

TAX CREDIT QUESTIONNAIRE

Specialists in Tax Credit Administration

ESG FEIN#:	ESG Client Name & State:
Hiring Manager:	Position:
Starting Wage: \$	

EMPLOYER SECTION:	Employee Name:	Street Address:	City/State:	Zip:
	Christina Trujillo	P.O. Box 33903	Denver	80233
	SS#: 523-35-0622	Age: 33	If yes, location:	
	Date of Birth: 09/30/1981	Have you worked for this company before? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997? (If yes, please provide information below.)

Yes No

Name of the person receiving benefits: _____ Relationship to you: _____

City: _____ County: _____ State: _____

2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months? (If yes, please provide information below.)

Yes No

Name of the person receiving benefits: _____ Relationship to you: _____

City: _____ County: _____ State: _____

3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months? (If yes, please provide information below.)

Yes No

Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits. *If you checked yes please provide a copy of your SSI documentation.

4. Have you received any type of vocational rehabilitation services within the past two years? (If yes, please indicate which type of agency you worked with and provide their location information below.)

Yes No

Vocational Rehabilitation Agency Dept. of Veterans Affairs Employment Network (Ticket to Work Program)

Name of Agency: _____ Phone #: _____

City: _____ County: _____ State: _____

*If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.

5. Are you a Veteran of the U.S. Military? *If yes, please provide a copy of your DD-214 and letter of separation. (If yes, please provide information below. If no, please continue to question #6.)

Yes No

Dates of Service - From: _____ To: _____

Branch of Service: _____

Are you entitled to or are you receiving compensation for a service-connected disability? Yes No

If yes, dates of unemployment - From: 7/27/2014 To: 12/8/2014

Did you receive unemployment compensation at any point during your unemployment? Yes No

6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months? Yes No

Conviction Date: _____ / _____ / _____ Release Date: _____ / _____ / _____

Was this a Federal or State conviction? If State - County: _____ State: _____

Additional Tax Credits

IEC (Native American): Are you or your spouse a member of a Native American Tribe? Yes No

*If you checked yes please provide a copy of your CDIB card.

CA Residents: Are you the child of foster parents? Do you receive CalWorks? Workforce Investment Act? Are you a migrant or seasonal farm worker? Have you ever been convicted of a misdemeanor? Do you receive Family Independence Benefits?

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, representative (Associated Consultants, Inc. dba Retrotax), or the Department of Labor.

New Employee Signature: [Signature] Date: 2/6/15



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.

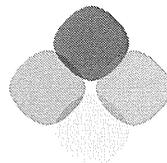
Notify your employer immediately of any new injuries or conditions that impact your physical condition.

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: Chris Trevillo

Printed Name: Chris Trevillo



Importante/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 policy 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): Chris Trujillo

Signature/Firma:

**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. CT (Initial)

Employee Signature: [Signature]
 Employee (please print your name here) Chris Trujillo
 Date: 2/6/13

References
 Darrell Hadaway S&G Signs – President (303) 421-8944
 Greg Treinen (303)968-5529
 Oscar Salguero (909)782-9916

- Operated and maintained the following machinery:
 - Sidel SBO 34 (high speed) Injection Blow Mold
 - Sacmi hot melt labeler
 - KHS Kister/Tray packer
 - Douglas Imopack bottle packer
 - Alvey A-910 high level case palletizer
 - VonGal high level case palletizer
 - Lantech pallet stretch wrappers
 - Tennant 8300 riding sweeper scrubber
 - Yale 6500 and 8000 sit down forklift
 - Crown 6000 sit-down forklift
- Experience with an array of hydraulic attachments:
 Slip sheet - Double fork - Keg fork - Clamp

Special Skills and Experience

- Custom vinyl application
- Kan screen printer
- *S&G Signs and Graphics* 2000 - 2007 Seasonal/Part-time
- Participated in work hazard and material handling
- Oversaw freight diagram specifications for vessel regulations
- Organized custom orders for clients
- Ensured timely and safe load and unload of product
- Managed product load audit and records

Fork lift Operator

- Inventory control of supplies, product and equipment
- Assisted warehouse maintenance and repair work
- Supervise general house keeping

Sanitation Engineer and Janitorial Manager

Excel Logistics 2002 - 2007

- Assisted maintenance on down days with preventative maintenance and machine cleaning
- Followed and maintained a good GMP record
- Perform quality checks hourly to maintain a good quality product
- Maintain and keep raw material records
- Operated and assisted in changeovers on high speed bottling equipment

Production Technician

Nestle Waters North America 2008-2014

Employment

1996 - 2000
 High School Diploma
 Education Pomona High School



8850 Tyler Blvd., Mentor, OH 44060 Phone 800-991-6994 Fax (440) 205-8355
 Visit our website at: www.backtrack.com or email us at: btsresearches@backtrack.com

BACKGROUND INFORMATION FORM FOR BACKGROUND CHECK

BackTrack, Inc. is an employment screening company that conducts background checks on prospective employees/employees for our clients as part of their standard hiring procedure. In order to perform this check, we need you to provide the following information. Please be sure to fill out this form completely and legibly.

