



HIGHTECHLENDING
THE NEW WORLD OF MORTGAGE BANKING

OUTSIDE SALES LOAN OFFICER CHECK LIST

Return Packet back within 20 Day's of Hire

Please initial that you have completed each line request.

- ___ 1) 2009 W-4
- ___ 2) I-9 Employment Eligibility Verification
- ___ 3) Copy of Drivers License and Social Security Card: SSC is needed to verify spelling of name on card.
- ___ 4) Application for Employment
- ___ 5) Resume
- ___ 6) Loan Fraud Zero Tolerance Document – **sign and return with packet**
- ___ 7) Signature page of Harassment Policy
- ___ 8) Signature page of Corporate Policies
- ___ 9) Direct Deposit Authorization
- ___ 10) Void check for direct deposit
- ___ 11) Employee Data Form
- ___ 12) Loan Officer Commission Agreement
- ___ 13) Loan Officer – Auto insurance policy showing liabilities of 100/300
- ___ 14) Certificate of Continuing Education Classes for brokered loans
- ___ 15) Background Authorization
- ___ 16) Medical/dental/vision disclaimer
- ___ 17) Are Health/Dental benefits needed? If **YES**, contact accounting, If **NO**, complete disclaimer.

- California Employees Only -

- ___ 18) California's Programs for the Unemployed
- ___ 19) Rights to Worker's Compensation Benefits
- ___ 20) State Disability Insurance Provisions
- ___ 21) Paid Family Leave Insurance Program

By Initialing 18-21, you the employee are confirming receipt of the above documents.

If you have any questions, you can email Michele Potts at michele@lendersupportservices.com

Form W-4 (2009)

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 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

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-earner/multiple job 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 the Instructions for Form 8233 before completing this Form W-4.

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 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____			
B	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • 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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • 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	_____
{	<ul style="list-style-type: none"> • 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. 	}				
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	_____			
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____			
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____			
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F	_____			
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)						
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • 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. 	G	_____			
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	_____			
For accuracy, complete all worksheets that apply. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • 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 (\$25,000 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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>				{	<ul style="list-style-type: none"> • 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 (\$25,000 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. 	}
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----- Cut 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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 2009
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input 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.
City or town, state, and ZIP code		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 _____ 6 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 (Form is not valid unless you sign it.) ▶		Date ▶
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)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

1 Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . **1** \$ _____

2 Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____

3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____

4 Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) **5** \$ _____

6 Enter an estimate of your 2009 nonwage income (such as dividends or interest) **6** \$ _____

7 **Subtract** line 6 from line 5. If zero or less, enter “-0-” **7** \$ _____

8 **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction **8** _____

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” **2** _____

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____

Note. If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet **4** _____

5 Enter the number from line 1 of this worksheet **5** _____

6 **Subtract** line 5 from line 4 **6** _____

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____

8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____

9 Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. 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 Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:

1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C);
2. Record the document title, document number and expiration date (if any) in Block C, and
3. Complete the signature block.

What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at **www.uscis.gov**.

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, and completing the form, 9 minutes; **2)** assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

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

Form I-9, Employment Eligibility Verification

Please 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 eligible 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	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

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: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
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) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) HighTechLending, Inc.		Date (month/day/year)

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

Document Title: _____	Document #: _____	Expiration Date (if any): _____
-----------------------	-------------------	---------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
	OR	AND
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph <i>(Form I-766, I-688, I-688A, I-688B)</i>	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	8. Native American tribal document	
9. Driver's license issued by a Canadian government authority	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific) No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

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

When are you available to work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

HAVE YOU EVER PLEADED NOLO CONTENDERE TO ANY CRIME WITH IN THE LAST 10 YEARS? No Yes

HAVE YOU EVER BEEN HELD LIABLE IN ANY CIVIL ACTION BY FINAL JUDGMENT, OR ANY ADMINISTRATIVE ACTION? No Yes

ARE YOU CURRENTLY UNDER A NON-COMPETE AGREEMENT? No Yes DATE OF EXPIRATION _____

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Attach additional pages if needed

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

HighTechLending, Inc.

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license
number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	Word	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	_____ WPM	10-key	Processing	<input type="checkbox"/> No
					_____ WPM
Personal	<input type="checkbox"/> Yes	PC <input type="checkbox"/>	Other	_____	
Computer	<input type="checkbox"/> No	Mac <input type="checkbox"/>	Skills	_____	

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

HighTechLending, Inc.

--

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 of employer Address City, State, Zip Code Phone number	Name of last supervisor	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 of employer Address City, State, Zip Code Phone number	Name of last supervisor	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.			

