



Dr. Alan W. Burgess  
4900 S Monaco St  
Ste 210  
Denver, CO 80237  
(303)584-8165

To: LINCOLN MOONEY  
CORPORATE MANAGEMENT GROUP  
12000 N WASHINGTON ST  
STE 290  
THORNTON, CO 80109

### Medical Review Officer Report

- Confidential -

This is a notification of a controlled substance test result on:

Individual Tested: ALVARO VILLALOBOS  
Donor ID: 8X300321619  
Collection Site: HealthONE Occ @ North Suburban  
9195 Grant St #100  
Thornton, CO 80229  
(303) 292 - 0034

Reason for Test: Pre-Employment  
Specimen ID#: 2906060  
Date of Collection: 12/05/2011 Time: 1615  
Lab Accession #: 322806X  
Lab Reported Date: 12/07/2011 Time: 0653  
MRO: Dr. Alan Burgess MD  
MRO Received Date:  
MRO Report Date: 12/07/2011 Time: 1048  
MRO Date CCF2:  
Specimen Type: Urine  
Drug Panel: SAP 5-50+MDMA/6AM/T

Laboratory: Quest Diagnostics/ West Hills

Substances included in test profile:

Drug	Screen	Confirm
6-monoacetylmorphine	10	10
Cocaine	150	100
MDA-Analogues	500	250
Phencyclidine	25	25

Drug	Screen	Confirm
Amphetamines	500	250
Marijuana	50	15
Opiates	2000	2000

The verified result is: **\*\*\* Negative \*\*\***

Comments:

Dr. Alan Burgess MD



MEDICAL SERVICES AUTHORIZATION

Employer Corp. Management Group/CMG Date 12/5/2011
Address 12000 N Washington st Thornton 80241 Phone Number 303-920-1425
Patient's Name Alvaro Villalobos Supervisor's Name

EMPLOYMENT PHYSICALS

- DOT Physical, History & Physical, Back Assessment, Respirator Physical, Hazmat Physical, Guard Physical, Other Services, Isocyanates Questionnaire

DRUG & ALCOHOL TESTS (please mark test type and reason for test)

- NIDA/DOT Reason: Post-Offer, Random, Post-Accident, Reasonable Suspicion
X 5 Panel/DSS (SAP5) Reason: Post-Offer, Random, Post-Accident, Reasonable Suspicion
Rapid Reason: Post-Offer, Random, Post-Accident, Reasonable Suspicion
Drug Screen Collection Only Reason: Post-Offer, Random, Post-Accident, Reasonable Suspicion
Breath Alcohol Test Reason: Post-Offer, Random, Post-Accident, Reasonable Suspicion
Other Reason: Post-Offer, Random, Post-Accident, Reasonable Suspicion

MEDICAL TREATMENT

On the Job Injury? Yes No
Date of Injury
Area of Body Injured
Comments
Authorized By: Title:

BC009.019 - Diisocyanates Medical Surveillance - Health Professionals  
Page 14 of 16

Attachment 1

**BASF Corporation**  
**Isocyanates Medical Surveillance - Health Professional**

**Respiratory Symptom Questionnaire**

12/5/11  
Date of Examination

Location

Alonso Villa Lopez  
Employee's Name (Print)

5-23-63-8046  
Employee's Social Security Number

Please check the single best answer to each question

During the past four weeks:

- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| 1.1. Has your chest felt tight or your breathing become difficult? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.2. Has your chest sounded wheezing or whistling?                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.3. Have you had a persistent or regular cough?                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.4. Have you developed a new skin rash?                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If yes to any of the above, please answer the following questions:

2.1 If you run, or climb stairs fast do you

- |                                |                          |                                     |
|--------------------------------|--------------------------|-------------------------------------|
| 2.1.1. cough?                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.1.2. wheeze?                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.1.3. get tight in the chest? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

2.2 Is your sleep broken by

- |                                   |                          |                                     |
|-----------------------------------|--------------------------|-------------------------------------|
| 2.2.1. wheeze?                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.2.2. difficulty with breathing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

2.3 Do you wake up in the morning (or from sleep, if a shift worker) with

- |                                   |                          |                                     |
|-----------------------------------|--------------------------|-------------------------------------|
| 2.3.1. wheeze?                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.3.2. difficulty with breathing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

2.4 Do you wheeze

- |  |                          |                                     |
|--|--------------------------|-------------------------------------|
| 2.4.1. if you are in a smoky room?       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.4.2. if you are in a very dusty place? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

3.1 What happens to this on weekends?  better  same  worse

3.2 What happens to this on holidays of 4 days or more?  better  same  worse

3.3 Does this occur with exposure to a particular substance or process? Please describe.

N/A

Jeffrey S. Hankins

12/5/2011



12/08/2011

Dr. Alan W. Burgess  
4900 S Monaco St  
Ste 210  
Denver, CO 80237  
(303) 584-8165

TO: CORPORATE MANAGEMENT GROUP  
12000 N WASHINGTON ST  
# 290  
THORNTON, CO 80241

## Medical Review Officer Report

*-Confidential-*

*This is a notification of a controlled substance test result on:*

<b>Individual Tested:</b>	ALVARO VILLALOBOS	<b>Reason for Test:</b>	Pre-Employment
<b>Donor ID:</b>	8X300321619	<b>Specimen ID#:</b>	2906060
<b>Collection Site:</b>	HealthONE Occ @ North Suburban 9195 Grant St #100 Thornton, CO 80229 (303) 292 - 0034	<b>Date of Collection:</b>	12/05/2011 Time: 1615
		<b>Lab Accession#:</b>	322806X
		<b>Lab Reported Date:</b>	12/07/2011 Time: 0653
		<b>MRO:</b>	Dr. Alan Burgess MD
<b>Laboratory:</b>	Quest Diagnostics/ West Hills	<b>MRO Received Date:</b>	
		<b>MRO Report Date:</b>	12/07/2011 Time: 1048
		<b>MRO Date CCF2:</b>	
		<b>Specimen Type:</b>	Urine
		<b>Drug Panel:</b>	SAP 5-50+MDMA/6AM/T

