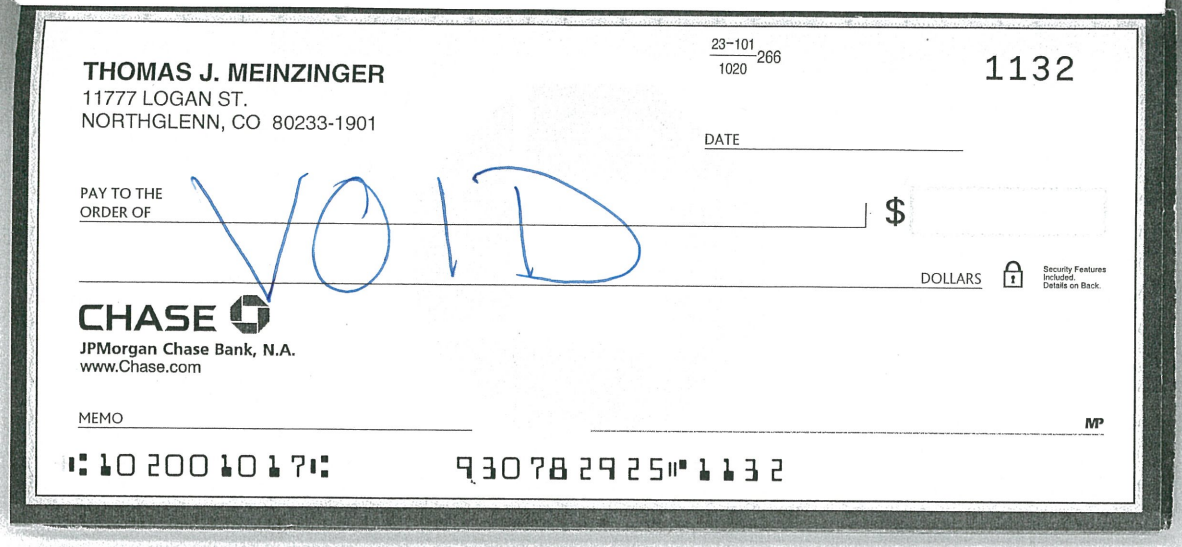
ACH Routing # /_/_/_/_/_/_/_/_/_/

Bank Name _____

Employee Name Thomas Meinzinger **SS#** ___/___/___

Address _____ **City** _____ **State** ___ **Zip** _____

Employee Signature _____



THOMAS J. MEINZINGER
11777 LOGAN ST.
NORTHGLENN, CO 80233-1901

23-101
1020 266

1132

DATE

PAY TO THE ORDER OF

VOID

$

DOLLARS

Security Features Included. Details on Back.

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

MEMO

MP

⑆102001017⑆ 930782925⑈1132

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 1
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 1
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 0
D	Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return	D 0
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above)	E 0
F	Enter "1" if you have at least $2,000 of **child or dependent care expenses** for which you plan to claim a credit (**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F 0
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	G 0
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 2

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

► **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.**

OMB No. 1545-0074
2015

1 Your first name and middle initial	Last name	2 Your social security number
THOMAS J.	Memminger	134-48-1190

Home address (number and street or rural route)
11777 Logan ST

City or town, state, and ZIP code
Northglenn CO. 80233

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.

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 2
6	Additional amount, if any, you want withheld from each paycheck	6 $
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

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.) ► Thomas J Memminger Date ► 7/24/15

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)

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*)	First Name (*Given Name*)	Middle Initial	Other Names Used (*if any*)
Memminger	THOMAS	J.	—

Address (*Street Number and Name*)	Apt. Number	City or Town	State	Zip Code
11777 Logan ST		Northglenn	CO	80233

Date of Birth (*mm/dd/yyyy*)	U.S. Social Security Number	E-mail Address	Telephone Number
12/14/1954	134-48-1190	TZANG54@gmail.com	720-347-8555

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*)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (*mm/dd/yyyy*):
Thomas J Memminger	01/24/2015