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

HighTechLending, Inc.

--

APPLICATION FOR EMPLOYMENT

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Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	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 of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	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

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 HighTechLending Inc. (hereinafter called "the Company"), 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 HighTechLending Inc., 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 the President /General Manager of the Company. Both the undersigned and HighTechLending Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company 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 called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Company 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, the Company, 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 the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.



LOAN FRAUD ZERO TOLERANCE

All Loan Originators must be aware that HighTechLending, Inc. bears the responsibility for all actions of our employees. The Loan Originator is responsible for the content and quality of each application taken and each loan submitted to HighTechLending, Inc.

THE SUBMISSION OF A LOAN APPLICATION CONTAINING FALSE INFORMATION IS A CRIME!

Types of Loan Fraud

1. Submission of inaccurate information, including false statements on loan application(s) and falsification of documents purporting to substantiate credit, employment, deposit and asset information, personal information including identity, ownership/non-ownership of real property etc.
2. Forgery of partially or predominantly accurate information.
3. Incorrect statements regarding current occupancy or intent to maintain minimum continuing occupancy as stated in the security instrument.
4. Lack of due diligence by loan officer/interviewer/processor, including failure to obtain all information required by the application and failure to request further information as dictated by Borrower's response to other questions.
5. Unquestioned acceptance of information or documentation that is known, should be known, or should be suspected to be inaccurate.
 - A. Simultaneous or consecutive processing of multiple owner-occupied loans from one applicant supplying different information on each application.
 - B. Allowing applicant or interested third party to "assist with the processing of the loan."
6. Non-disclosure of relevant information.

Impact of Loan Fraud

The effects of "Loan Fraud" are costly to all parties involved. HighTechLending, Inc. stands behind the quality of its loan production. Fraudulent loans cannot be sold into the secondary market and, if sold, will require repurchase by HighTechLending, Inc. Fraudulent loans damage our reputation with our investors and mortgage insurance providers.

The price paid by those who participate in "Loan Fraud" is even more costly. The following is a list of a few of the potential consequences that may be incurred:

Consequences

1. Criminal prosecution.
2. Loss of lender access due to exchange of information between lenders, mortgage insurance companies including submission of information to investors (Freddie Mac/Fannie Mae), police agencies, and the State Licensing Agencies.
3. Civil action by HighTechLending, Inc..
4. Civil action by applicant/borrower or other parties to the transaction.
5. Loss of branch approval status with HighTechLending, Inc.

I have read the foregoing and understand HighTechLending, Inc's position on "Loan Fraud."

SIGNATURE OF LOAN ORIGINATOR

DATE



HARRASSMENT POLICY

The Company believes that employees should be provided with a working environment free from harassment based on race, color, religion, sex, national origin, age or disability. The Company prohibits its employees from engaging in any form of harassment. Verbal, physical, visual and sexual harassment of co-workers, co-employees and members of the public is absolutely forbidden. Harassment can take many forms. You must be sensitive to the feelings of others and must not act in a way that might be considered harassment by someone else.

1. Sexual Harassment

- A. Unwelcome physical, written or spoken conduct of a sexual nature by any Individual in the Company may constitute sexual harassment when:
1. Submission to such conduct is made either expressly or implicitly a term of an individual's continued employment.
 2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual.
 3. Sexual harassment also includes repeated and unwelcome physical, written or spoken conduct by either a supervisor or any fellow employee that substantially interferes with an individual's work performance, or creates what a reasonable person would consider to be an intimidating, hostile or offensive working environment.

2. Verbal and Written Harassment

- A. Unsolicited and unwelcome verbal, written or visual connotations may constitute Harassment when:
1. Derogatory or vulgar comments, slurs or jokes are made regarding a person's race, sex, religion, nation origin, age, color or disability.
 2. Distribution of written or graphic material, which has harassing effects; including, derogatory or offensive posters, cartoons, drawings and/or photographs regarding a person's race, sex, religion, national origin, age, color or disability.

3. Physical Harassment

A. Unsolicited and unwelcome physical contact may constitute harassment when:

1. Aggressive physical contact or threats of physical harm are made.

4. Action

A. If an employee has received or witnessed any such form of harassment, they are instructed to report the situation to their immediate supervisor, or their supervisor's Manager. If you do not report harassment, it cannot be investigated. Your cooperation is crucial. There will be no retaliation against you by management for making a complaint of harassment.

If you are afraid to report harassment to any of the foregoing individuals, you should report it to:

Human Resources
HighTechLending, Inc.
2030 Main Street, Suite 350
Irvine, CA 92612
(949) 468-2500

B. Complaints and situations reported by employees to managers **must** be reported to Human Resources and investigated.

C. If after their investigation the Company finds that disciplinary action or termination is justified, such action may be imposed.

