



employer solutions staffing group.

# New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Flood First Name Adam Middle Initial P  
 Street Address 15266 CR 13 Apt/Ste \_\_\_\_\_  
 City/State/Zip Platteville CO 80651 Social Security Last Four XXX-XX-1296  
 Phone Number 970 617 3113 Email Address aflood.aga27@gmail.com  
 Staffing Agency/Recruitment Partner \_\_\_\_\_ \*

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Are you legally authorized to work in the United States of America?  YES  NO

### Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

Adam Flood  
Name (Print or type)

[Signature]  
Applicant's Signature

3/27/18 \*  
Date

A copy or facsimile ("fax") will be considered the same as an original signature. Email will ONLY be used for employment correspondence

For ESSG Office Use Only				
DOH _____	NHW _____	I-9 _____	8850 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Unemployment Letter (If applicable) _____	ESC Application _____
For ESSG Client Use				
DOH _____	ROP _____	Work Site Loc. _____	WC Code _____	

# Form W-4 (2018)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

#### Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Separate here and give Form W-4 to your employer. Keep the worksheet(s) 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 <b>2018</b>	
▶ Whether you're 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.					
1 Your first name and middle initial <b>Adam D</b>		Last name <b>Flood</b>		2 Your social security number <b>191-74-1296</b>	
Home address (number and street or rural route) <b>15266 CB 13</b>			3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code <b>Plattville CO 80651</b>			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5 <b>1</b>	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> 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.) ▶ <b>Adam Flood</b>				Date ▶ <b>3/27/2018</b> *	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

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

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b>	<u>        </u>
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b>	<u>        </u>
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b>	<u>        </u>
<b>D</b>	Enter "1" if: { • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>D</b>	<u>        </u>
<b>E</b>	<b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .	<b>E</b>	<u>        </u>
<b>F</b>	<b>Credit for other dependents.</b> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" . . . . .	<b>F</b>	<u>        </u>
<b>G</b>	<b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here . . . . .	<b>G</b>	<u>        </u>
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b>	<u>        </u>

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you have **more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

1	Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details . . . . .		1 \$ <u>        </u>
2	Enter: { \$24,000 if you're married filing jointly or qualifying widow(er) \$18,000 if you're head of household \$12,000 if you're single or married filing separately } . . . . .		2 \$ <u>        </u>
3	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .		3 \$ <u>        </u>
4	Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .		4 \$ <u>        </u>
5	<b>Add</b> lines 3 and 4 and enter the total . . . . .		5 \$ <u>        </u>
6	Enter an estimate of your 2018 nonwage income (such as dividends or interest) . . . . .		6 \$ <u>        </u>
7	<b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .		7 \$ <u>        </u>
8	<b>Divide</b> the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .		8 <u>        </u>
9	Enter the number from the <b>Personal Allowances Worksheet</b> , line H above . . . . .		9 <u>        </u>
10	<b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1, page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .		10 <u>        </u>



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

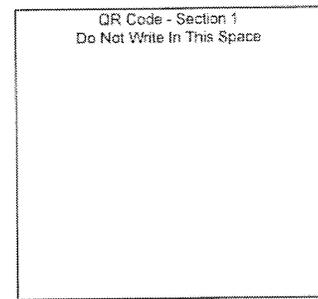
**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name) <b>Flood</b>		First Name (Given Name) <b>Adam</b>		Middle Initial <b>D</b>	Other Last Names Used (if any)	
Address (Street Number and Name) <b>15266 CR 13</b>			Apt. Number	City or Town <b>Plattville</b>	State <b>CO</b>	ZIP Code <b>80651</b>
Date of Birth (mm/dd/yyyy) <b>09/13/1993</b>	U.S. Social Security Number <b>191 - 74 - 1296</b>		Employee's E-mail Address		Employee's Telephone Number <b>970-617-3113</b>	

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 boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
* <input checked="" type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u><b>N/A</b></u> Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:        An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____	<b>N/A</b>
OR	
2. Form I-94 Admission Number: _____	<b>N/A</b>
OR	
3. Foreign Passport Number: _____	<b>N/A</b>
Country of Issuance: _____	<b>N/A</b>



Signature of Employee <b>[Signature]</b>	Today's Date (mm/dd/yyyy) <b>03/27/2018</b>
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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

STOP *Employer Completes Next Page* STOP



SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2018088164030TX**

Report Prepared: 03/29/2018

**Company Information**

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Company ID: 47429

Company Name: Employer Solutions Staffing Group

**Employee Information**

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Last Name: Flood

First Name: Adam

Date of Birth: 09/13/1993

Social Security Number: \*\*\* \*\* 1296

Hire Date: 03/29/2018

Citizenship Status: A citizen of the United States

**Document Information**

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List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

List C Document: Social Security Card

Document Name: Driver's license

Document State: Nebraska

Driver's License or ID Card Number: H13939944

Document Expiration Date: 09/13/2022

**Case Status Information**

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Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 03/29/2018

Case Submitted By: AFIN3846

Closed On: 03/29/2018

Closed By: AFIN3846

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED



NEBRASKA www.dmv.nebraska.gov  
USA NE

**DRIVER LICENSE**

4a License No. **H13939944** 4a ISS **09/25/2017**  
3 DOB **09/13/1993** 4b EXP **09/13/2022**  
9a End **NONE** 9 Class **O**  
12 Rest **B**

15 Sex **M** 16 Hgt **5-11"** 17 Wgt **165 lb**  
18 Eyes **BLU** 19 Hair **BRO**

1 FLOOD, ADAM DON  
2 411 1/2 PAWNEE DR  
3 MCCOOK, NE 68001

5 **DD0540000175400000**



Nebraska

**SOCIAL SECURITY**

191-74-1296  
THIS NUMBER HAS BEEN ESTABLISHED FOR  
**ADAM DON FLOOD**

SIGNATURE





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

Employee Info from Section 1	Last Name (Family Name) <b>Flood</b>	First Name (Given Name) <b>Adam</b>	M.I. <b>D</b>	Citizenship/Immigration Status <b>US Citizen</b>
List A Identify and Employment Authorization		OR	List B Identity	AND
			List C Employment Authorization	

Document Title	Document Title <b>NE Driver License</b>	Document Title <b>Social Security Card</b>
Issuing Authority	Issuing Authority <b>State of NE</b>	Issuing Authority <b>Dept. of Health + HS</b>
Document Number	Document Number <b>H13939944</b>	Document Number <b>191-74-1296</b>
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) <b>09/13/2022</b>	Expiration Date (if any)(mm/dd/yyyy)
Document Title	<div style="border: 1px solid black; padding: 5px;">           Additional Information         </div>	
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
Issuing Authority	<div style="border: 1px solid black; padding: 5px; text-align: center;">           QR Code - Sections 2 &amp; 3            Do Not Write In This Space         </div>	
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Expiration Date (if any)(mm/dd/yyyy)		

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): **03/29/2018** (See instructions for exemptions)

Signature of Employer or Authorized Representative <b>Andrea Findley</b>	Today's Date (mm/dd/yyyy) <b>03/29/2018</b>	Title of Employer or Authorized Representative <b>Executive Assistant</b>
Last Name of Employer or Authorized Representative <b>Findley</b>	First Name of Employer or Authorized Representative <b>Andrea</b>	Employer's Business or Organization Name <b>EMPLOYER SOLUTIONS STAFFING GROUP LLC</b>
Employer's Business or Organization Address (Street Number and Name) <b>7480 FLYING CLOUD DRIVE SUITE 200</b>	City or Town <b>EDEN PRAIRIE</b>	State <b>MN</b>
		ZIP Code <b>55344</b>

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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# EMERGENCY CONTACT INFORMATION

EMPLOYER SOLUTIONS STAFFING GROUP  
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Employee Name: Adam D Flood

Address: 15266 CR 13 Plattville Co

Home Phone: 970 617 3113

## EMERGENCY CONTACTS

Please list two people (in priority order) who could be contacted in case of an emergency

Contact #1	Home Phone:
Name: <u>Kashlin Kelly</u>	Cell Phone: <u>720 425 9713</u>
Relationship: <u>Fiance</u>	Work Phone:
Contact #2	Home Phone:
Name: <u>David Goranson</u>	Cell Phone: <u>303 709 0356</u>
Relationship: <u>Father in law</u>	Work Phone:

Additional information you want Employer Solutions Staffing Group and our clients to know in the event of an emergency:

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EMPLOYER SOLUTIONS STAFFING GROUP  
BACKGROUND CHECK AUTHORIZATION

Employee Name: Adam Don Flood  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: September 2017 4111 1/2 Pawnee Dr McCook Nebraska 69001  
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: Jan 2016 6475 eden garden lowland CO 80538  
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: Dec 2012 15266 CR 13 Plattville CO 80651  
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: 191-74-1296 DOB: 9/13/1993

Phone Number: 970 617 3113

Driver's License Number/State: H13939944

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

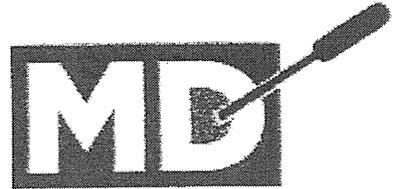
I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: [Signature] Date: 3/27/18

**Notice to CA, MN, and OK Residents:**

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.



Drug Screening Test Results

Company Information

Company Name: Corporate Management Group

Address: 12000 N. Washington St, Suite 350, Thornton, CO 80241

Name of Collector: Stacey Kerschner

Donor Information

Donor First & Last Name: Adam Flood

Reason for Test: Pre-employment Screening

Screen Results

Date Collected: 3/27/18

Test	Pass	Fail
Cocaine (COC)	X	
Marijuana (THC)	X	
Opiate (OPI)	X	
Amphetamine (AMP)	X	
Methamphetamine (MET)	X	

Certification

I hereby agree to submit to a saliva analysis for the purpose of testing for drug metabolites. The specimen provided is my own and has not been substituted or altered.

Adam Flood  
Donor Signature

3/27/2018  
Date

*I hereby certify the specimen has been provided by the donor above.*

Stacey Kerschner  
Collector Signature

3/27/18  
Date

ADAM FLOOD  
411 1/2 PAWNEE DR  
MC COOK, NE 68001-2253

1035

27-5/1040 2593

Date

Pay to the  
Order of

VOTER

\$

Dollars



Photo  
Safe  
Deposit



Wells Fargo Bank, N.A.  
Nebraska  
wellsfargo.com

For

⑆ 104000058⑆ 2047988700⑈ 01035





employer solutions staffing group.

### Direct Deposit/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card.  
If you do not provide a written election, wages will be paid by Payroll Debit Card.

#### SECTION 1 BASIC INFORMATION

Employee Name <u>Adam Flood</u>	SSN# (last 4 digits) <u>1296</u>	Effective Date
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#### SECTION 2 PAYROLL ELECTION

**Direct Deposit** (Please complete Sections 3 and 5 below)      *Note: Direct Deposit accounts may take up to 7 days to be activated.*

**Payroll Debit Card** (Please complete Sections 4 and 5 below)

#### SECTION 3 DIRECT DEPOSIT

Update Bank Account

Bank Name: Wells Fargo

Routing# \_\_\_\_\_

Account# \_\_\_\_\_

Account Type:  Checking  Savings  Other \_\_\_\_\_

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.

Initial AF      Date 3/27/18

- To help us avoid making an error, please attach a copy of a voided check. (a deposit slip will not work)
- If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

#### SECTION 4 PAYROLL DEBIT CARD (GLOBAL CASH CARD)

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.

Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

#### CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

First Name	M.I.	Last Name	Date of Birth
Street Address (PO BOX NOT ACCEPTABLE)			Social Security#
City	State	Zip	Cell Phone (mobile)

#### RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing # <u>073972181</u>	Payroll Debit Card Account # _____
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I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: [Signature]

Date: 3/27/18

#### SECTION 5 AUTHORIZATION

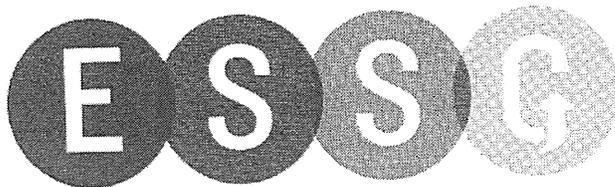
I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s).      \* E-mail is required for pay stub information.

\*E-mail: aflood.ig27@gmail.com @ \_\_\_\_\_

this information will only be used to send your paystubs electronically

Employee's Signature: [Signature]

Date: 3/27/18



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**STATEMENT OF CONFIDENTIALITY**

This agreement made this 27 day of March, 2018, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and \_\_\_\_\_ hereafter referred to as "employee".

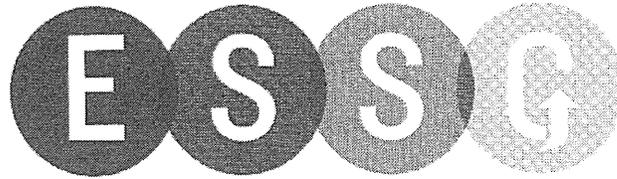
**WITNESSETH:**

For the duration of my employment and after resignation or termination of this employment with employer, for any reason whatsoever, the employee shall not use or disclose to any other person or company, and confidential or proprietary information or know-how related to the business of the employer.

In view of the difficulty of determining the amount of damages which may result to the employer from a violation of any of the provisions hereof, the employee agrees to pay to the employer the sum of \$10,000 as liquidated damages for every such violation; provided, however, that the payment of such amount as liquidated damages shall not be construed as a release or waiver by the employer of the right to prevent any such violation in equity or otherwise.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employer Solutions Staffing Group LLC, Representative



employer solutions staffing group, llc

## INJURY MANAGEMENT PROGRAM

### Injured Worker's Responsibilities

As your employer, we are concerned about your full recovery. Reasonable and necessary medical care will be paid for any compensable work injury. Medically authorized time away from work will be reimbursed in accordance with the **State of Minnesota workers' compensation laws**. Wherever possible light duty restrictions imposed as a result of your injury will be accommodated.

#### RESPONSIBILITIES OF THE INJURED WORKER:

Minnesota Rule Sec. 5221.0430, Subp. 1 requires that you choose one primary health care provider. Subpart 2 places limitations on your right to change primary health care providers. Discuss with your employer any change in health care provider.

Attend all scheduled appointments. While on physical limitations, visits should be a minimum of once every two weeks. Failure to have current medical support for disability may result in termination of benefits. Schedule your next appointment immediately after your doctor visit, before you leave the clinic if possible.

Obtain a Report of Workability from your physician at every appointment, a minimum of once every two weeks. M.R. 5221.0420 requires that your physician cooperate with return to work planning and that you be released to return to work at the earliest appropriate time.

Immediately following your appointment, provide a copy of the report to the designated employer representative. You should deliver this in person so that changes in work restrictions may be addressed and any questions answered.

Follow all physical restrictions at home and at work.

Report to work and perform physically suitable tasks as assigned. These may or may not be in your regular department. The work may or may not be on your usual shift.

Maintain regular, weekly, communication with your employer if you are unable to return to work. Contact your employer a minimum of after every visit with your primary health care provider. Keep the claims representative advised of your status.

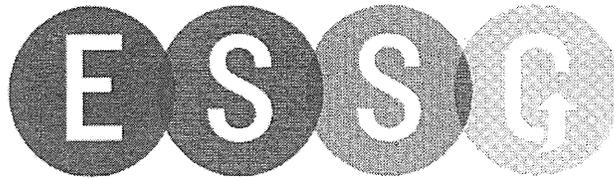
Notify your employer immediately of any new injuries or conditions that impact your physical condition.

If it is necessary to miss scheduled work due to a work injury, you must be seen by your primary health care provider the same day in order to receive compensation for the time away from work. The physician must complete a Report of Workability.

**I have read my responsibilities and agree to abide by these guidelines.**

Signed: Adem

Printed Name: Adem Floed



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## Important/Importante

### LOST OR STOLEN PAYCHECKS

If a paycheck is **lost** (*missing, misplaced, destroyed, lost in the mail, etc.*), you must notify your staffing recruiter that the check cannot be found. If it can be verified that the check has not been cashed, ESSG will stop payment on the check and re-issue the check to you, deducting a fee of between \$25-\$35.

If your paycheck was **stolen**, you must first file a police report before we can re-issue the check. Once you have done so, you must provide a copy of the police report to your staffing recruiter that the check was stolen. If the check has not been cashed and if the loss of the check was not your fault, ESSG will issue a new check and no fee will be deducted.

### CHEQUES DE PAGO PERDIDOS O ROBADOS

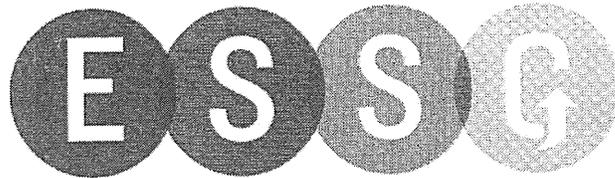
Si un cheque de pago se pierde (que falta, fuera de lugar, destruido, perdido en el correo, etc), usted debe notificar a su reclutador de personal que el cheque no se puede encontrar. Si se puede verificar que el cheque no ha sido cobrado, ESSG se detendrá el cheque de pago y reemitir el cheque a usted, descontando un cargo de entre \$ 25 - \$ 35.

Si su cheque de pago fue robado, primero debe denunciar el robo a la policía antes de que podamos volver a emitir el cheque. Una vez hecho esto, usted debe proporcionar una copia de la denuncia a su reclutador de personal que el cheque fue robado. Si el cheque no ha sido cobrado y si la pérdida del cheque no fue su culpa, ESSG emitirá un nuevo cheque y no hay cuota se deducirá.

AGREED/SE ACUERDA—

Name/Nombre (con letra de molde): Adam Flood

Signature/Firma: 



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## ESSG WORKPLACE SAFETY POLICY

It is ESSG's policy that all employees should be able to enjoy a hazard free and safe work environment. It is ESSG's duty to:

- (1) Ensure that its clients provide you with a workplace free from serious recognized hazards and comply with standards, rules and regulations issued under the OSH Act.
- (2) Ensure that its clients perform a job hazard assessment in order to identify and eliminate potential safety and health hazards and to determine necessary training and protections for employees at the facility.
- (3) Make sure employees have and use safe tools and equipment.
- (4) Establish or update operating procedures and communicate them so that employees follow safety and health requirements.
- (5) Provide safety training in a language and vocabulary workers can understand.

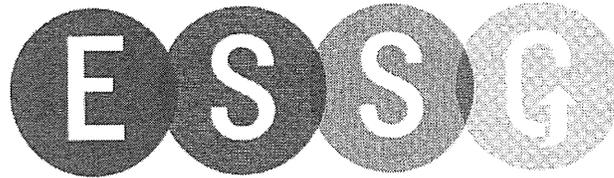
ESSG is committed to vigorously enforcing its OSHA Compliance Policy.

To help ensure a safe workplace, you have certain responsibilities too, which include the following:

- Responsibility to work in compliance with OSHA laws and regulations
- Responsibility to use personal protective equipment and clothing as directed by the host employer
- Responsibility to report workplace hazards and dangers
- Responsibility to work in a manner as required by the employer and use the prescribed safety equipment.

You have the following basic rights:

- Right to refuse unsafe work
- Right to know or be informed about actual and potential dangers in the workplace
- Right to review copies of appropriate standards, rules, regulations and requirements that the host employer is required to have available at the workplace.



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### Acknowledgement of Receipt of Workplace Safety Policy

I certify that I have received a copy of Employer Solutions Staffing Group's ESSG WORKPLACE SAFETY POLICY. I understand that it is my responsibility to read this policy and ask my supervisor, a member of management or to telephone Employer Solutions Group (ESSG) at 952.835.1288/1.866.496.7573 with any questions I may have about this policy. I agree to comply with ESSG's policy on ESSG WORKPLACE SAFETY POLICY and I understand failure to comply is grounds for disciplinary action, up to and including termination.

I also agree that if at any time during my employment I am believe that I am working in an unsafe or dangerous work environment, I will immediately contact my supervisor, manager, director or ESSG's Safety Director at 952.835.1288/1.866.496.7573 in order to obtain assistance in the resolution of such matters.

Employee Name (Please Print)

Adam Flood

Employee's Signature:

*Adam Flood*

Date: 3/27/18

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

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

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

Your name Adam Flood Social security number ► 191 74 1296  
Street address where you live 15266 CR 13  
City or town, state, and ZIP code Platteville CO  
County Weld Telephone number 970 617 3113  
If you are under age 40, enter your date of birth (month, day, year) 09/13/1993

- 1  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2  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 unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3  Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5  Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6  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.
- 7  Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

**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 3/27/18

**EMPLOYER SECTION:**

Client:	Company:	
Location:	Position:	Starting Wage: \$

**EMPLOYEE SECTION:**

First Name: Last Name:	Suffix:	Street Address:	City/State:	Zip:
Adam Flood		15266 CR13	Platteville Co	80651
SS#:	Date of Birth:	Age:	Have you worked for this company before?	If yes, location:
191741296	09/13/1993	24	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Please complete all questions, and sign and date the form.

	Yes	No
<p><b>1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997?</b> (If yes, please provide information below.)                      Name of the person receiving benefits: _____ Relationship to you: _____                      City: _____ County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months?</b>                      (If yes, please provide information below.)                      Name of the person receiving benefits: _____ Relationship to you: _____                      City: _____ County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months?</b>                      Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits.  <i>*If you checked yes please provide a copy of your SSI documentation.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>4. Have you received any type of vocational rehabilitation services within the past two years?</b>                      If yes, please indicate which type of agency you worked with and provide their location information below:  <input type="checkbox"/> Vocational Rehabilitation Agency    <input type="checkbox"/> Dept. of Veterans Affairs    <input type="checkbox"/> Employment Network (Ticket to Work Program)                      Name of Agency: _____ Phone #: _____                      City: _____ County: _____ State: _____  <i>*If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>5. Are you a Veteran of the U.S. Military?</b> <i>*If yes, please provide a copy of your DD-214 and letter of separation.</i>                      (If yes, please provide information below. If no, please continue to question #6.)                      Dates of Service - From: _____ To: _____                      Branch of Service: _____  <b>Are you entitled to or are you receiving compensation for a service-connected disability?</b></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>6. Have you been unemployed at any time during the last 12 months?</b>                      If yes, dates of unemployment - From: _____ To: _____  <b>Did you receive unemployment compensation at any point during your unemployment?</b>                      If yes, in which state did you receive unemployment compensation? _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>7. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months?</b>                      Conviction Date: _____ Release Date: _____                      Was this a <input type="checkbox"/> Federal or <input type="checkbox"/> State conviction? If State - County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Additional Tax Credits</b>		
<p><b>IEC (Native American):</b> Are you or your spouse a member of a Native American Tribe?  <i>If you checked yes please provide a copy of your CDIB card.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>CA Residents:</b> <input type="checkbox"/> Are you the child of foster parents?    <input type="checkbox"/> Do you receive CalWorks?    <input type="checkbox"/> Workforce Investment Act?  <input type="checkbox"/> Are you a migrant or seasonal farm worker?    <input type="checkbox"/> Have you ever been convicted of a misdemeanor?</p>		
<p><b>SC Residents:</b> <input type="checkbox"/> Do you receive Family Independence Benefits?</p>		

**PLEASE READ, SIGN, AND DATE:**

Under penalties of perjury, I declare the information above to be true and accurate to the best of my knowledge, and I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative (Associated Consultants, Inc. dba Retrotax), or the Department of Labor.

New Employee Signature:

Date:



**LONG-TERM UNEMPLOYMENT RECIPIENT SELF-ATTESTATION FORM**  
**Work Opportunity Tax Credit (WOTC) Program**

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with IRS Form 8850 or if filed separately, with ETA Form 9061 (or ETA Form 9062) for each certification request filed for the new target group.

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

New Hire's Signature: *AF* Date 3/27/18

New Hire Name: Adam Flood

Social Security Number: 191 74 1296

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

Please check the statements below if they apply to you.

I declare that I was in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period I received unemployment compensation.

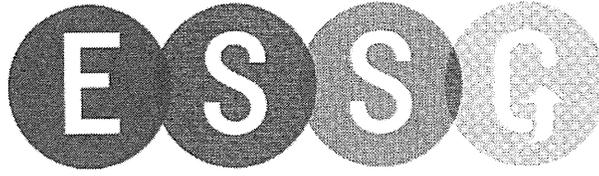
I declare that I have been in a period of unemployment since \_\_\_\_\_  
(Enter start date)

**Privacy Act Notice:**

The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

**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 10 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 National Programs Tools Technical Assistance, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.



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## Notification of Colorado Law Requirement – Unemployment Acknowledgement

According to Colorado Statutes section 8-73-105.3. A temporary employee who is given a notice that the employee is required to contact or notify the employer upon completion of an assignment and to be available to work, as agreed upon at the time of hire, during a specified period of time, on specified dates, or upon call by the employer on an as-needed basis and who does not contact or notify the employer upon completion of an assignment in compliance with the notice and is not available to work at the agreed-upon times is deemed to have voluntarily terminated employment for the purpose of determining benefits pursuant to section 8-73-108 (5) (e). Also, a temporary employee who agrees to work on an as-needed basis and refuses all work within three separate pay periods when contacted by the employer is deemed to have voluntarily terminated employment for reasons that may or may not allow an award of benefits pursuant to section 8-73-108.

It is your responsibility to contact or notify ESSG (For example, by calling 303-920-1425, or using another means of contact) once your assignment ends. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact or notify ESSG once an assignment ends. I also acknowledge that I have received a separate copy of this form. AF (Initial)

  
\_\_\_\_\_  
Employee Signature:

3/27/18  
\_\_\_\_\_  
Date:

Adam Flood  
\_\_\_\_\_  
Employee (please print your name here)

# DRUG AND ALCOHOL TESTING POLICY

## I. PURPOSE

Alcohol and drug abuse adversely affects job performance, the kind of work an employee performs and an employee's opportunities for successful employment. It is the intent of this document to provide employees with ESSG's [hereafter "the Company"] policy regarding the use of drugs and alcohol while at work. The Company does not intend to intrude into the private lives of its employees, but strongly believes that a drug-free workplace is in the best interest of employees and non-employees alike.

## II. SCOPE

This policy applies to all applicants for employment and to all employees including contract or temporary employees. The policy is applicable at Company facilities or whenever Company employees are performing company business.

## III. DISCLAIMER

Employment at the Company is at-will. This policy is not a unilateral employment contract and should not be interpreted as creating a unilateral employment contract.

## IV. PROHIBITIONS

A. No employee shall report to work under the influence of alcohol, any controlled substances, or any other drugs or medications that may affect the employee's alertness, coordination, reaction, response, judgment, decision-making, or safety.

B. No employee shall operate, use, or drive any equipment, machinery, or vehicle of the Company or any client of Company while under the influence of alcohol, any controlled substances, or any other drugs or medications that may adversely affect the employee's ability to operate such equipment, machinery, or vehicle. Employees are under an affirmative duty to immediately notify their supervisor if they are not in an appropriate mental or physical condition to operate, use, or drive any equipment machinery, or vehicle or otherwise safely perform their job duties.