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

STOP **Employer Completes Next Page** STOP

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: Meinzinger, Thomas J.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: Driver's License		Document Title: Birth certificate
Issuing Authority:		Issuing Authority: Colorado		Issuing Authority: New Jersey State Department of Health
Document Number:		Document Number: 09-321-0618		Document Number: 129-54-105358
Expiration Date *(if any)(mm/dd/yyyy)*:		Expiration Date *(if any)(mm/dd/yyyy)*: 12/14/2018		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)*: 07/24/2015 ***(See instructions for exemptions.)***

Signature of Employer or Authorized Representative	Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative
Caitlin Scholl	07/24/2015	Administrative Assistant

Last Name *(Family Name)*	First Name *(Given Name)*	Employer's Business or Organization Name
Scholl	Caitlin	Corporate Management Group

Employer's Business or Organization Address *(Street Number and Name)*	City or Town	State	Zip Code
12000 N. Washington Street Suite 350	Thornton	CO	80241

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:

NEW JERSEY STATE DEPARTMENT OF HEALTH

BIRTH NO. 129-54-105358
(Will be inserted by State Office.)

1. PLACE OF BIRTH a. COUNTY: Bergen b. CITY / BOROUGH / TOWNSHIP: [X] Englewood (Check box and give name) c. NAME (If not in hospital or institution give street address or location) OF HOSPITAL OR INSTITUTION: Englewood Hospital	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: New Jersey b. COUNTY: Bergen c. CITY / BOROUGH / TOWNSHIP: [X] Ridgefield Park (Check box and give name) d. STREET ADDRESS OF MOTHER IF RURAL, P.O. ADDRESS: 38 Central Avenue

3. CHILD'S NAME (Type or Print)	a. (First)	b. (Middle)	c. (Last)
	THOMAS	JOHN	MEINZINGER

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month)	(Day)	(Year)
Male	Single [X] Twin [ ] Triplet [ ]	1st [ ] 2nd [ ] 3rd [ ]	December	14,	1954

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
John	Robert	Meinzinger	White

9. AGE (at time of this birth) YEARS	10. BIRTHPLACE	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
27	Hoboken, New Jersey	Electrician	Electrical construction

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Doris	Ida	Watson	White

14. AGE (At time of this birth) YEARS	15. BIRTHPLACE	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks' pregnancy)?
24	Hackensack, N.J.	1	0	0

17. INFORMANT: Doris Ida Meinzinger

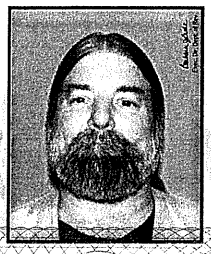
I hereby certify that this child was born alive on the date stated above at 6:55 P. m.

18a. SIGNATURE: [signature]
18c. ADDRESS: Englewood
18b. ATTENDANT AT BIRTH: M.D. [X] MIDWIFE [ ] OTHER (Specify)
18d. DATE SIGNED: 12-14-54

19. DATE REC'D BY LOCAL REG.: 12/20/54
20. REGISTRAR'S SIGNATURE: [signature]
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

DEC - 4 2000

Issued by the State Department of Health and Senior Services Bureau of Vital Statistics and Registration



Colorado
Driver License

09-321-0618 Expires: 12-14-2018
Class: R Issued: 12-02-2013
End: DOB: 12-14-1954
Rest: Previous Type: A
Ht: 5'09" Wt: 195 Eyes: HAZ Sex: M
Voter:

THOMAS JOHN MEINZINGER
11777 LOGAN ST
NORTHGLENN, CO 80234

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security **Report Prepared: 07/24/2015**
E-Verify **Page: 1 of 1**

Case Verification Number: 2015205131448QN

Case Information:

Employee Information:

Last Name:	Meinzinger	First Name:	Thomas
Middle Initial:	J	Other Names Used:	
Social Security Number:	*** ** 1190	Date of Birth:	12/14/1954
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	U.S. birth certificate (original or certified copy)
Document Name:	Driver's license	Document State:	Colorado
Driver's License or ID Card Number:		Document Expiration Date:	12/14/2018
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	07/24/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CSCH1918	Submitted On:	07/24/2015

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:	First Name:
Middle Initial:	Other Names Used:
Social Security Number:	Date of Birth:
Resubmitted By:	Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:
Submitted By: Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By: Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result: Response Date:

Case Closure:

Closure Statement:
Closed By: Closed On:

SENSITIVE BUT UNCLASSIFIED