Retain pages 1-2 for your records and return the signature page with your employment packet.

Signature Page

Harassment Policy

By signing this statement, I am acknowledging receipt of the Harassment Policy for HighTechLending, Inc.

Employee Signature

Date

Employee Name

Location

COMPANY POLICIES

Company Employment policies:

1. HighTechLending, Inc. (HTL) is an equal employment opportunity employer and complies with all applicable laws prohibiting discrimination. If you believe that you are a victim of discrimination or harassment, you should contact HTL's corporate headquarters at (949) 468-2500 and speak with the individual in charge of personnel.

2. Employment with HTL is "at-will". You are free to terminate your employment with HTL at any time, with or without a reason, and HTL has the right to terminate your employment at any time, with or without a reason.

Paid holidays are as follows:

01-01-10 New Year's Day
01-18-10 Martin Luther King's Birthday
02-15-10 President's Day
05-31-10 Memorial Day
07-05-10 Independence Day
09-06-10 Labor Day
10-11-10 Columbus Day
11-11-10 Veterans Day
11-24-10 Office Will Close At 2:00 Pm
11-25-10 Thanksgiving Day
11-26-10 Day after Thanksgiving
12-24-10 Christmas Holiday

Medical/Dental/Vision Appointments:

We appreciate all efforts being taken to make your appointments for the early morning, during your lunch break or late afternoon, after 4:00 p.m. This is to insure the least amount of work time missed.

Retain pages 1-2 for your records and return the signature page
with your employment packet.



HIGHTECHLENDING
THE NEW WORLD OF MORTGAGE BANKING

Signature Required

I have received a copy of the HighTechLending, Inc.'s policies regarding employment and benefits. I have read them and accepted them as stated with no exceptions.

Employee Signature

Date

Note: Please return this signed sheet with your information.

Paychex Use Only

Client Account Number _____ Date _____
Worker Number _____ Time _____
PRS _____ Contact _____
Verified By _____ CSS Initials _____

Scanning instructions are located in Paychex Procedures.

PAYCHEX®
Direct Deposit Signup Form

Worker Instructions:

1. Complete the "WORKER - Required Information" section.
2. Complete the Direct Deposit section to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form for your records. Return the original to your employer.

Employer Instructions:

1. Complete the "EMPLOYER - Required Information" section.
2. Return this form to your local Paychex office.*
*See below for acceptable bank documentation.

WORKER – Required Information

PLEASE PRINT

Worker Name _____
Last four digits of Social Security Number _____

EMPLOYER – Required Information

PLEASE PRINT

Company Name HighTechLending Inc
Service Location/Client Acct. Number 085/CR47
Federal ID Number 205238443

Complete for Direct Deposit and Sign Below

I authorize my employer to deposit my wages/salary to the following bank account(s):

Bank Account #1

- Checking**
Bank Name _____
- Savings**
Bank Name _____
- Chase Pay Card Plus**
Please complete the attached application if you would like to sign up for Chase Pay Card Plus.

I wish to deposit (check one):

- Remainder of Net Pay
- _____ % of Net
- Specific Dollar Amount \$ _____ .00

Please attach one of the following for Checking or Savings accounts (check one):

- Voided check**
- Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)**
- Bank letter or specification sheet (see your local bank representative)**

Bank Account #2

- Checking**
Bank Name _____
- Savings**
Bank Name _____
- Chase Pay Card Plus**
Please complete the attached application if you would like to sign up for Chase Pay Card Plus.

I wish to deposit (check one):

- Remainder of Net Pay
- _____ % of Net
- Specific Dollar Amount \$ _____ .00

Please attach one of the following for Checking or Savings accounts (check one):

- Voided check**
- Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)**
- Bank letter or specification sheet (see your local bank representative)**

Employer Section Only

If bank documentation provided is different from what is listed above, the following must be completed by the employer:

I confirm that the above named employee has added or changed a bank account for direct deposit transactions processed by Paychex, Inc.

Employer Signature _____

Worker Signature _____ **Date** ____/____/____

By signing above, I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

Accountholder Signature _____
(If worker doesn't have authority to authorize deposits to the accountholder's account.)



HIGHTECHLENDING
THE NEW WORLD OF MORTGAGE BANKING

OUTSIDE SALESPERSON DATA FORM

Personal Information:

Name: _____ SS #: _____

Address: _____ Telephone: _____

_____ Birth Date: _____

Email Address: _____ Marital Status Married Single

Emergency Notification:

Name: _____ Relationship: _____

Home Phone: _____ Business Phone: _____

Employment Information:

Hire Date: _____ Position: _____

Supervisor: _____ Title: _____

Compensation Information:

Commission rate - forward _____ % of _____

Commission rate - reverse _____ % of _____

Approved by: _____

Date: _____



**AT WILL EMPLOYER-EMPLOYEE AGREEMENT FOR
OUTSIDE SALES PERSON**

THIS AGREEMENT executed this ____ day of _____, 20____, by HighTechLending, Inc, a California corporation (“Company”) and _____, (“You”) and provides as follows:

1. Agreement to Employ and be Employed

Company hereby agrees to employ You “at will” and You hereby accept employment “at will” by Company, in accordance with all the terms and conditions hereinafter set forth. You shall be an employee of Company, not an independent contractor, joint venture, partners, or self-employed individual.

2. Your Duties

You agree to perform all of your duties for Company under this Agreement as an “outside salesperson.” who makes sales at the customer’s place of business. You will make in-person calls on real estate agents and brokers, financial advisors and other potential referral sources to develop borrow leads. You are responsible for originating your own sales by contacting prospective clients and by developing and maintaining referral sources. You have considerable flexibility to set your own working hours and to schedule the tasks you will perform during the workday.

Your principal duty is in the sale of the Mortgage Loan Packages. You are required to spend a majority of your time away from your employer’s place of business which also includes your home office. Any fixed site, whether home or office, used by You as a headquarters or for telephone solicitation of sales is considered one of Company’s place of business, even though the Company is not in any formal sense the owner or tenant of the property. You will have no office provided by the Company.

You agree to solicit , procure, originate and accept loan applications, to gather and collect supporting documentation and information to facilitate the processing and underwriting of the applications, and to perform similar other duties in connection with Company’s business and your position as outside salesperson as many from time to time be required by the Company.

You agree that, in connection with each and every loan application submitted for consideration, you will have complied with all of the foregoing.

- a) have personally interviewed the loan applicant(s);
- b) have exercised due diligence, in accordance with industry standards and Company policy, to determine the truthfulness, accuracy and

Company _____

Employee _____

completeness of the application, personal data and information, and all supporting documents, the acceptability of the security property, and the qualifications of the applicant(s), as related to Company's underwriting guidelines and quality control policies, are in accordance with appropriate state or federal laws or regulations, and minimum standards of Federal National Mortgage Association and Federal Home Loan Mortgage Corp;

c) have determined that, to the best of his/her knowledge and belief, the loan submission file contains only accurate, true, correct, complete and not in any way misleading information as to applicants, security property, transaction terms, and no detail, fact or other information that might affect or influence the decision regarding the loan's acceptability have been omitted;

d) have and will continue to comply with Company's policies as promulgated, as well as all state and federal laws and regulation relating to counsel and discussion with applicant(s) regarding loan terms and conditions, including but not limited to, maturities, fixed and adjustable interest rates, prepayment terms, balloon payments, loan fees and other costs and charges, interest rate lock-ins and costs thereof, and selection of service providers;

e) be available, after the loan application has been submitted for processing, to provide such additional information as Company, applicants, the appraiser, title companies, escrow company, and/or others may consider necessary to complete processing and underwriting of the file;

f) be available to applicant(s), in accordance with Company policy, for consultation, interpretation, and advice as needed, while loan is being processed and underwritten, and when loan documents are being executed.

3. Supervision

You shall be under the direct supervision of Branch Manager or Division Sales Manager, and shall receive and accept instructions, direction, advice and assistance from the Branch Manager or Division Sales Manager, unless such instructions, direction, advice and assistance is contrary to any of the terms and conditions of this Agreement, or conflict in any way, with the policies or procedures of the Company in which case you will immediately notify the Company at its corporate headquarters.

4. Compliance with Laws, Rules, and Regulations

You shall comply with all federal, state and local laws and regulations and all Company policies and procedures.

5. Loan and Files Ownership

Company _____

Employee _____

You expressly agrees and acknowledges that all loan applications, supporting documents, loan files, and records relating to loan applications, and any and all mortgage business is and shall be the exclusive property of the Company, for the exclusive benefit of Company and/or its designates regardless of whether procured by Company or You.

6. Company's Right to Audit

Company shall have the right to, and may, at its sole discretion, without prior notice, during normal business hours, audit and/or review the loan files and other documents of the Outside Sales Person, to determine compliance with the terms of this Agreement, applicable policies and procedures of the Company, and government regulations.

7. Exclusive Representation

You shall not conduct or be involved in any business or activity, that may be in direct or indirect competition with Company during the term of this Agreement and You specifically agree that no mortgage loan business procured by him/her shall be referred or transferred to any lender, financial institution or mortgage company other than Company during the term of this Agreement or thereafter.

8. Outside Sales Officer's Conduct

You agree to conduct yourself strictly in accordance with this Agreement, and the rules, regulations, policies or procedures that may, from time to time, be set forth by Company. You agree to abide by and conduct yourself in full compliance with all laws, rules and regulations of federal, state, county and city government having jurisdiction, as well as governments and quasi-governmental agencies applicable, including, but not limited to Department of Housing and Urban Development, Veterans Administration, Federal Housing Administration, Federal National Mortgage Association and Federal Home Loan Mortgage Corporation. You specifically represents that, you are and will continue to be knowledgeable as to all of the foregoing. You shall make only such statements and representations to prospective or actual loan applicants, builders, real estate salespersons or others than are contained in the sales literature or policy directives of, or otherwise authorized by Company. You shall quote only those prices, terms and conditions for loans that are established and promulgated by Company

9. Outside Sales Person's Authority

You agree that you do not have, nor shall You suggest or infer, or hold yourself out as having, any right, power or authority to create a contract or obligation, either expressed or implied on behalf of or in the name of or binding upon Company, or to place Company's credit, or to extend credit in Company's name, or to incur debt or obligation, or execute any agreement on behalf of Company.

You specifically agree that, when obtaining or accepting a loan application from a prospective borrower, or negotiating for a loan application, he/she will not state, suggest, or infer that loan terms and conditions such as loan amount, interest rate, loan term, loan fee, etc., that are being quoted or discussed, are in any way binding upon or a commitment of Company.

10. Outside Sales Person's Compensation

Company _____

Employee _____

You will be paid by commission only, calculated as set forth in Exhibit A. You will not be paid overtime or minimum wage. You will be paid for each closed loan, provided:

- (a) said loan was produced through your efforts; and,
- (b) said loan has, in fact, closed and been entered on Company's

books.

If for any reason any loan that has been obligated by You does not close, Company shall have no obligation to compensate You, and You shall not be entitled to any commission for that particular loan.

11. Outside Sales Person's Expenses

You shall pay all of your own expenses, including the cost of travel and entertainment of clients. You shall not incur any expenses for which Company could be liable, without prior written approval of Company, and in the event You have received such prior written approval You shall maintain careful and complete records and receipts for submission to Company for reimbursement. You agree to reimburse Company for any authorized expense paid to You by Company which is later determined by the Internal Revenue Service or State taxing authority to be nondeductible.

12. Automobile and Insurance

You agree to have, at your own cost and expense, an automobile available for use in the performance of your duties under this Agreement, and at all times while employed by Company, You shall maintain in full force and effect, automobile liability insurance in the minimum amounts of \$300,000 for multiple bodily injuries or deaths in one occurrence and \$100,000 for bodily injury or death of one person in one occurrence, and shall deliver to Company a true copy of the said automobile insurance policy showing You as the insured and display the above liability coverage limits. You agree to indemnify and hold Company harmless from any claim or claims arising out of the operation of your automobile.

13. Indemnification

To the maximum extent allowable by law, You specifically agree to indemnify, hold harmless and defend Company from and against any and all claims, suits, demands, losses, costs and liabilities of every nature (including payment of Attorney's fees and all legal expenses and fees incurred in defense) arising or alleged to arise from your performance or nonperformance under this Agreement, or your acts or omissions. It is the intent of this paragraph to provide Company with the broadest indemnification rights allowed by law.

In the event of any claim, loss or threatened loss, Company's recourse shall include, but not be limited to, the following:

- a) Company may deduct from any moneys due You, such amounts as may be necessary, in Company's reasonable discretion, to hold Company harmless. These funds may be retained to withhold until loss or damage, or threat of loss or damage, has been finally determined and settled, or the claim(s) terminated or withdrawn.
- b) The right to retain an attorney or attorneys of Company's own choosing to handle and defend the claim of loss, at your sole cost and

Company _____

Employee _____

expense, and to be fully reimbursed by You for all its costs, as well as any moneys paid to settle such claims or pay any judgments.

c) The right to pursue You on account of your obligations to hold Company harmless under this Agreement.

14. Proprietary Information and Confidentiality

(a) Because of your duties and position of trust under this Agreement, You acknowledge that You will have access to and/or may become familiar with various trade secrets, inventions, innovations, processes, information, and records owned or licensed by Company and/or used by Company in connection with the operation of its business, including without limitation, Company's operating methods, systems and procedures, loan applicants, investors, loan sources, contractors, vendors, suppliers, employees, markets, production processes, customer lists, leads, and accounts, or other valuable assets and property rights of Company. You agree you will not disclose any of the aforesaid, directly or indirectly, or use any of them in any manner, either during the term of this Agreement or at any time thereafter, except as required in the course of performing the services under this Agreement. All files, records, documents, specifications, information, letters, notes, media lists, original artwork/creative, loan applications, loan files, training material, manuals, price sheets, notebooks, and similar items relating to the business of the Company, whether prepared by the You or otherwise coming into your possession, shall remain the exclusive property of the Company. You shall not retain any copies of the foregoing without the Company's prior written permission. Upon termination of this Agreement or whenever requested by the Company, You shall immediately deliver to the Company all such files, records, documents, specifications, information or other items in his or her possession or under his or her control. You further agree that you will at all times preserve the confidential nature of your relationship to the Company and of the services hereunder. You agree that you will not, at any time during or after the term of this Agreement, either directly or indirectly, disclose to any person, firm, or other, any such trade secret or other confidential information, and You further agree to retain any such information in a fiduciary capacity, for the sole benefit of Company and Company's designates, and to surrender and return to Company any tangible evidence of such information in your possession on or before termination of this Agreement.

(b) You shall not, directly or indirectly hire, solicit or encourage to leave or provide information to others who may want to hire, solicit or encourage to leave, any employee, consultant, client, agent, independent contractor or contractor of the Company or to hire any such employee, consultant, or contractor of Company for one year after termination of this Agreement.

15. Termination or Cancellation

This is an "At Will" agreement, and may be canceled or terminated by either You or Company without cause with thirty (30) days written notice. In the event of any such cancellation or termination, You shall receive fifty percent (50%) of your compensation, after they have closed, for any loans that You had originated and were logged into the Company report system at time of cancellation, less the cost of completing the processing

Company _____

Employee _____

and underwriting of said loan without your assistance and participation, if the loan closes within 30 days of the termination. Otherwise no payment will be forthcoming.

Also, Company may terminate this Agreement with cause at any time without any notice. In the event of termination or cancellation with cause, your compensation for any loans shall be at the sole and absolute discretion of the company.

“Cause” is defined as fraud, misappropriation, intentional or willful misrepresentation of fact, embezzlement, material damages to the property or business of Company, a material breach of any term of this Agreement, an act in violation of the California Business and Professional Code, and also includes but is not limited to any of the following:

- a) Gross insubordination or derogatory behavior towards management or other personnel, refusal of job assignment, or harassment of another employee or customer.
- b) Breach of confidence, including misappropriation or unauthorized divulgence of confidential records or information.
- c) Falsification of records of any kind, including reimbursement and personnel records.
- d) Unauthorized taking, use or removal of property of the Company or of another person.
- e) Unauthorized charges against Company’s account, dishonesty or theft.
- f) Gross misconduct of any kind.
- g) Dishonest or illegal act or violation of any state or federal law or administrative regulation.
- h) Deliberate damage to Company’s property.
- i) Careless or substandard performance, resulting in the loss of Company’s assets due to failure to follow established policies or procedures.
- j) Threatening or committing physical violence against another individual.
- k) Deliberate or willful misrepresentation of any fact in connection with a loan application.

Immediately upon termination of this Agreement, You agree to promptly surrender and deliver to Company, all records, files, loan applications and supporting documents, correspondence and documentation pertaining to any loans or transactions whether closed or in progress, customer lists, leads, all of which are acknowledged to be

Company _____

Employee _____

the property of the Company, as well as phones, machines, equipment, keys, supplies, manuals, training materials, data, books, records, lists, forms and other written or printed information or memoranda in any way pertaining to the business, or to existing or potential customers.

16. Heirs, Successors and Assigns

This Agreement binds and benefits the heirs, successors and assignees of the parties. You, however, shall not be able to assign your rights or obligations under this Agreement without the prior written consent of Company. You agree that the rights benefiting Company may be transferred and assigned by Company, in all particulars, without notice to, or consent or approval of yourself, being required.

17. Notices

All notice to be given under this Agreement must be in writing. A notice may be delivered to a party at the address that follows a party's signature or to a new address that a party designates in writing. A notice may be delivered by either party and shall be effective only if personally delivered: in person; by certified mail, return receipt; or by overnight mail or courier.

18. Venue

In the event of any controversy, claim or dispute arises between the parties arising out of or relating to this Agreement which requires the institution of legal action, any such action shall be brought in the applicable state or federal court serving Placer County, California.

19. Modification

This Agreement may be modified only by a writing signed by the party against whom such modification is sought to be enforced.

20. Waiver

If one party waives any term or provision of this Agreement at any time, that waiver will be effective only for the specific instance and specific purpose for which the waiver was given. If either party fails to exercise or delays exercising any of its rights or remedies under this Agreement, that party retains the right to enforce that term or provision at a later time.

21. Severability

If any court determines that any provision of this Agreement to be invalid, void or unenforceable, any invalidity or unenforceability will affect only that provision and will not make any other provision of this Agreement invalid or unenforceable and such provision shall be modified, amended or limited only to the extent necessary to render it valid and enforceable.

Company _____

Employee _____

22. Sole Agreement

This Agreement constitutes the sole agreement between the parties hereto regarding the relationship described within, and correctly sets forth the obligations of Company and Outside Sales Person to each other as of its date. Any agreement, understandings or representations not expressly set forth herein or in addenda hereto are null and void. Any modification or addition to this Agreement shall be effect only if made in writing and dated and signed by both parties.

23. Captions

The captions used throughout this Agreement are inserted only for the purposes of organization, reference or convenience and shall have no legal significance.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.

“Company”
HighTechLending, Inc.
A California Corporation

2030 Main St., Ste 350
Irvine, CA 92612

“You”

By _____

Its _____

Date _____

Company _____

Employee _____



Addendum to Outside Sales Person's Agreement

Exhibit "A"

Outside Sales Person will be paid for services rendered by commission only, calculated as follows:

IN WITNESS WHEREOF, the parties have executed this Addendum, effective as of the date and year first above written.

"Company"

HighTechLending, Inc
2030 Main St. #350
Irvine, CA 92612

"Outside Sales Person"

Signed _____

By _____

Its _____

Date _____

Signed _____

Date _____

HIGHTECHLENDING INC
915 HIGHLAND POINTE DR., #250
ROSEVILLE, CA 95678
Phone 916-724-5496
E-mail: michele@lendersupportservices.com
E-mail: mogan@htl-portal.com

December 16, 2009

TO ALL BRANCH MANAGERS

2010 Payroll Schedule

Listed below are the cut off dates for all Outside Sales Commission Payroll, Office Staff Payroll, and Branch Manager Draws. All payrolls must be received by the due date in order for it not to be considered late. It is up to you to send, fax or e-mail your payroll by the due date. If you are faxing your payroll, make sure you fax to 916-244-7281. **If you are paying a loan officer or yourself on a brokered loan, the file NEEDS to be uploaded in Blitzdocs, and the check is due here by the funding cut off date.**

<u>Funding Cut Offs</u>	<u>Due Date</u>	<u>Pay Date</u>
12/16/09-12/31/09	01/07/10	01/15/10
01/01/10-01/15/10	01/21/10	01/29/10
01/15/10-01/31/10	02/04/10	02/15/10
02/01/10-02/15/10	02/18/10	02/26/10
02/16/10-02/28/10	03/05/10	03/15/10
03/01/10-03/15/10	03/22/10	03/31/10
03/16/10-03/31/10	04/06/10	04/15/10
04/01/10-04/15/10	04/21/10	04/30/10
04/16/10-04/30/10	05/06/10	05/14/10
05/01/10-05/15/10	05/20/10	05/28/10
05/16/10-05/31/10	06/04/10	06/15/10
06/01/10-06/15/10	06/21/10	06/30/10
06/16/10-06/30/10	07/07/10	07/15/10
07/01/10-07/15/10	07/21/10	07/30/10
07/16/10-07/31/10	08/05/10	08/16/10
08/01/10-08/15/10	08/20/10	08/31/10
08/16/10-08/31/10	09/06/10	09/15/10
09/01/10-09/15/10	09/21/10	09/30/10
09/16/10-09/30/10	10/06/10	10/15/10
10/01/10-10/15/10	10/21/10	10/29/10
10/16/10-10/31/10	11/04/10	11/15/10
11/01/10-11/15/10	11/18/10	11/30/10
11/16/10-11/30/10	12/06/10	12/15/10
12/01/10-12/15/10	12/21/10	12/31/10

Thank you,
Michele Potts
Lender Support Services, LLC



HIGHTECHLENDING
THE NEW WORLD OF MORTGAGE BANKING

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I _____
LAST NAME, FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr. II, III Etc.)

Understand that in conjunction with my application for employment, HighTechLending, Inc. will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a report to HighTechLending, Inc. HighTechLending, Inc. uses **Employer's InfoSource, a consumer reporting agency**, as an agent to perform background verifications.

Employer's InfoSource may utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Department of Motor Vehicle records, court records, current and former employers, military records, school records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to HighTechLending, Inc, and Employer's InfoSource. I unconditionally release and hold harmless HighTechLending, Inc., **Employer's InfoSource**, InfoSource Companies, Inc. and any named or unnamed corporation, company, custodian of records or informant from any and all liability resulting from furnishing information about me.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. Additionally, I understand that upon proper request, I will be given a full and accurate disclosure as to the nature and substance of all information provided to HighTechLending, Inc. I further understand that when requesting a copy of the report, proper identification will be required and I should direct my request to: Employer's InfoSource, P.O. Box 298, Lafayette, CA 94549. Phone 1 800-331-6770.

California applicants: By checking this box: I wish to receive a copy of my Investigative Consumer Report.

Signed _____ Today's Date _____

Printed Name _____ Position Applied For _____

_____/_____/_____
Social Security Number Date Of Birth Driver's License Number State
Date of Birth Used for Background Check I.D. Only and for No Other Purpose

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address: _____
Street Apt.# City State Zip Code How long here?

Former Address: _____
Street Apt.# City State Zip Code How long here?

Former Address: _____
Street Apt.# City State Zip Code How long here?

OFFICE USE ONLY

Client Contact: _____ FAX No. _____ Facility/Dept/Billing Code: _____

Instructions: STANDARD PLAN OTHER (see attached) NOTE: _____

**Employer's
InfoSource**

California Employers Only

CONSUMER CREDIT REPORT NOTICE

IN CONNECTION WITH YOUR APPLICATION FOR EMPLOYMENT, WE (HIGHTECHLENDING, INC) WILL OBTAIN AND REVIEW YOUR CONSUMER CREDIT REPORT FROM THE FOLLOWING CREDIT BUREAU(S)

TRANS UNION CORPORATION

BY LAW, YOU HAVE THE RIGHT TO RECEIVE A COPY OF YOUR CREDIT REPORT DIRECTLY FROM THE CREDIT BUREAU FREE OF CHARGE, BY CHECKING THE APPROPRIATE BOX BELOW. YOUR CREDIT REPORT WILL BE MAILED TO YOU BY THE CREDIT BUREAU.

I have read and understand the above notice. I want a free copy of my credit report. (check one)

YES

NO

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____

SIGNATURE: _____

DATE: _____

FOR EMPLOYER USE ONLY

SUBMITTED BY: _____

COMPANY: _____

**HIGHTECHLENDING INC
GROUP WAIVER STATEMENT**

Last Name _____ First Name _____ MI _____

Employee SS# _____ Home Number _____

Address _____

I have been given the opportunity to enroll in the group medical, dental and/or vision plan that my Employer has obtained from Blue Shield, Kaiser, Assurant Dental, and Vision Service Plan. After consideration, I have decided to waive coverage for:

Blue Shield Kaiser Assurant Dental VSP
 Myself and all Dependents My Spouse My Dependents (Spouse and children only)
 My Dependent Child(ren)

REASON for Waiver:

I am declining coverage because I am covered under another medical/dental plan not affiliated with my current Employer. This coverage is provided through:

My Spouse's Employer Plan (Employer's Name) _____

Military COBRA Individual Policy Medicare/Medicaid Other

Coverage is being declined by my spouse because he/she is covered under a medical/dental plan.
Spouse Name _____ Carrier's Name _____

Coverage is being declined for my child(ren) because he/she is covered under a medical/dental plan.
List Names _____
Ins. Carrier's _____

Coverage is being declined for my spouse and/or child(ren). They are not covered under another plan.
List Names _____

I understand that if I later decide to apply for **DENTAL** coverage for myself and my dependents for which I am waiving coverage at this time, Assurant Dental may consider me a late enrollee and may impose a Benefit Waiting Period. I also understand that at the time of my subsequent application for coverage, I will have to comply with the applicable group dental policy requirement for eligibility and enrollment.

You will not be considered a late enrollee if:

1. You or Your waiving Dependents were covered under a medical/dental plan at the time of the waiver: and, you execute this form at the time of waiver; a) you have lost coverage under another medical/dental plan as a result of : i) termination of employment ii) change in employment status, iii) termination of the other plan's coverage; iv) cessation of an employer's premium contribution toward an employee's or dependent , or divorce, and b) you request enrollment within 30 days after termination of coverage or Employer contribution under another employer dental benefit plan; or,
2. Court orders coverage be provided for a spouse or child or an insured Employee and request for enrollment under this plan is made within 30 days of the issuance of the court order.

Employee Signature _____ Date _____

Spouse's Signature _____ Date _____

Company _____ Employee _____