APPLICANT INFORMATION (please print clearly & accurately)

Position Applying For: Production
 Expected Salary: 16.00

Last Name: Trujillo First Name: CHRISTOPHER Middle Name: LEE

Maiden Name: _____ Any Other Name(s) Used: _____ Phone (720) 292-6777

Home Address: P.O. Box 33903 E-Mail Address: _____

City: Denver State: CO Zip: 80233 County: Adams From Mth/Yr: _____ To Mth/Yr: _____

Social Security Number * 523-35-0622 Date of Birth * 9/30/81 Military Branch of Service: _____

*For background screening purposes only

Driver's License Number 97-224-1340 State License was Issued CO

High School: Roman High School City/State Location: Arvada, CO Year Graduated: 2000 Full Name Diploma Issued Under: _____

If GED received, in what State: _____ City/State Location: _____ Date Received: _____ Name Used for GED: _____

College: _____ City/State Location: _____ Year Graduated: _____

Degree Rec'd: _____ Associate Bachelor Master Other

Student ID Number: _____ Full Name Used: _____

List Previous Addresses (to cover last 7 years)
 Address: 11818 Birch Dr. City/State: Thornton, CO Zip: 80233
 From Mth/Yr: 1/2012 To Mth/Yr: 7/2014

Address: 7120 Hebler St. #11 City/State: Westminster, CO Zip: 80031
 From Mth/Yr: 8/2010 To Mth/Yr: 1/2012

7170 DAKIN ST #I-307 Denver, CO 80221 2007 - 2009

NOTE: The absence of any of the above information could result in a delay in processing your background. If necessary, a representative from BackTrack, Inc. will contact you for additional information in order to expedite the background process. Thank you for your assistance.

---FOR CLIENT USE ONLY - DO NOT WRITE BELOW THIS LINE---

CLIENT INFORMATION

Name: _____ Title: _____ E-Mail Address: _____ Company Name: _____

Address: _____ City/State/Zip: _____

If Applicable, Division or Code #: _____

Phone Number: _____ Fax Number: _____

Level I (employment, education, criminal search, credit or SSN search, driving)
 Level II (employment, criminal search, credit or SSN search, driving)
 Level III (employment, education, criminal search)
 Level IV (employment, criminal search, credit or SSN search)
 Level V (criminal and SSN search)
 Level VI (employment, education, criminal search, credit or SSN search)
 (Above packages check here for 5 year emp. history Check here for only 3 year)

Criminal History (county) Federal District Search
 Civil Litigation Statewide Search (where available)
 CrimeTrack (Criminal Database and National Sex Offender Search)
 GlobalTrack (Patriot Act Search)
 Credit Report
 Employment History Education Driving Record SSN Search
 Workers' Comp. Military Credential Bus/Personal Ref.

PACKAGES: SERVICES REQUESTED RUSH ORDER (\$27 extra charge)

F14-0904

YOU MUST COMPLETE AND RETURN THE BACKGROUND INFORMATION FORM, THE DISCLOSURE FORM AND THE AUTHORIZATION FORM FOR A BACKGROUND CHECK

Printed Name

Chris Trujillo

Company Applying To

CMG

Signature

[Handwritten Signature]

Date

2/6/15

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by BackTrack, Inc., 8850 Tyler Boulevard, Mentor, OH 44060, (800) 991-9694, www.backtracker.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Employer ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, workers compensation claims or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. Workers compensation will only be requested in compliance with the ADA and/or any other applicable laws.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION





8550 Tyler Blvd., Mentor, OH 44060 Phone 800-991-9694 Fax (440) 205-8355
Visit our website at: www.backtracker.com or email us at: btsresearches@backtracker.com

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by BackTrack, Inc., 8850 Tyler Boulevard, Mentor, OH 44060, (800) 991-9694, www.backtracker.com and/or the company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Printed Name Chris Trujillo Signature [Signature]
Company Applying To CME Date 2/10/15

Class of 2000
Christopher Lee Phillips



Secretary, Board of Education
Paul J. ...
 President, Board of Education
John ...