C. No employee shall unlawfully manufacture, distribute, dispense, possess, transfer, or use a controlled substance in the workplace or wherever the Company's work is being performed.

D. Engaging in off-duty sale, purchase, transfer, use or possession of illegal drugs or controlled substances may have a negative effect on an employee's ability to perform his/her work for the Company. In such circumstances, the employee is subject to discipline.

E. When an employee is taking medically authorized drugs or other substances that may alter job performance, the employee is under an affirmative duty to notify their supervisor of the temporary inability to perform his or her job duties.

F. The Company shall notify the appropriate law enforcement agency, licensing boards, and other relevant authorities when it has reasonable suspicion to believe that an employee may have illegal drugs in his or her possession at work or on company premises.

G. Employees shall not consume alcoholic beverages during lunch periods, dinner periods, or breaks when returning immediately thereafter to perform work on behalf of the Company. In situations where the employee conducts the Company's business after the intake of alcohol, the employee shall be subject to discipline up to and including discharge.

V. ALCOHOL AND DRUG TESTING

As part of the Company's commitment to an alcohol and drug-free workplace, the Company reserves the right to require that applicants and employees submit to drug or alcohol testing in accordance with the provisions of applicable law. This policy represents the notice required under applicable law and a copy will be provided to all applicants and employees who are requested to undergo testing. In the event of any conflict between this policy and applicable law in effect at the time of the test, the law will control.

A. Who May be Subject to Testing.

1. Job Applicants. The Company may require that all applicants for a particular position be tested for drugs or alcohol after receiving a conditional offer of employment. If the applicant tests positive for drugs or alcohol, the conditional offer may be withdrawn.

2. Routine Physical Examination Testing. The Company may require employees to undergo a drug or alcohol test once a year as part of a routine physical examination. Affected employees will be given two weeks written notice that they will be tested for drugs or alcohol as part of a routine physical.

3. Random Testing. The Company may require employees in safety-sensitive positions to undergo testing on a random selection basis. Once the random selection has been made, the Company will not waive the selection of any employees identified through the random process.

4. Reasonable Suspicion Testing. The Company may require an employee to undergo drug or alcohol testing if the Company reasonably suspects that the employee:

- a. is under the influence of drugs or alcohol;
- b. has violated the Company's written work rules prohibiting drug and alcohol use;
- c. has sustained or caused another employee to sustain personal injury; or
- d. has caused a work-related accident or was operating or helping to operate machinery, equipment or vehicles involved in a work-related accident.

5. Treatment Program Testing. The Company may require an employee who has been referred for chemical dependency treatment or evaluation or is participating in a treatment program under an employee benefit plan to undergo drug or alcohol testing on a random basis and without advance notice during the evaluation or treatment period and for up to two years following the completion of any treatment program.

**B. Conducting the Testing.**

1. Consent. All employees required to undergo testing will be required to complete and sign the employee consent form attached as Appendix A.

2. Refusal to Participate. An employee or job applicant has the right to refuse testing. However, a refusal of testing will be treated as a failure to comply with Company policy and may result in withdrawal of a job offer or disciplinary action up to and including termination of employment.

3. The Laboratory. The Company will use a laboratory certified by the National Institute on Drug Abuse (NIDA) or its successor, the College of American Pathologists (CAP), or the New York State Department of Health or other licensing body recognized by applicable law to perform all drug and alcohol tests.

4. Test Results.

The laboratory will conduct both an initial test and a confirmatory test if the initial test is positive. A negative result on either the initial or confirmatory test will be deemed a negative test result (i.e. the employee passed the test). A positive result on both the initial and confirmatory test will be deemed a positive test result (i.e. the employee failed the test.)

a. Negative Test Result. An employee or applicant who tests negative for drugs or alcohol will be given written notice that they passed the test within three working days of the Company receiving the test results from the testing laboratory.

b. Positive Test Result. An employee or applicant who tests positive for drugs or alcohol will be given written notice that they have failed the test within three working days of the Company receiving the test results from the testing laboratory. The employee or applicant will then be given the opportunity to provide any information to explain the positive result, including any over-the-counter or prescription medications the employee or applicant may have taken. An employee or applicant who wishes to submit any explanatory information must do so within three working days after being notified of the positive test result.

An employee or applicant who has a positive test result may also request a retest of the original sample by the same or different certified laboratory at his or her own expense. An employee or applicant who wishes to conduct a retest must notify the Company in writing of their intention to conduct such a retest within five working days after being notified of the positive test result. If the results of the retest are negative, the test will be considered a negative test result.

c. Right to Test Result. An employee or job applicant has the right to request and receive from the Company a copy of the test result report on any drug or alcohol test.

C. Costs. All costs related to alcohol and drug testing will be paid by the Company, with the exception of any retests requested by the employee or applicant following a positive test result.

**D. Disciplinary Action in Response to a Positive Test Result.**

1. Interim Discipline and Action: The Company reserves the right to temporarily suspend an employee or transfer the employee to another position at the same rate of pay pending the outcome of any drug or alcohol test. An employee who is suspended without pay will be reinstated with back pay if the test or any requested retest is negative.

2. Applicants. The Company reserves the right to withdraw the conditional job offer of any job applicant with a positive test result, without the opportunity to complete evaluation or treatment.

3. Employees - First Positive Test Result - Termination: The Company will not discharge an employee for the first positive test result. Instead the employee will be given the opportunity to participate in an appropriate drug or alcohol counseling or rehabilitation program as determined by a certified chemical use counselor or physician trained in the diagnosis and treatment of chemical dependency chosen by the Company. The employee will be responsible for paying all costs associated with any evaluation and subsequent treatment themselves or pursuant to coverage under an employee benefit plan. An employee who refuses or fails to participate in, cooperate with, or complete the evaluation or recommended treatment may be terminated. An employee who successfully completes treatment may be subject to random follow-up testing for a period of up to two years in accordance with section V.A.5. of this policy.

4. Employees - First Positive Test Result—Discipline: The Company reserves the right to take any other disciplinary action short of discharge it deems warranted following a first positive test result.

5. Employees-Subsequent Positive Test Result: An employee who has more than one positive test result may be terminated immediately following any second or subsequent positive test result without referral to or the opportunity to complete additional chemical dependency counseling or rehabilitation.

**E. Privacy of Test Results.**

1. Test results and other information acquired as a result of the testing program are private and confidential information and will not be disclosed by the Company or the testing laboratory to another employee or to third party individuals, government agencies, or private organizations without written consent of the employee or applicant being tested.

2. Evidence of a positive test result, however, may be used in an arbitration proceeding pursuant to a collective bargaining agreement, an administrative hearing, or a judicial proceeding, provided the information is relevant to the hearing or proceeding. Such evidence may also be disclosed to any federal agency or other unit of the United States government as required under federal law, regulation, or order. Evidence of a positive test result may also be disclosed to a substance abuse treatment facility for the purpose of evaluation or treatment.

3. The Company will provide an employee with access to information in the employee's file relating to positive test result reports and other information acquired in the testing process as well as conclusions drawn from or actions taken based upon such information.

**DRUG AND ALCOHOL  
TESTING CONSENT FORM**

1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.

2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with ESSG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.

3. I hereby voluntarily consent to ESSG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by ESSG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to ESSG of the results of my drug and/or alcohol test and other information related to the test.

Adam Flood  
Individual's Name  
3/27/2018  
Date

**SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6**

**EMPLOYEE CONFIDENTIAL INFORMATION, INVENTIONS,  
AND NON-SOLICITATION AGREEMENT**

This Agreement, dated 3/27/18, is by and between Falcon Technologies and Services, Inc., a Delaware corporation (the "Company"), and Adam Flood, (referred to as "You" or "Your"). In consideration of the Company's promise to provide employment, specialized training, Confidential Information, and/or eligibility for incentives or stock-based compensation (if any) to You, You agree to the following:

**I. EMPLOYMENT**

**1. Your Employment with the Company.**

(a) The Company employs You subject to the terms and conditions of this Agreement, and the Company's policies and procedures. You agree to provide services to the Company during the term of this Agreement. You agree to devote all of Your time, energy, skill and best efforts to the performance of Your job duties and to the business of the Company, and shall perform Your duties in a diligent, trustworthy, and business like manner, all for the purpose of advancing the business of the Company.

(b) During the term of this Agreement, You agree not to work on any basis (including part-time or as an independent contractor) for a Competing Business. A "Competing Business" is defined as a business that provides the same or similar products and services as those provided by the Company or its Affiliates, including any businesses as currently conducted and as conducted during the two (2) years prior to the date hereof relating to the businesses of manufacturing, installing, providing, maintaining, marketing, selling or servicing any one or more of the following (i) spray-on or paint-on coatings or liners for use in or on reservoirs, tanks, pits, vessels, over-flow pits, frac tanks, disposal units, berms, containment units, tank batteries, bullet tanks, secondary containments, or any other container or similar facility or device (open or closed, the foregoing are collectively referred to herein as "Containers"), (ii) any type of Container, whether or not involving spray-on or paint-on coatings, (iii) coating or constructing goods with or from polyurea, polystyrene or similar mediums, (iv) external gauges for use to determine fluid levels of tank batteries, frac or production tanks, or other similar vessels, or (v) tank liner technology, including fiberoptics to monitor fluid levels of production or frac tanks, or other similar vessels. "Affiliate" means CARBO Ceramics Inc., a Delaware corporation ("CARBO"), and any other entity controlled by CARBO.

Additionally, during Your employment You agree not to participate in any material way in any other business that is not a Competing Business. If You do participate in a business that is not a Competing Business, Your participation in that business shall at all times comply with the Company's policies.

(c) Your employment with the Company is on an at-will basis, meaning that either You or the Company may terminate the employment relationship at any time for any reason not expressly prohibited by law. The at-will nature of Your employment cannot be modified orally, but instead may be modified only by written agreement signed by an Officer of

the Company. This Agreement does not purport to set forth all of the terms and conditions of Your employment.

## II. CONFIDENTIAL INFORMATION

2. **Training/Confidential Information.** During Your employment, the Company agrees to provide You, on an on-going basis, with specialized knowledge and training, including Confidential Information regarding the business in which the Company is involved. For purposes of this Agreement, the definition of "Confidential Information" includes, but is not limited to:

(a) trade secrets, inventions, mask works, ideas, processes, methods, procedures, manufacturing technology, designs, computer hardware and software, software code, data, firmware, diagrams, work product, information, concepts, photographs, illustrations, writings, formulas, original works of authorship, new products or new uses for old products, know-how, improvements, discoveries, developments, and techniques;

(b) Company lists of customers, vendors, employees, and prices, and information, databases, frameworks, models, marketing, sales, and financial plans or results, training and technical information, business methods, policies, business systems and computer programs, research or development projects or results, scientific studies, any and all information relating to projected business activity or other business arrangements, management organization information, manuals, merchandising and selling techniques, records;

(c) information received by the Company from third parties that is designated as confidential or proprietary;

(d) information regarding the skills and compensation of other employees of the Company; and,

(e) other information relating to the Company or its Affiliates, other than information which is otherwise available in the public domain (other than by reason of Your breach of this Agreement)

You understand and acknowledge that (i) such Confidential Information has been developed and/or acquired by the Company through the expenditure of substantial time, effort and money, (ii) such Confidential Information gives the Company a competitive advantage over others who do not have this information, and (iii) the Company would be irreparably harmed if the Confidential Information were disclosed.

3. **Disclosure Of Confidential Information.** During and after the termination of Your employment with the Company, You agree not to disclose or use any of the Confidential Information, except as directed by the Company. You agree to obtain the Company's written approval before publishing or submitting for publication any material (written, oral, or otherwise) that relates to Your work for the Company and/or incorporates any Confidential Information. You assign to the Company any rights You may have or acquire in such Confidential Information and recognize that all Confidential Information is the sole property of

the Company and its assigns. You agree to take reasonable steps to safeguard such Confidential Information and prevent its disclosure to unauthorized persons.

**(a) Notice of Immunity Regarding Disclosure of Trade Secrets or Other Confidential Information.** Nothing in this Agreement is intended to interfere with or discourage a good faith disclosure to any governmental entity related to a suspected violation of the law. You shall not be held criminally or civilly liable under any federal or state trade secret law for disclosing otherwise protected trade secrets and/or confidential or proprietary information as long as the disclosure is made in: (i) confidence to a federal, state, or local government official, directly or indirectly, or to an attorney and solely for the purpose of reporting or investigating a suspected violation of law; or (ii) a complaint or other document filed in a lawsuit or other proceeding, as long as such filing is made under seal. The Company will not retaliate against You in any way for a disclosure made in accordance with the law. If You file a lawsuit against the Company alleging that the Company retaliated against You because You reported a suspected violation of law, You may disclose the relevant trade secret or confidential information to Your attorney and may use the same in the court proceeding, provided You: (i) ensure that any court filing that includes the trade secret or confidential information at issue is made under seal; and (ii) do not otherwise disclose the trade secret or confidential information except as required by court order.

4. **No Improper Use of Information of Prior Employers and Others.** During Your employment with the Company, You agree not to improperly use or disclose any confidential information, if any, of any former employer or any other person to whom You have an obligation of confidentiality, and You agree not to bring onto Company premises any unpublished documents or any property belonging to any former employer or any other person to whom You have an obligation of confidentiality unless consented to in writing by that former employer or person.

5. **Return Of Company Property And Information.** Upon termination of Your employment with the Company, or at any earlier time as directed by the Company, You shall immediately deliver to the Company any and all Confidential Information and proprietary information in Your possession, any other documents or information that You acquired as a result of Your employment, any copies, and any other Company property. You shall not retain any originals or copies, in electronic or printed form, of any documents or materials related to the Company's business that You came into possession of or created as a result of Your employment with the Company. You acknowledge that such information, documents and materials are the exclusive property of the Company.

### III. RESTRICTIVE COVENANTS

6. **Restrictive Covenants.** In consideration of the Company's promise to provide employment, eligibility for incentives and stock-based compensation (if any), and specialized training and Confidential Information to You, You agree that, without the prior written consent of an Officer of the Company, You shall not, directly or indirectly, during Your employment

with the Company and for a period of two (2) years following the termination of Your employment with the Company for any reason:

(a) Solicit business from, attempt to do business with, or do business with any client or prospective client of the Company with whom the Company transacted business or solicited within the preceding twelve (12) months of Your employment with the Company, and which either: (i) You contacted or attempted to contact, called on, serviced, did business with, attempted to do business with, or had significant contact with during Your employment with the Company; or (ii) You became acquainted with as a result of Your employment with the Company. This restriction applies only to business that is in the scope of services or products provided by the Company.

(b) Solicit, induce or attempt to solicit or induce, on Your behalf or on behalf of any other person or entity, any employee or independent contractor of the Company to terminate his or her employment or relationship with the Company and/or accept employment elsewhere.

(c) Solicit, induce or attempt to solicit or induce any client or prospective client of the Company to cease or curtail their business relationship with the Company.

#### IV. PROPRIETARY RIGHTS AND INVENTIONS

##### 7. Assignment of Inventions.

(a) **Proprietary Rights.** The term “Proprietary Rights” shall mean rights in and to all trade secrets, patents, trademarks, copyrights, design registrations and mask work registrations throughout the world.

(b) **Prior Inventions.** Inventions, if any, which You played a part in creating prior to the commencement of Your employment with the Company, are excluded from the scope of this Agreement. To preclude any possible uncertainty, You have set forth on Exhibit A (Prior Inventions) attached to this Agreement a complete list of all inventions that You played a part in creating prior to the commencement of Your employment with the Company, that You consider to be Your property or the property of third parties, and that You wish to have excluded from the scope of this Agreement (collectively referred to as “Prior Inventions”). If disclosure of any such Prior Invention would cause You to violate Section 4 of this Agreement, You are not to list such Prior Inventions in Exhibit A but are only to disclose a cursory name for each such Prior Invention, a listing of the party(ies) to whom it belongs, and the fact that full disclosure as to such Prior Inventions has not been made for that reason. A space is provided on Exhibit A for such purpose. If no such disclosure is attached, You represent that there are no Prior Inventions. If, in the course of Your employment with the Company, You incorporate a Prior Invention into a Company product, process or machine, You grant to the Company a nonexclusive, royalty-free, irrevocable, perpetual, worldwide license (with rights to sublicense through multiple tiers of sublicensees) to make, modify, use and sell such Prior Invention. Notwithstanding the foregoing, You agree not to incorporate, or permit to be incorporated, Prior Inventions in any Company Inventions (defined below) without Company’s prior written consent.

(c) **Company Inventions.** Subject to the terms hereof, You agree to promptly and fully disclose to the Company any and all Confidential Information (and all respective Proprietary Rights) that You play a part in creating during Your employment with the Company whether or not during working hours.

Also, subject to the terms of this Agreement, You assign and agree to assign in the future (when any such Confidential Information or Proprietary Rights are first reduced to practice or first fixed in a tangible form, as applicable) to Company all of Your right, title and interest in and to any and all Confidential Information (and all respective Proprietary Rights) that You played a part in creating during Your employment with the Company. Confidential Information assigned to the Company, or to a third party as directed by the Company pursuant to this Agreement, is referred to as "Company Inventions."

(d) **Obligation to Keep Company Informed.** During the period of Your employment with the Company and for six (6) months after termination of Your employment with the Company, You agree to promptly and fully complete an invention disclosure form for each Company Invention that you originate or otherwise make and return it to the Company in accordance with the regular policies of the Company as may be in effect from time to time. In addition, You agree to promptly disclose to the Company the subject matter of all patent applications filed by You or on Your behalf within twelve (12) months after the termination of Your employment with the Company.

(e) **Government or Third Party.** You also agree to assign all of Your right, title and interest in and to any particular Company Invention to a third party, including without limitation the United States, as directed by Company.

(f) **Works for Hire.** You acknowledge that all original works of authorship which are made by You within the scope of Your employment with the Company and which are protectable by copyright are "works made for hire," pursuant to the United States Copyright Act (17 U.S.C., Section 101) and are consequently owned by the Company.

(g) **Enforcement of Proprietary Rights.** You agree to assist the Company in every proper way to obtain, and from time to time enforce, United States and foreign Proprietary Rights relating to Confidential Information in any and all countries. To that end You agree to execute, verify and deliver such documents and perform such other acts (including appearances as a witness) as the Company may reasonably request for use in applying for, obtaining, perfecting, evidencing, sustaining and enforcing such Proprietary Rights and the assignment thereof. In addition, You agree to execute, verify and deliver assignments of such Proprietary Rights to the Company or its designee. Your obligation to assist the Company with respect to Proprietary Rights relating to Confidential Information in any and all countries shall continue beyond the termination of Your employment with the Company, but the Company shall compensate You at a reasonable rate after the termination of Your employment with the Company for the time actually spent by You at the Company's request on such assistance.

In the event the Company is unable, after reasonable effort, to secure Your signature on any document needed in connection with the actions specified in the preceding

paragraph, You irrevocably designate and appoint the Company and its duly authorized officers and agents as Your agent and attorney in fact, which appointment is coupled with an interest, to act for and on Your behalf to execute, verify, and file any such documents and to do all other lawfully permitted acts to further the purposes of the preceding paragraph with the same legal force and effect as if executed by You. You waive and quitclaim to the Company any and all claims, of any nature whatsoever, which You now or may have for infringement of any Proprietary Rights assigned to the Company.

8. **Records.** You agree to abide by the Company's procedures for keeping and maintaining adequate and current records of all Confidential Information that You play a part in creating during Your employment with the Company. Such records shall be in the written, illustrative, electronic, or in any other form that may be required by the Company. Such records shall be available to and remain the sole property of the Company at all times.

9. **No Conflicting Obligations.** You represent that Your performance of all the terms of this Agreement and as an employee of the Company does not and will not breach any other obligation or agreement that You may have with a third party. Further, You represent that You have disclosed to Company any employment agreements or other agreements still in effect, if any, which impose any restriction(s) on You, including, but not limited to, any agreements prohibiting You from competing, directly and/or indirectly, with any of Your former employers in any regard.

## V. OTHER TERMS

10. **Remedies.** You acknowledge that the restrictions contained in this Agreement, in view of the nature of the Company's business, are reasonable and necessary to protect the Company's legitimate business interests and that any violation of this Agreement would result in irreparable injury to the Company. In the event of a breach or a threatened breach by You of any provision in this Agreement, the Company shall be entitled to a temporary restraining order and injunctive relief restraining You from the commission of any breach, and to recover the Company's attorneys' fees, costs, and expenses related to the breach or threatened breach. Nothing contained in this Agreement shall be construed as prohibiting the Company from pursuing any other remedies available to it for any breach or threatened breach, including, without limitation, the recovery of money damages, attorneys' fees, and costs. The restrictions in this Agreement shall each be construed as independent of any other provisions in this Agreement, and the existence of any claim or cause of action by You against the Company shall not constitute a defense to the enforcement of this Agreement.

11. **Tolling.** If You violate any of the restrictions contained in Section 6 of this Agreement, the restrictive period will be suspended and will not run in Your favor from the time of the commencement of any violation until the time when You cure the violation to the Company's satisfaction.

12. **Entire Agreement.** This Agreement is the entire agreement between the parties with respect to the subject matter hereof, and supersedes any previous agreements written or oral between You and the Company with regard to the subject matter of this Agreement.

13. **Partial Invalidity.** In the event that any court of competent jurisdiction holds any provision of this Agreement to be invalid, the remaining provisions shall not be affected or invalidated and shall remain in full force and effect.

14. **Reformation.** In the event that any court of competent jurisdiction holds any restrictions in this Agreement to be unreasonable and/or unenforceable as written, the court may reform the Agreement to make it enforceable, and the Agreement shall remain in full force and effect as reformed by the court.

15. **Binding Effect, Benefits.** This Agreement shall be binding upon and inure to the benefit of You and Your heirs, executors, administrators and other legal representatives, the Company and any parents, subsidiaries, affiliated companies, successors or assigns of the Company. Nothing in this Agreement, expressed or implied, is intended to confer on any person other than the parties hereto, CARBO, or their respective permitted successors and assigns, any rights, remedies, obligations or liabilities under or by reason of this Agreement.

16. **Nonwaiver.** The Company's waiver of any provision of the Agreement shall not constitute (a) a continuing waiver of that provision, or (b) a waiver of any other provision of this Agreement.

17. **Controlling Law and Venue.** This Agreement shall be governed by and be construed under the laws of the State of Texas. Venue of any litigation arising from or relating to this Agreement shall be, at the Company's sole option, in (a) Your county of residence or (b) a state or federal district court in Harris County, Houston, State of Texas, and You consent to personal jurisdiction in such courts.

18. **Notification Of New Employer.** In the event that You leave the employ of the Company, You consent to the notification by the Company of Your new employer of Your rights and obligations under this Agreement.

**COMPANY:**

Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**EMPLOYEE:**

Signature:  \_\_\_\_\_

Print Name: Adem Flood

Date: 3/27/2018

**EXHIBIT A to  
EMPLOYEE CONFIDENTIAL INFORMATION, INVENTIONS,  
NON-SOLICITATION AND NON-COMPETITION AGREEMENT**

**PRIOR INVENTIONS**

TO: Falcon Technologies and Services, Inc.

FROM: 3/27/18 Adam Flood

DATE: 3/27/18 Adam Flood

SUBJECT: Prior Inventions

1. Except as listed in Section 2 below, the following is a complete list of all Prior Inventions relevant to the subject matter of Your employment with Falcon Technologies and Services, Inc. ("Company") that You have played a part in creating prior to the commencement of Your employment with the Company :

No inventions or improvements.

See below:

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Additional sheets attached.

2. Due to a prior confidentiality agreement, You cannot complete the disclosure under Section 1 above with respect to Prior Inventions generally listed below, the proprietary rights and duty of confidentiality with respect to which You owe to the following party(ies):

	<b>INVENTION OR IMPROVEMENT</b>	<b>PARTY(IES)</b>	<b>RELATIONSHIP</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Additional sheets attached.



# DISCLOSURE

Please be advised that we may obtain a consumer report about you for employment purposes.

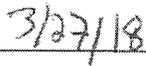
Please be advised that we may also obtain a reference check on you for employment purposes. The reference check, also referred to as an investigative consumer report, may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable.

The Fair Credit Reporting Act provides you with the right to request, in writing within a reasonable amount of time, a disclosure of the nature and the scope of the investigative report. The disclosure shall be made in writing and mailed, or otherwise delivered, to you no later than 5 days after the date on which your request is received—or 5 days after the date on which the report was first requested, whichever is later. You may also request a Summary of Your Consumer Rights under the Fair Credit Reporting Act as prepared by the Federal Trade Commission. These can be obtained at no charge.

To obtain a disclosure of the nature and the scope of the investigative report, please provide us a written request. To obtain a Summary of Your Consumer Rights, simply let us know that you would like a copy.

I have read this Disclosure and I have authorized an investigative consumer report.

  
\_\_\_\_\_  
Applicant's Signature

  
\_\_\_\_\_  
Date



**APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

Social Security Number 191 74 1296		Date of Birth 09 / 13 / 1993		Home Telephone Number (970) 617 3113	
Last Name (As it appears on your social security card) Flood					
First Name Adam			Middle Name Don		
Former Name and/or Other Names Used			Date of Name Change		
Drivers License Number (Omit spaces and Dashes) H13939944			State CO	License Expiration Date 09 / 13 / 2022	
Current Street Address (Not P.O. Box) 411 1/2 Pawnee Dr					
Current City Mccook					
Current State NE	Zip Code 69001	How Long? 6 months	Current County (NOT Country) Red willow		

Please list the City, State and Zip Code of all addresses you have lived at in the past 7 years.

City	State	Zip Code	How Long?	
			Years	Months
lovehd	CO	80538	2	3
Platteville	CO	80651	4	0
Mccook	NE	69001	0	7

We truly welcome your application with Carbo Ceramics Inc. or one of its divisions ("the Company"). Your signature below certifies that the information provided by you is true and complete to the best of your knowledge and that you have reviewed a copy of a separate document entitled, "Disclosure". Your signature below also authorizes the preparation of a consumer report and/or an investigative consumer report on you for employment purposes. This means that your signature authorizes all persons, schools, companies, corporations, credit bureaus, former employers, and municipal, county, state and federal agencies to provide all information that is requested concerning your background to the Company or to a consumer-reporting agency. Your signature further releases all of the above—including the Company and its agent—to the fullest extent permitted by law from claims, damages, losses, liabilities, and expenses arising from the retrieving and the reporting of any such information. The report(s) will remain CONFIDENTIAL to the extent required by law and will only be used to determine employment eligibility by authorized representatives of the Company. I understand that my consent will apply throughout my employment, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me. A copy of this document is as valid as the original.

  
Applicant Signature

3/27/18  
Date