### Substances Included in test profile:

Drug	Screen	Confirm	Drug	Screen	Confirm
6-monoacetylmorphine	10	10	Amphetamines	500	250
Cocaine	150	100	MDA-Analogues	500	250
Opiates	2000	2000	Phencyclidine	25	25
Marijuana	50	15			

The verified result is: **\*\*\* Negative \*\*\***

Comments:

Dr. Alan Burgess MD



**SCHEDULE A**  
**Contractor Background Verification Certificate**  
**CONFIDENTIAL**

**(This form is required for all assignments to be submitted to nextSource 48 hours before start date.)**

Full Name & Address of Contract Worker:

Alvaro (First Name)      \_\_\_\_\_ (Middle Name)      Villalobos Jr. (Last Name)

Address: 451 S. Park Ave (Number & Street)      Hudson (City)      CO. 80642 (State & Zip Code)

Date of Birth: 1 (Month) - 31 (Day) (Do NOT provide Year of Birth)

Contractor Company hereby certifies:

Check One:

A background check has been conducted in accordance with the requirements stipulated by Client (BASF Corporation) on the named Contractor above and the results are **satisfactory**.

OR

\_\_\_\_\_ A background check has been conducted in accordance with the requirements stipulated by Client (BASF Corporation) on the named Contractor above and the following **potential problems** were found:  
**(Please describe in the space provided below the potential problems found)**

**These potential problems have been resolved as follows:**  
**(Please describe in the space provided below the resolutions)**

Name of Contractor Company: Corporate Management Group

By: Lincoln Moore

Title: Account Manager

Date: 12/8/11



### SCHEDULE A1 Substance Abuse Testing Certificate

*(This form is required for all assignments to be submitted to nextSource 48 hours before start date.)*

Full Name of Contract Worker: Alvaro Villalobos Jr.

Date of Birth: 01 - 31 (Do NOT provide Year of Birth)  
(Month) (Day)

Date of Hire by Contractor (Company): 12/9/11

Contractor Company hereby certifies:

Check one:

A substance abuse test has been conducted in accordance with the requirements stipulated by Client (BASF Corporation) on the named Contractor above and the results are **satisfactory**.

OR

A substance abuse test and physical examination have been conducted in accordance with the requirements stipulated by Client (BASF Corporation) on the named Contractor above and the results are **satisfactory**. The clearance forms are attached.

Name of Contractor Company: Corporate Management Group

By: Lisala Moore

Title: Account Manager

Date: 12/8/11



**SCHEDULE B**  
**AGREEMENT AND WAIVER**

In consideration of my assignment to Client by Associate Vendor, I agree that I am solely an employee of Associate Vendor for all purposes including but not limited to benefits plan purposes, and that I am eligible only for such benefits as Associate Vendor may offer to its employees. I further understand and agree that I am not eligible for or entitled to participate in any benefit plan offered by Client, its parents, affiliates, subsidiaries, or successors to any of its direct employees, regardless of the length of my assignment to Client by Associate Vendor and regardless of whether I am held to be a common-law employee of Client for any purpose, and therefore, with full knowledge and understanding, I hereby expressly waive any claim or right that I may have, now or in the future, to such benefits and agree not to make any claim for such benefits.

**ASSIGNED EMPLOYEE**

Alvaro Villalobos  
Signature

Alvaro Villalobos  
Printed Name

Packager  
Title

12/5/11  
Date

\_\_\_\_\_  
(Associate Vendor Employee)  
Matt Fors  
Signature

Matt Fors  
Printed Name

President  
Title

12/5/11  
Date



## SCHEDULE C

### Temporary Worker Invention and Secrecy Agreement

The undersigned ("Temporary Worker"), as a condition of the Temporary Worker's retention concerning services for BASF Corporation (herein called the "Client"), agrees as follows:

#### 1. Confidential Relationship.

Temporary Worker admits that during Temporary Worker's performance of services related to the Client matters, Temporary Worker may have access to and further may contribute to the Client's Proprietary Information (as hereinafter defined). Temporary Worker shall during and after termination of Temporary Worker's work concerning the Client keep secret and treat confidentially all of the Client's Proprietary Information (as hereinafter defined).

#### 2. Definitions.

A. **Inventions.** The term "Invention(s)" means discoveries, concepts and ideas, whether patentable, patented or not, including but not limited to proprietary or secret processes, trade secrets, methods, designs, programs, formulae and technique, developments, modifications, procedures, methods, adaptations, and applications, as well as improvements thereof or know-how related thereto, with respect to:

1. any past, present or prospective activities concerning the Client with which Temporary Worker is or becomes acquainted as a result of the performance of services by the Temporary Worker concerning the Client; or
2. the use of any Proprietary Information (as hereinafter defined).

B. **Proprietary Information.** The term "Proprietary Information" means information which may be disclosed to the Temporary Worker or which Temporary Worker may learn, observe, discover, develop, or otherwise acquire, during, or as a result of, Temporary Worker's work concerning the Client and which includes, without limitation, any information, whether patentable, patented or not, relating to any existing or contemplated products, inventions, services, technology, concepts, designs, patterns, processes, compounds, formulae, programs, devices, tools, compilations of information, methods, techniques, and including information relating to any research, development, manufacture, purchasing, engineering, know-how, business plans, sales or marketing methods, methods of doing business, customer lists, customer usages or requirements, or supplier information, which is owned or licensed by the Client, or held by the Client in confidence.

#### 3. Rights to Inventions.

With respect to Inventions made by Temporary Worker in whole or in part, or conceived by Temporary Worker alone or with others, Temporary Worker agrees that:

- a) Temporary Worker shall inform the Client promptly and fully of such Inventions by a written report in a form satisfactory to the Client, setting forth in detail the procedures employed and the results achieved and that a report will be submitted by Temporary Worker upon completion of any and all studies or research projects undertaken concerning the Client, whether or not Temporary Worker believes a given project has resulted in an Invention;
- b) Temporary Worker shall apply, at the Client's request and expense, and through the Client, for United States and foreign patents, copyrights, and/or trademarks, for any Inventions either in the name of the Client or otherwise as the Client shall direct in writing;
- c) Temporary Worker shall assign to the Client or otherwise as the Client shall designate in writing, all of Temporary Worker's rights to such Inventions, if any, including but not limited to United States and foreign patents granted upon such Inventions;
- d) Temporary Worker shall assign to the Client or otherwise as the Client shall designate in writing, all of Temporary Worker's rights to copyrights and trade name or trademarks, if any, including but not limited to United States and foreign copyright registrations, trade name and trademark registrations ;
- e) Temporary Worker shall execute all documents reasonably requested by the Client to formally assign any interest that Temporary Worker may have in such Inventions to the Client or otherwise as the Client shall designate in writing; and



- f) Temporary Worker shall execute any other written instrument and shall do any other acts reasonably requested by the Client to assist the Client or such other party as the Client may designate in writing to perfect or protect any or all of its rights in any Inventions, including but not limited to trade secret, trademark, trade name, copyright and/or patent rights, both United States and foreign.

**4. Warranty of Original Development.**

Temporary Worker represents and warrants that all services performed concerning the Client and all work products produced concerning the Client will be of original development by Temporary Worker, and will be specifically developed for the Client and will not knowingly infringe upon or violate any patent, copyright, trade secret or other property or proprietary right of any third party.

**5. Rights to Work Product.**

With respect to all work product which is not an Invention, but which is conceived or produced by Temporary Worker in the performance of the services or with the use or assistance of the Client's facilities, materials, or personnel, Temporary Worker agrees that the Client shall own all rights, title and interest to such work product, and such product shall be considered as a "work for hire" and that Temporary Worker hereby assigns all right title and interest in and to such work product.

**6. Protection of Trade Secrets.**

Temporary Worker hereby acknowledges that the Inventions and products developed by the Temporary Worker in the performance of services concerning the Client, whether by Temporary Worker or by anyone else associated with Temporary Worker, and the Proprietary Information disclosed to Temporary Worker pursuant to this Agreement, are valuable trade secrets of the Client, and Temporary Worker shall maintain and protect them in the strictest confidence.

**7. Nondisclosure and Nonuse of Proprietary Information.**

Temporary Worker will not, at any time, disclose to others, use for Temporary Worker's or any third parties benefit, or otherwise appropriate or copy any Proprietary Information, whether or not developed by Temporary Worker, except to the extent required in the performance of Temporary Worker's services concerning for the Client.

**8. Adherence to Procedure for Preserving Confidentiality.**

Temporary Worker agrees to comply with any and all procedures which the Client may adopt from time to time to preserve the confidentiality of any Proprietary Information, which may include the affixing of a legend on certain materials indicating their confidential nature.

**9. Temporary Worker's Policies and Procedures.**

Temporary Worker represents and warrants to the Client that Temporary Worker has and will enforce such security policies and procedures as are necessary to protect the confidentiality and unauthorized use of Proprietary Information. A copy of such policies and procedures together with a statement detailing the actions taken to implement them will be transmitted to the Client upon request.

**10. Duty Upon Termination.**

- a) Upon termination of Temporary Worker's retention concerning the Client for any reason, Temporary Worker agrees to deliver to the Client all Proprietary Information, writings, designs, documents, records, data, memoranda, prototype, sample, computer source code and object code listings, file layouts, record layouts, system design information, models, manuals, documentation, notes, repositories of Proprietary Information and other material of any nature which are in Temporary Worker's possession or control and which contain any Proprietary Information.
- b) Temporary Worker further agrees to retain in the strictest confidence any Proprietary Information Temporary Worker learned, through observation or otherwise, during Temporary Worker's retention by the Client.

**11. Right to Injunctive Relief.**

Temporary Worker agrees and acknowledges as follows:

- a) Temporary Worker's compliance with the provisions of this Agreement is necessary to preserve and protect the goodwill and proprietary rights of the Client as a going concern and to prevent persons, firms, joint ventures,



partnerships, corporations, institutions and enterprises engaged in businesses and activities which are competitive with the businesses and activities conducted or carried on by the Client from obtaining an unfair competitive advantage over the Client;

- b) Any failure by Temporary Worker to comply with the provisions of this Agreement will result in irreparable and continuing damage to the Client for which there will be no adequate remedy at law; and
- c) In the event that Temporary Worker fails to comply with the provisions of this Agreement, in addition to any other remedies available to it, the Client shall be entitled to, and Temporary Worker hereby consents to the entry without objection of injunctive relief (a court order causing Temporary Worker to comply with this Agreement), and to such other and further relief as may be necessary or appropriate to cause Temporary Worker to comply with Temporary Worker's duties and obligations under this Agreement.

**12. Unauthorized Use or Disclosure.**

Temporary Worker shall promptly advise the Client orally of, and confirm in writing, any actual or threatened disclosure or use of Proprietary Information which Temporary Worker knows or suspects may not be authorized by the Client.

**13. Other Agreements.**

Temporary Worker represents, warrants and covenants that Temporary Worker's signing of this Agreement and the performance of Temporary Worker's services hereunder is not and will not knowingly be in violation of any other contract, agreement or understanding to which Temporary Worker is a party.

**14. Assignment.**

The rights of the Client may be assigned or transferred without Temporary Worker's consent, at the Client's discretion. Neither the rights nor the obligations of Temporary Worker may be assigned without the Client's written consent.

**15. Severability.**

In case it is determined by a court of competent jurisdiction that any provision of this Agreement is illegal or unenforceable, such determination shall solely affect such provision and shall not impair the remaining provisions of this Agreement.

**Witness**

*Leticia Wood*

Witness' signature

Leticia Wood

Witness' name and title (print)

12/5/11

Date

**Temporary Worker**

*Alvaro Villalobos*

Temporary Worker's signature

Alvaro Villalobos

Temporary Worker's name (print)

451 S. Fifth Ave apartment (A)

Temporary Worker's address (print)

12/5/11

Date

# Form W-4 (2011)

**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 2011 expires February 16, 2012. 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 \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</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>B</b>	<u>1</u>
<b>C</b>	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.) . . . . .	<b>C</b>	<u>1</u>
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>1</u>
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	<u>1</u>
<b>F</b>	Enter "1" if you have at least \$1,900 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.) . . . . .	<b>F</b>	<u>1</u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children . . . . .	<b>G</b>	<u>2</u>
<b>H</b>	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.) ▶ 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 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.	<b>H</b>	<u>7</u>

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				<b>2011</b>
1 Type or print your first name and middle initial. <i>Alvaro</i>		Last name <i>Villalobos Jr.</i>		2 Your social security number <i>523-63-8046</i>
Home address (number and street or rural route) <i>451 S. Fifth Ave</i>		City or town, state, and ZIP code <i>Apt #A</i>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
<i>Hudson CO 80642</i>		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. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>3</u>		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>10.00</u>		
7 I claim exemption from withholding for 2011, 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.) ▶ <i>Alvaro Villalobos</i>		Date ▶ <i>12/5/11</i>		
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)

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 documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last <u>Villalobos</u>	First <u>Alvaro</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>451 S. Fifth AVE CO</u>		Apt. # <u>A</u>	Date of Birth (month/day/year) <u>01/31/1988</u>
City <u>Hudson</u>	State <u>CO</u>	Zip Code <u>80642</u>	Social Security # <u>523-23-8046</u>

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 #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature [Signature] Date (month/day/year) 12/5/11

**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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		<u>Colo. Drivers.</u>		<u>SS</u>
Issuing authority: _____		<u>01-197-1270</u>		<u>523-63-8046</u>
Document #: _____		<u>expires 1/31/2016</u>		
Expiration Date (if any): _____				
Document #: _____				
Expiration Date (if any): _____				

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 12/5/11 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agency may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Print Name <u>Leticia Wood</u>	Title <u>Admin. Asst.</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>Corp. Mgmt. Group 12000 N. Wash. St #290 Thornton CO</u>		Date (month/day/year) <u>12/5/11</u>

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable) \_\_\_\_\_ B. Date of Rehire (month/day/year) (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

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 (month/day/year) \_\_\_\_\_

**Colorado  
Driver License**



01-197-1270 Expires: 01-31-2016  
 Class: B Issued: 04-12-2011  
 Sex: M DOB: 01-01-1984  
 Race: P Previous Type: J  
 Ht: 5'7" Wt: 150 Eyes: BRO Sex: M  
 Hair: Y

ALVARO VILLALOBOS JR  
 131 PENNY LANE APT 201  
 BRIGHTON, CO 80601

**SOCIAL SECURITY**

528727046

THIS NUMBER HAS BEEN ESTABLISHED FOR

ALVARO  
 VILLALOBOS JR

*Alvaro Villalobos Jr*  
 SIGNATURE

USA 05/20/2009

**Employee Information Form**

First Name: Alvaro Villalobos Middle Initial: \_\_\_\_\_

Last Name: Villalobos Jr.

Name (Preferred to be called): Alvaro or AL

Address: 451 S. Fifth Ave APT # A

City: Hudson State: CO Zip: 80642

What County or Parish do you live in? Don't write USA: United State of America

Home Phone: ( \_\_\_\_\_ ) Work: ( \_\_\_\_\_ )

Cell Phone: ( 720 ) 226 7814 Fax Number: ( \_\_\_\_\_ )

Social Security #: 523-63-8046 Date of Birth: 1/31/88

Work Email Address: \_\_\_\_\_

Home Email Address: Alvarovillalobos19@yahoo.com

Disability:  Yes  No Veteran:  Yes  No

Asian  African American  American Indian  Hispanic  White  Other

**Emergency Contact**

Name: Danielle Duran

Relationship: Girlfriend

Address: 451 S. Fifth Ave Apt # A

City: Hudson State: CO Zip: 80642

Home Phone: ( 720 ) 421-4378 Work: ( \_\_\_\_\_ )

**Second Emergency Contact**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) Work: ( \_\_\_\_\_ )

Employee Signature: Alvaro Villalobos Date: 12/15/11

# managed|Staffing Employment Application

We are an Equal Opportunity Employer. It is our policy to abide by all Federal, State, and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law, nor will any information obtained in response to any question be used in violation of any such law.

## Personal Information

Last Name: <u>Villalobos</u>		First Name: <u>Alvaro</u>		M.I.	Preferred Name:	
Street Address: <u>451 S. Fifth Ave</u>		Apt: <u>A</u>	City: <u>Hudson</u>	State: <u>CO</u>	Zip: <u>80642</u>	
How long at this address? <u>Four months</u>		Social Security #: <u>523 63-8046</u>		Date of Birth: <u>1/31/88</u>		
Home Phone: <u>720-226-7814</u>	Alternate Phone: <u>720-421-4378</u>		Email Address: <u>Alvaro.villalobos19@yahoo.com</u>			
Have you ever been convicted of a Misdemeanor? <u>NO</u>			Have you ever been convicted of a Felony? <u>NO</u>			
If Yes, please provide a brief explanation: <input type="checkbox"/>			If Yes, please provide a brief explanation: <input type="checkbox"/>			
Position Applying For: <u>Packager for BASF</u>			Salary Requested: <u>12.60</u>	How were you notified of our openings? <u>Website</u>		

### List any Friends or Relatives working for this organization

Name:	Relationship:	Name:	Relationship:
-------	---------------	-------	---------------

### Education

Institution Attended	Name and Location	Did You Graduate?	Diploma or Degree Type	Course of Study
High School	<u>Weld Central HS Keenesburg</u>	<u>Yes</u>	<u>Diploma</u>	
Trade / Vocational School				
College / University				

### Employment History

Employer	Supervisor	Start Date	End Date	Position / Title:	Reason for Leaving:
<u>Covidien - Kelly Service</u>	<u>Virah Plante</u>	<u>12/2010</u>	<u>12/2011</u>	<u>Assembler</u>	<u>End of Contract</u>
<u>Boulder Valley - SOS Staffing</u>		<u>5/2011</u>	<u>8/2011</u>	<u>Labor</u>	<u>Worked picked up (Kelly S)</u>
<u>Blue Print Skilled Service</u>		<u>6/2010</u>	<u>9/2010</u>	<u>Plumber and Labor</u>	<u>Look for something better</u>
<u>(TCE) Tagawa's</u>	<u>Glenn Tagawa</u>	<u>3/2010</u>	<u>6/2010</u>	<u>Production Labor</u>	<u>Season Job</u>

### Emergency Contact:

Name	Relationship	City, State	Contact #:	Alternate #:
<u>Danielle Duran</u>	<u>Girlfriend</u>	<u>Hudson CO</u>	<u>(720) 421-4378</u>	<u>( ) - ( )</u>
			<u>( ) - ( )</u>	<u>( ) - ( )</u>

### Applicant's Certification (Please read carefully before signing)

I certify to the best of my knowledge and beliefs, the answers provided by me on this application are accurate and complete. I understand that misrepresentations or omissions of facts in this application, may lead to my dismissal.

As an employee, I understand and agree that such employment maybe terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract, but is 'at-will'.

X <u></u>	<u>12/5/11</u>
Applicant Signature	Date

## Payroll & Timesheet Systems Policies & Procedures

Managed Staffing take great pride in communicating with all employees, so all parties have a full understanding of what is expected from each other during the course of an “employer/employee” relationship.

As an employee of Managed Staffing Inc., it is imperative that you fully understand the policy and procedures as well as client compliance guidelines.

One procedure that can affect all parties is timesheets and payroll. With this said, please read these detailed instructions pertaining to timesheets and payroll.

1. Managed Staffing is your employer not the end client.
2. Managed Staffing has a separate payroll and timesheet system from the client called ExponentHR.
3. The client might have a separate timesheet system for tracking your time and project codes.
4. To stay within compliance guidelines with our clients and Managed Staffing, your timesheet must to be entered and submitted in ALL systems by 10:00 a.m. CST every Monday morning. **NO EXCEPTIONS!**
5. As an employee of Managed Staffing, **YOU** are the responsible party for entering your timesheet into ExponentHR and the client system on a WEEKLY basis.

Below are rules that need to be followed in order for you to stay within guidelines with our Clients and Managed Staffing, please read and follow the below rules.

1. Payroll is scheduled bi-weekly, pay days are on Friday's.
2. Entering your timesheet **on time** in Client system **and** having your client supervisor approve your weekly timesheet is part of the payroll process.
3. Client timesheets need to be approved to process payroll.
4. If your timesheet is not in BOTH systems by the time Managed Staffing processes payroll batches, your pay check can be delayed in reaching you. If this should happen, our payroll department does off cycle check once a week on Thursday if your timesheet has been approved by the client by that Thursday.
5. A Payroll Calendar is posted in ExponentHR. A copy of the payroll calendar was enclosed in your new hire packet. Once you officially start, Managed Staffing will email you another copy to you.
6. Managed Staffing does not mail your pay stubs to you. You may access and print off your pay stubs electronically via ExponentHR. For assistance please contact them at 1-866-612-3200.
7. If you have enrolled in direct deposit, your first check will be direct deposited.
8. If you choose not to sign up for direct deposit, your pay checks will go regular mail and can take up to a week before receiving it. Checks are mailed from Dallas, Texas.
9. Once Managed Staffing places a live check in the US Post Office mail box, Managed Staffing loses all visibly and can't be held responsible for delays.
10. If you need to make changes to your direct deposit a new direct deposit form must be fill out and sent into Human Resources.

11. Cancellation Policy of a live payroll check is as follows. **10 business days** must pass before Managed Staffing places a stop payment on a check and reissues another check. This is again a main reason to establish direct deposit.
12. The website for ExponentHR is [www.exponenthr.com](http://www.exponenthr.com) and can be accessed from any personal or public computer at any time.
13. All questions pertaining to ExponentHR should be directed to ExponentHR at 1-866-612-3200. ExponentHR is open Monday through Friday 8:00 am CST to 7:00 pm CST. Closed on weekends.
14. If for some reason you didn't work, you may still have to submit a ZERO hour timesheet in both systems. Please check with your client supervisor on the rules of entering zero time or contact Managed Staffing.
15. Please take the proactive approach, if you are on vacation or sick and can't submit your time you need to contact you Managed Staffing HR representative. Your Managed Staffing HR representative will explain what needs to be done in order to process payroll.

When timelines are not met it can affect several areas including your pay check.

Again, as a reminder, not only are these policies of Managed Staffing's, your employer, it is also a **compliance issue with our clients.**

I have fully read the above instructions and understand this is my responsibility.

Alvaro Villalobos

Print your name

Al Vill

Your signature

12/5/11

Date

**Handbook Acknowledgement Form**

My signature below indicates that I have been informed that the company employee handbook is available to me from my resource manager for reference at any given time during my employment at managed Staffing. In addition, I will read the handbook carefully and thoroughly. If I have any questions regarding the policies set forth in the Policy Handbook, I will contact the Human Resources Department for further clarification.

This employee handbook is not a contract or agreement expressed or implied, between Managed Staffing and its employees, and supersedes or replaces all prior employee handbooks to date. Managed Staffing reserves the right to amend, change, revise or eliminate any of these policies set forth at any time in its sole discretion. The only recognized deviations from the stated policies are those authorized and signed by the Human Resources Department.

  
\_\_\_\_\_  
Employees Signature

*Alvaro Villalobos*  
\_\_\_\_\_  
Printed Name

*12/5/11*  
\_\_\_\_\_  
Date

**Equipment Agreement**

As an employee and/or consultant working for Managed Staffing, you have been issued the equipment described below for your use. **Although Managed Staffing may not issue you equipment at this time, if you sign the form now we will have your signature on file in the event we have to issue you equipment in the future.**

Although the equipment is issued in your name, it is the sole property of Managed Staffing. The equipment is your responsibility. If the equipment is lost, stolen or damaged due to negligence, you will be responsible for replacement or repair. As an employee, the amount of the replacement or repair will be deducted from your wages. If you are a consultant working for Managed Staffing through a contracting company, the amount will be responsibility of your employer and may be deducted from invoices for hours worked.

Please take proper precautions to protect the equipment from theft. Do not leave it unattended unnecessarily. As per company policy, portable equipment should be taken home each evening, or locked in a desk drawer. A locked office door is not considered sufficient security against theft. Any time the equipment is taken offsite, it shall be carried in the container/case in which it was issued. Simply putting it into your briefcase or backpack does not offer sufficient protection from damage.

By signing this form, you are acknowledging that you have read and agree with the policies outlined herein.

Alvaro Villa Lobos  
Name Print Only

Alvaro Villa  
Signature

12/5/11  
Date

PPE  
Equipment Description

**Direct Deposit Application**

First Name: Alvaro Middle Initial: \_\_\_\_\_ Last Name: Villalobos

Social Security #: 523-63-8046 Employer: Managed Staffing

Bank Name: Chase

**Account Disbursement**

I would like my payroll/wages deposited to the bank account indicated below:

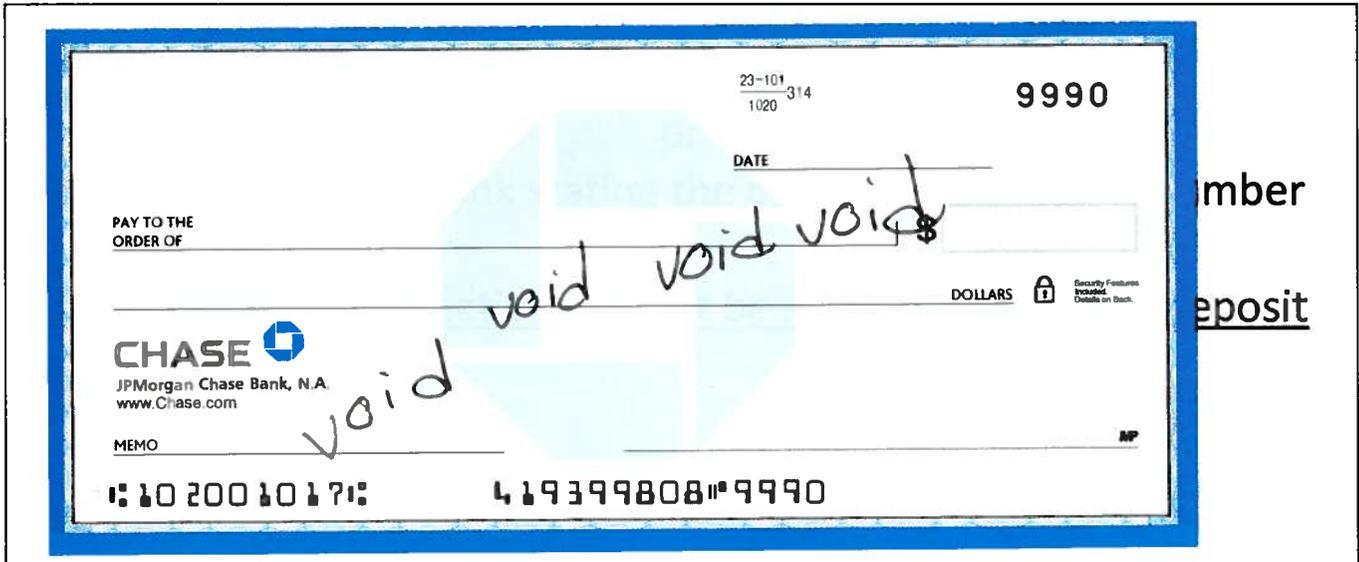
Checking Account - I wish to deposit how much of your Net Pay 100%

Savings Account - I wish to deposit how much of your Net Pay \_\_\_\_\_

Pay Card - You must provide a document from the Pay Card Company showing the Routing and Account number

Waive direct deposit. I fully realize that live checks is mailed out by regular US Post office from Dallas TX and can take up to another week before you receive your check.

\_\_\_\_\_ Enter your initials on line that you understand this procedure.



I hereby authorize Managed Staffing to deposit any amounts owed to me, by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and credit and credit entries indicated by Managed Staffing to my account. In the event that Managed Staffing deposit funds erroneously into my account, I authorize Managed Staffing to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Managed Staffing and BANK, have received written notice from me of its termination in such time and in such manner as to afford Managed Staffing and BANK a reasonable opportunity to act on it.

Employee Signature: [Signature] Date: 12/7/11

For Employer's Use Only

Employer's name Managed Staffing, Inc. Telephone no. (469) 759 - 7372 EIN ▶ 26 | 0717857

Street address 15770 Dallas Parkway, Suite 800

City or town, state, and ZIP code Dallas, TX 75248

Person to contact, if different from above Marcel Abandonato Telephone no. (951) 272 - 8294

Street address 2279 Eagle Glen Pkwy. # 112-217

City or town, state, and ZIP code Corona, CA 92883

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) . . . . . ▶ \_\_\_\_\_

Date applicant:

Gave information  / / Was offered job  / / Was hired  / / Started job  / /

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job \_\_\_\_\_

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ \_\_\_\_\_ Title \_\_\_\_\_ Date / / \_\_\_\_\_

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping . . . . . 3 hrs., 16 min.
- Learning about the law or the form . . . . . 46 min.
- Preparing and sending this form to the SWA . . . . . 42 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

# Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

▶ See separate instructions.

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name Alvaro Villalobos Social security number ▶ 523 | 63 | 8046

Street address where you live 451 S. Fifth Ave Apt. #A

City or town, state, and ZIP code Hudson CO 80642

County Weld Telephone number ( 720 ) 226 - 8046

If you are under age 40, enter your date of birth (month, day, year) 11/31/88

- 1  Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3  Check here if any of the following statements apply to you.
  - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but not age 40 or older and I am a member of a family that:
    - a Received SNAP benefits (food stamps) for the past 6 months, or
    - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.
  - I am at least age 16 but not age 25 or older, and:
    - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and
    - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and
    - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:
  - Discharged or released from active duty in the U.S. Armed Forces, or
  - Unemployed for a period or periods totaling at least 6 months.
- 5  Check here if you are a member of a family that:
  - Received TANF payments for at least the past 18 months, or
  - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

**Signature—All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ 

Date 12 15 11

## WOTC Questionnaire

### Work Opportunity Tax Credit

Managed Staffing is participating in the WOTC (Work Opportunity Tax Credit) program offered by the government. The program has been designed to promote the hiring of individuals who qualify as a member of a target group and to provide a Federal Tax Credit to employers who hire these individuals.

This questionnaire will assist Managed Staffing in qualifying individuals for the WOTC. This program is on a voluntary basis and will not affect any hiring decisions. Thank you for your participation.

Applicant's Name Villalobos Alvaro \_\_\_\_\_  
Last Name First Name Middle Initial

Government Identification Number: 01-197-1270

- ID number can be any picture ID used on the I-9.
- Examples: Driver's License, State ID, INS, Passport, etc.

**Please answer YES or NO to the following questions:**

	YES	NO
1. Have you ever been employed by Managed Staffing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are you between the ages of 18-39? If YES, please provide your date of birth: <u>1/31/88</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are you a Veteran of the U.S. Armed Forces?  If YES, are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) benefits for at least 3-month period during the last 15 months? If YES, please provide name of recipient: _____  City/State where benefits were received: _____  Are you a Veteran entitled to compensation for a service-connected disability? If YES, were you discharged or released from active duty within 1 year of your hire date?  Were you unemployed for a combined period of at least 6 months during the year before you were hired?	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input checked="" type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input checked="" type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input checked="" type="checkbox"/>
4. Are you a member of a family that received SNAP (Food Stamps) benefits for the last 6 months?  OR, received SNAP (Food Stamps) at least a 3-month period within the last 5 months, but is no longer receiving them? If YES, please provide name of recipient: _____  City/State where benefits were received: _____	<input type="checkbox"/>  <input type="checkbox"/>	<input checked="" type="checkbox"/>  <input type="checkbox"/>
5. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a state? OR, by an Employment Network under the Ticket to Work Program? OR, by the Department of Veterans Affairs?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

	YES	NO
<p>6. Are you a member of a family that received Temporary Assistance to Needy Families (TANF) for at least the last 18 months?</p> <p>OR, are you a member of a family that received TANF benefits for any 18 months beginning after August 5, 1997?</p> <p>OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time for payments?</p> <p>Are you a member of a family that received TANF assistance for any 9 months during the 18-month period before you were hired?</p> <p>If YES, please provide name of recipient: _____ City/State where benefits were received: _____</p>	<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>  <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<p>7. In the past year have you been convicted of a felony or released from prison?</p> <p>If YES, date of conviction: _____ and date of release: _____</p> <p>Was this a Federal or a State conviction? _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>8. Do you live, and plan to continue living, in an Empowerment Zone or Renewal Community?</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>9. Did you receive Supplemental Security Income (SSI) benefits for any month ending within the last 60 days?</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>10. Are you an unemployed Veteran who served on active duty in the Armed Forces of the United States for a period of more than 180 days?</p> <p>Were you discharged or released from active duty in the Armed Forces for a service-connected disability?</p> <p>Were you discharged or released from active duty in the Armed Forces at any time during the last 5 years?</p> <p>Did you receive unemployment compensation for at least four weeks during the past year?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<p>11. Are you at least age 16 but under the age of 25?</p> <p>If YES, were you not regularly employed during the last 6 months?</p> <p>If YES, were you not employable because you lacked basic skills?</p> <p>If YES, did you not regularly attend secondary, technical, or post-secondary school?</p>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

I certify that the information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification. I authorize any individual, organization, or agency to supply information or verification needed to determine tax credit eligibility to my employer.



Signature

  
Date

**YOUTH SELF-ATTESTATION FORM**  
**Work Opportunity Tax Credit Program**

**PLEASE HAVE NEW HIRES UNDER AGE 25 COMPLETE AND SIGN**

**Instructions:** This Self-Attestation Form (SAF) is to be completed, signed and dated by the new hire on or before the day the job offer is made. The employer or consultant is to submit the SAF to the state workforce agency together with IRS Form 8850 within 28 calendar days from the employment start date of the new hire.

New Hire Name: Alvaro Villalobos Jr.

Social Security Number: 523-63-8046 Date of Birth: 1/31/88

Employer Name: Managed Staffing, Inc.

Employer Federal ID (EIN) Number: 26-0717857

**Please check all the statements that apply to you. Sign and date this form where indicated below.**

- In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations.
- I do not have a High School Diploma or GED certificate.
- I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate.

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

New Hire's Signature:  Date 12/5/11

**Public Burden Statement:**  
Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).



# Direct Deposit Instructions

**For:** ALVARO VILLALOBOS

**From:** CURTIS F WRIGHT  
Chase Banker 303-255-1704

**Re:** **Direct Deposit request**

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## INSTRUCTIONS FOR

Deliver the Direct Deposit Set-up Information Form to your employer right away (if banker did not submit on your behalf today). The Direct Deposit Set-up Information Form on the next page provides the necessary information required by your company's system.

Thank You!

### **Chase Banker Instructions:**

1. Make a copy of this Cover Sheet and Direct Deposit Set-up Information Form.
2. Help the customer save time by submitting the direct deposit on their behalf.
3. If unable to submit for the customer, instruct customer to give this Cover Sheet and Direct Deposit Set-up Information Form to the employer to activate direct deposit.
4. File a copy of this Cover Sheet and the completed Direct Deposit Set-up Information Form for follow-up. Once the deposit is confirmed, destroy the copy using sensitive trash guidelines.



# Direct Deposit Set-Up Form

## EMPLOYEE INFORMATION

### Employee

ALVARO VILLALOBOS

### Address

131 PENNY LN APT 201

### City

BRIGHTON

### State

CO

### Zip

806011692

### Company Employee ID

## ACCOUNT INFORMATION

### Chase routing number

102001017

### Account number

419399808

### Deposit To:

Checking

Savings

ALVARO VILLALOBOS 131 PENNY LN APT 201 BRIGHTON	CO 806011692	101
AMOUNT OF CHECK	\$	
CHASE	VOID VOID VOID VOID	OSLIVES
MEMO	102001017 419399808	0101

## EMPLOYEE AGREEMENT

I authorize Cmg to automatically deposit my payroll check into my account listed above. (This includes authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

Alvaro Villalobos  
Employee Signature

12/7/11  
Date

Employee: If there are any questions, please call: CURTIS F WRIGHT  
Chase Banker 303-255-1704



ALVARO VILLALOBOS JR.  
Email: alvarovillalobos19@yahoo.com  
Cell: 720-226-7814

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#### PROFILE

I develop leadership skills, discipline, strong work ethic, quick and dedicated learner, good people skills, and bilingual in Spanish.

#### SPECIAL ACCOMPLISHMENT

Bilingual in both English and Spanish, trainer in boxing and team leader, 2008 CO, Golden Gloves featherweight state champion, drawing skill, and basic mechanic skills.

#### WORK EXPERIENCE

Covidien-Kelly Services — Jirah Ojarte 303-530-6425  
Energy base Device Assembler  
(12/2010)-Still Hired  
Tested medical units for errors  
Follow procedure to fix and assemble the medical unit  
Final test units and package then ship them to listed location

Boulder Valley Poultry- SOS Staffing — 303-857-2358  
Managing and maintaining  
(5/2011-8/2011)  
Managing houses for chickens by keeping a clean area  
Feed and watered hungry animals  
Follow safety procedures for removing deceased or sick chickens  
Loading and unloading products

Painter-Side Job  
Assistant Painter  
(9/2010-12/2010)  
Prepared the inside and outside of customer home for painting by cleaning needed areas to power washing.  
Masking areas where paint is not needed and filling in any outside cracks  
Painted up to 3 floor houses, and Some landscaping  
Use quality touch up work to finish the final step to complete the work

Blue Print Skilled Services — Yah 3/238-1330  
Plumber and Laborer  
(6/2010-9/2010)  
Worked in different construction areas as a Laborer or plumber when needed  
Assist Journeymen and Master plumbers, helped install hot and cold water lines  
Clean and organize the construction site to finish the final step to the project  
(TGE) Tagawa- Brighton, CO — Glen Tagawa 303-210-6055  
Managing greenhouse products and sales  
(3/2010-6/2010)  
Maintain and organize product for Tagawa.  
Watering plants, remove non-salable product.  
Help customers when needed services, from answering questions to, helping loading products.

(HPE) Heating & Plumbing Engineers- Denver, CO  
Plumbing apprentice to all Journeymen and Master plumbers  
(10/2007- 02/2009)  
Piping, drain/waste/vent installation including underground, domestic water installation, fixture installation, equipment setup, material handling and organization.  
Coordinated clean up upon job completion (Laborer)

Peerless Tires- Northglenn, CO

Sales assistant and performed all aspects of shop work  
(06/2006- 10/2007)

Contributed to first place, regional sales contest

Specialized in assisting bilingual customers

Used specific equipment to replace and repair tires.

McDonald's- Brighton, CO

Cashier, food preparation, stocking, and janitorial services  
(06/2004-06/2006)

#### EDUCATION

Weld Central High School-Keansburg, CO

Graduated 05/2006

Senior year I letter in baseball.



Nationsearch.com 11160 Huron St. #201 Thornton, CO. 80234  
 Phone 800.827.9550 Fax 800.827.6118

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES**

I hereby authorize Nationsearch.com, and its designated agents and representatives to conduct a review of my background through a consumer report and /or an investigative consumer report to be generated for employment purposes, promotion, reassignment or retention as an employee of

Corporate Management Group

I understand and am aware that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: names and dates of previous/current employment, work experience, criminal history records, sexual offenders lists, motor vehicle records, educational records, professional license verification, credit history, civil cases, OFAC list, OIG/GSA lists and any other sanctions lists. Upon request, Nationsearch.com will supply a copy of the consumer report (completed) along with a copy of the rights under the FCRA.

I, Alvaro Villalobos, authorize the release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at (company name) Corporate Management Group.

I hereby release Nationsearch.com and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of any kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization for release of information. I hereby certify that all information provided below and on my resume, CV or questionnaire is correct to the best of my knowledge. Any false statements provided on this form and/or on my resume, CV or application questionnaire will be considered just cause for the termination of employment at any time. This authorization and consent shall be valid in original, fax, copy or scanned form.

Please provide the following information, which is required by government agencies and other entities for identification purposes when conducting the background screening process. This information is confidential and will not be used for any other purpose.

Alvaro Villalobos

Applicant Signature

12/5/11  
Date

Other Names Used: AL

Social Security Number <u>525-63-9046</u>	
Date of Birth: To be used for screening purposes only <u>1/31/88</u>	
Drivers License number : <u>01-197-1270</u> State of Issue: <u>Colorado</u>	

Street Address	City	State	Zip Code
<u>451 S. Fifth Ave <sup>Apartt</sup> (A)</u>	<u>Hudson</u>	<u>CO</u>	<u>80642</u>

# Weld Central High School

Weld County School District Re-3 (J)

Keenesburg, Colorado

*This Certifies That*

**Alvaro Villalobos**

*has completed with credit the course of study prescribed  
for graduation and is therefore awarded this*

*Diploma*

*Given at Keenesburg, Colorado, this twenty-first day of May, 2006.*



*Joe E. P...*  
President of the Board

*...*  
Secretary of Board

*Mervin Wade*  
Superintendent of Schools

*...*  
Principal