In witness whereof we have affixed our signatures
 this month of May, Two thousand

diploma

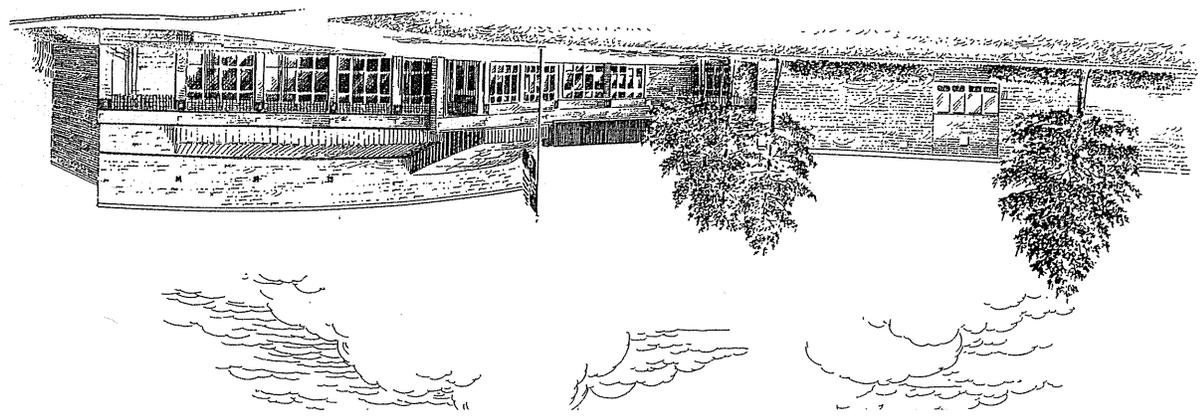
graduation is awarded this
 Jefferson County Public Schools and having met the requirements for
 has satisfactorily completed a course of study prescribed by

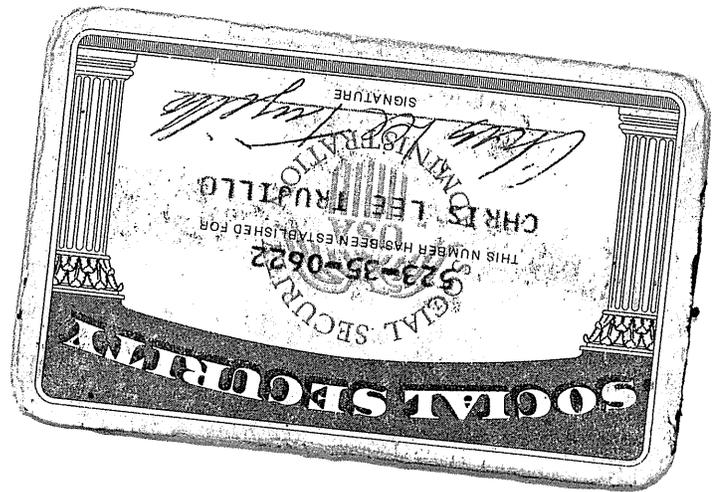
Christopher Lee Phillips

This certifies that

Jefferson County Public Schools

Thomas High School





SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security

Report Prepared: 02/06/2015

E-Verify

Page: 1 of 1

Case Verification Number: 2015037111913TB

Case Information:

Employee Information:

Last Name: Trujillo
 First Name: Christopher
 Middle Initial:
 Social Security Number: *** ** 0622
 Citizenship Status: A citizen of the United States
 Document Information:
 List B Document: Driver's license or ID card issued by a U.S. state or outlying possession
 Document Name: Driver's license
 Driver's License or ID Card Number:
 Alien Number:
 I-94 Number:
 Document Expiration Date: 09/30/2019
 Document State: Colorado
 List C Document: Social Security Card

List B Document:
 Document Name: Driver's license
 Driver's License or ID Card Number:
 Alien Number:
 I-94 Number:
 Document Expiration Date: 09/30/2019
 Document State: Colorado
 List C Document: Social Security Card

Additional Information:

Hire Date: 02/06/2015
 Three-Day Rule Reason: EPOR4912
 Submitted By:
 Initial Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

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

Last Name: First Name: Other Names Used: Date of Birth: Resubmitted On:

Middle Initial: Social Security Number: Resubmitted By: Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments: Submitted By: Submitted On:

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

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date: