

## New Hire Application

**Personal Data-- PLEASE PRINT LEGIBLY IN INK**

Last Name Samuels First Name Patrick Middle Initial J  
 Street Address 9543 Milwaukee Ct. Apt. \_\_\_\_\_  
 City/State/Zip Thornton / CO / 80229  
 Home Phone 303-883-4331 Cell / Message Phone 303-883-4331  
 Company/Employer BASF

**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.

Patrick Jay Samuels  
Name (Print or type)

[Signature]  
Applicant's Signature

02/27/2013  
Date

**A copy or facsimile will be considered the same as an original signature.**

### For ESSG Office Use Only

|                                 |                                  |                             |   |                          |
|---------------------------------|----------------------------------|-----------------------------|---|--------------------------|
| DOH _____                       | NHW _____                        | I-9 _____                   | 8850 _____                                      | W4 _____                 |
| Emergency Contact Info<br>_____ | Background Release Form<br>_____ | Background Results<br>_____ | Unemployment Letter<br>(If applicable)<br>_____ | ESC Application<br>_____ |

# Form W-4 (2013)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

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

|          |  |          |          |
|----------|--|----------|----------|
| <b>A</b> | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .  | <b>A</b> | <u>1</u> |
| <b>B</b> | Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>  | <b>B</b> | <u>1</u> |
| <b>C</b> | Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .  | <b>C</b> | <u>0</u> |
| <b>D</b> | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .   | <b>D</b> | <u>0</u> |
| <b>E</b> | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .  | <b>E</b> | <u>0</u> |
| <b>F</b> | Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .<br>( <b>Note.</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)   | <b>F</b> | <u>0</u> |
| <b>G</b> | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.<br>• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.<br>• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . . | <b>G</b> | <u>0</u> |
| <b>H</b> | Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶  | <b>H</b> | <u>0</u> |

For accuracy, complete all worksheets that apply. {

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

|   |   |   |
|---|---|---|
| Form <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service   | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p> | OMB No. 1545-0074<br><br><h1 style="margin: 0;">2013</h1>   |
| <b>1</b> Your first name and middle initial<br><i>Patrick J.</i>  | Last name<br><i>Samuels</i>   | <b>2</b> Your social security number<br><i>522-87-8698</i>  |
| Home address (number and street or rural route)<br><i>9543 Milwaukee Ct.</i>  | <b>3</b> <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br><b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.                 | <b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>  |
| City or town, state, and ZIP code<br><i>Thornton, CO, 80229</i>   | <b>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)   | <b>5</b> <u>1</u>   |
| <b>6</b> Additional amount, if any, you want withheld from each paycheck  | <b>6</b> \$ <u>10.00</u>  | <b>7</b> I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption.<br>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and<br>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.<br>If you meet both conditions, write "Exempt" here . . . . . ▶ <b>7</b> |
| 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. |   |   |
| <b>Employee's signature</b><br>(This form is not valid unless you sign it.) ▶ <i>Patrick J. Samuels</i>   | <b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)  | <b>Date</b> ▶ <i>02/27/2013</i>   |
| <b>9</b> Office code (optional)   | <b>10</b> Employer identification number (EIN)  |   |



Revision Date: 09/06/12  
Expiration Date: 10/01/14

**Affirmation of Legal Work Status**  
Pursuant to § 8-2-122, Colorado Revised Statutes

Employee Name: Samvels Patrick Jay 05/08/1993  
Last First Middle Date of Birth

Social Security Number: 522 - 89 - 8698 Date of Hire: 02/27/2013 (MM/DD/YYYY)

In accordance with § 8-2-122, C.R.S., within 20 days after hiring the new employee listed above,

**I affirm all four of the following by signing this form:**

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

\_\_\_\_\_  
Print Name of Employer (or Designated Representative) Official Title

\_\_\_\_\_  
Signature of Employer (or Designated Representative) Date Signed by Employer (MM/DD/YYYY)

\_\_\_\_\_  
Business or Organization Name Employer Phone Number

The provision of false or fraudulent information on this form may subject the employer to a significant fine and/or additional penalties.

This form and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.

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

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

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

|  |                         |                            |   |
|--|-------------------------|----------------------------|---|
| Print Name: Last<br><u>Samuels</u>                               | First<br><u>Patrick</u> | Middle Initial<br><u>J</u> | Maiden Name   |
| Address (Street Name and Number)<br><u>9543 Milwaukee Ctr CO</u> |                         | Apt. #<br><u>80229</u>     | Date of Birth (month/day/year)<br><u>05/03/1973</u> |
| City<br><u>Thornton</u>  | State                   | Zip Code                   | Social Security #<br><u>522-89-8698</u>             |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien # \_\_\_\_\_)
- An alien authorized to work (Alien # or Admission # \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

[Signature]  
Employee's Signature

Date (month/day/year) 02/27/2013

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

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

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

| List A                          | OR | List B                 | AND | List C             |
|---------------------------------|----|------------------------|-----|--------------------|
| Document title: _____           |    | <u>Drivers License</u> |     | <u>SS card</u>     |
| Issuing authority: _____        |    | <u>CO</u>              |     | <u>SS Admin</u>    |
| Document #: _____               |    | <u>09-107-077</u>      |     | <u>522-89-8698</u> |
| Expiration Date (if any): _____ |    | <u>5-28-14</u>         |     |                    |
| Document #: _____               |    |                        |     |                    |
| Expiration Date (if any): _____ |    |                        |     |                    |

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 3-4-13 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

|  |                                |                                 |
|--|--------------------------------|---------------------------------|
| Signature of Employer or Authorized Representative<br><u>[Signature]</u>   | Print Name<br><u>Tina Krol</u> | Title<br><u>Account Manager</u> |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)<br>EMPLOYER SOLUTIONS STAFFING GROUP 7301 OHMS LANE, STE 405 EDINA, MN 55439 |                                | Date (month/day/year)           |

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

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

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

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

|  |                       |
|--|-----------------------|
| Signature of Employer or Authorized Representative | Date (month/day/year) |
|--|-----------------------|

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security

Report Prepared: 03/04/2013

E-Verify

Page: 1 of 1

Case Verification Number: 2013063103842AN

**Case Information:****Employee Information:**

|                         |                                |                |            |
|-------------------------|--------------------------------|----------------|------------|
| Last Name:              | Samuels                        | First Name:    | Patrick    |
| Middle Initial:         |                                | Maiden Name:   |            |
| Social Security Number: | *** ** 8698                    | Date of Birth: | 05/05/1993 |
| 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 | List C Document:          | Social Security Card |
| Document Name:                      | Driver's license  | Document State:           | Colorado             |
| Driver's License or ID Card Number: |   | Document Expiration Date: | 05/28/2014           |
| Alien Number:                       |   | I-94 Number:              |                      |

**Additional Information:**

|                        |            |                         |            |
|------------------------|------------|-------------------------|------------|
| Hire Date:             | 03/04/2013 | Employer Case ID:       |            |
| Three-Day Rule Reason: |            | Three-Day Rule - Other: |            |
| Submitted By:          | CKRO8357   | Submitted On:           | 03/04/2013 |

**Initial Case Result:**

Case Result: Employment Authorized

**Employee Referred to SSA:**

Referred By: Referred On:

**Case Result from SSA (after SSA Tentative Nonconfirmation):**

Case Result: Response Date:

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

|                         |                 |
|-------------------------|-----------------|
| Last Name:              | First Name:     |
| Middle Initial:         | Maiden Name:    |
| Social Security Number: | Date of Birth:  |
| Resubmitted By:         | Resubmitted On: |

**Case Result from SSA (after Resubmission):**

Case Result:

**Request Name Review:**

Comments:

Submitted By:

Submitted On:

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

Case Result:

Response Date:

**Employee Referred to DHS:**

Referred By:

Referred On:

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

Case Result:

Response Date:

**Photo Matching Results:**

Determination:

**Employee Referred to DHS (Additional):**

Referred By:

Referred On:

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

Case Result:

Response Date:

**Case Closure:**

Closure Statement:

Closed By:

Closed On:

---

---

**SENSITIVE BUT UNCLASSIFIED**



Colorado  
Driver License

09-107-0788      Expires: 05-28-2014  
Issued: 07-08-2011

PATRICK JAY BAMBUELE  
12345 LEV CIR  
HENDERSON, CO 80648

UNDER 21  
DOB 05-06-1989

Class: 5  
Previous Type: N  
End: 6/08  
Race: 180  
HT: 180  
WT: M  
Sex: M  
Eyes: GRN



Years: 1

*Patrick Bambuele*

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

Employee Name: Patrick J. Samuels

Address: 9543 Milwaukee Ct. Thornton, CO, 80229

Home Phone: 303-883-4331

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

1. Name: Nick Samuels

Phone (work): 303-588-3167

Phone (home): 303-588-3167

2. Name: Meather Samuels

Phone (work): 303-588-1976

Phone (home): 303-588-1976

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

---

---

---

---

---

---

---

---

---

---



employer solutions staffing group<sup>LLC</sup>

---

**STATEMENT OF CONFIDENTIALITY**

This agreement made this 27 day of February, 2013, 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



### 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<br><i>Patrick J. Samuels</i> | SSN# (last 4 digits)<br><i>8698</i> | Effective Date<br><i>02/27/2013</i> |
|--|-------------------------------------|-------------------------------------|

#### SECTION 2 PAYROLL ELECTION

**Direct Deposit** (Please complete Sections 3 and 5 below)

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

#### SECTION 3 DIRECT DEPOSIT

|         |   |   |
|---------|---|---|
| ACCOUNT | <input checked="" type="checkbox"/> Update Bank Account   | I understand and acknowledge that if I do not provide a voided check (a deposit slip will not work) 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.<br><br>Initial <u><i>PJS</i></u> Date <u><i>02/27/2013</i></u> |
|         | Bank Name:<br><i>Bellco Credit Union</i>  |   |
|         | Routing#<br><i>302025018</i>  |   |
|         | Account#<br><i>590613576</i>  |   |
|         | Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____ |   |

- 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

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       | Primary Phone    |

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

|  |                                       |
|--|---------------------------------------|
| Payroll Debit Card Routing #<br><i>122242597</i> | Payroll Debit Card Account #<br>_____ |
|--|---------------------------------------|

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

#### 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: *Samuelspatrick2500@hotmail.com*

Employee's Signature: *[Signature]* Date: *02/27/2013*

**BELLCO CREDIT UNION**  
**DIRECT DEPOSIT AUTHORIZATION FORM**

Name (First, Middle Initial, Last)

Social Security Number

Patrick J. Samuels

522-89-8698

Your Employer's Name

6650 W 120th

Your Work Address

Street

City

State

Zip

Work Phone

Ext.

**Information for Employer's Payroll Department**

**Check Appropriate Box:**

- Start Direct Deposit
- Change Financial Institution
- Change Account Number within Bellco CU
- Change Amount Sent to Bellco CU

-----  
**Employee's Financial Institution:**  
**BELLCO CREDIT UNION**  
**7600 E. ORCHARD RD., SUITE 400N**  
**GREENWOOD VILLAGE, CO 80111**  
 -----

Transit Routing Number

302075018

Savings

Account Number

Checking

590613576

Loan

All of my paycheck

Part of my paycheck (specify amount per pay period): \$

.

Bellco's verification that information is accurate: B Samuels

Date: 2/27/13

**IMPORTANT: If Bellco has not signed the above verification, please attach a voided check or deposit ticket.**

**SIGN BELOW**

I hereby authorize and request my employer to make payment of my earnings by initiating credit or adjustment entries to my account listed above. I also authorize and request Bellco CU to accept any such entries or adjustments to my account without Bellco CU being responsible for the correctness thereof. If funds to which I am not entitled are deposited to my account, I authorize my employer to direct Bellco CU to return said funds. Such automatic deposits will be made on each successive payday unless I terminate this agreement. Cancellation of direct deposit needs to be directed to my employer's payroll department.

Employee Signature: [Signature]

Date:

02/27/2013

**For Office Use Only:**

Date/time faxed: \_\_\_\_\_

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

Teller Code: \_\_\_\_\_

Branch Code: \_\_\_\_\_





employer solutions staffing group  
Leveraging Resources in a Changing Market

## **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: 

Printed Name: Patriek Samuels

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

▶ See separate instructions.

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

Your name Patrick J. Samvels Social security number ▶ 522-89-8698  
Street address where you live 9543 Milwaukee Ct.  
City or town, state, and ZIP code Thornton, CO, 80229  
County Adams Telephone number 303-883-4331  
If you are under age 40, enter your date of birth (month, day, year) ~~02/05/1986~~ 05/08/1993

- 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.

**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**

**EMPLOYER SECTION:**

|                        |                                     |                          |
|------------------------|-------------------------------------|--------------------------|
| <b>ESG FEIN#:</b>      | <b>ESG Client Name &amp; State:</b> |                          |
| <b>Hiring Manager:</b> | <b>Position:</b>                    | <b>Starting Wage: \$</b> |

**EMPLOYEE SECTION:**

|                       |                                    |                        |   |                          |             |
|-----------------------|------------------------------------|------------------------|---|--------------------------|-------------|
| <b>Employee Name:</b> |                                    | <b>Street Address:</b> |   | <b>City/State:</b>       | <b>Zip:</b> |
| <b>SS#:</b><br>- -    | <b>Date of Birth:</b><br>_ / _ / _ | <b>Age:</b>            | <b>Have you worked for this company before?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>If yes, location:</b> |             |

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

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <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.)<br>Name of the person receiving benefits: _____ Relationship to you: _____<br>City: _____ County: _____ State: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| <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.)<br>Name of the person receiving benefits: _____ Relationship to you: _____<br>City: _____ County: _____ State: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months?</b><br>Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits.<br><i>*If you checked yes please provide a copy of your SSI documentation.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4. Have you received any type of vocational rehabilitation services within the past two years?</b><br>If yes, please indicate which type of agency you worked with and provide their location information below:<br><input type="checkbox"/> Vocational Rehabilitation Agency <input type="checkbox"/> Dept. of Veterans Affairs <input type="checkbox"/> Employment Network (Ticket to Work Program)<br>Name of Agency: _____ Phone #: _____<br>City: _____ County: _____ State: _____<br><i>*If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <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.)<br>Dates of Service - From: ___ / ___ / ___ To: ___ / ___ / ___<br>Branch of Service: _____<br><b>Are you entitled to or are you receiving compensation for a service-connected disability?</b><br><b>Have you been unemployed at any time during the last 12 months?</b><br>If yes, dates of unemployment - From: ___ / ___ / ___ To: ___ / ___ / ___<br><b>Did you receive unemployment compensation at any point during your unemployment?</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months?</b><br>Conviction Date: ___ / ___ / ___ Release Date: ___ / ___ / ___<br>Was this a <input type="checkbox"/> Federal or <input type="checkbox"/> State conviction? If State - County: _____ State: _____   | <input type="checkbox"/> | <input type="checkbox"/> |

| Additional Tax Credits   |                          |                          |
|--|--------------------------|--------------------------|
| <b>IEC (Native American):</b> Are you or your spouse a member of a Native American Tribe?<br><i>*If you checked yes please provide a copy of your CDIB card.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <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?<br><input type="checkbox"/> Are you a migrant or seasonal farm worker? <input type="checkbox"/> Have you ever been convicted of a misdemeanor? |                          |                          |
| <b>SC Residents:</b> <input type="checkbox"/> 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, 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:**

## NOTICE OF WAIVER FROM ANNUAL LIMIT REQUIREMENT

The Affordable Care Act prohibits health plans from applying arbitrary dollar limits for coverage for key benefits. This year, if a plan applies a dollar limit on the coverage it provides for key benefits in a year, that limit must be at least \$750,000.

Your health insurance coverage, offered by BCS Insurance Company does not meet the minimum standards required by the Affordable Care Act describe above. Instead, it puts an annual limit on the following plans offered:

| Annual Limit                         | Plan                                     |
|--------------------------------------|--|
| Both inpatient & outpatient benefits | \$10,000                                 |
| Outpatient benefits only             | \$1,500                                  |
| Prescription drugs                   | Subject to outpatient maximum of \$1,500 |

In order to apply the lower limits described above, your health plan requested a waiver of the requirement that coverage for key benefits be at least \$750,000 in 2011. That waiver was granted by the U.S. Department of Health and Human Services based on your health plan's representation that providing \$750,000 in coverage for key benefits in 2011 would result in a significant increase in premiums or a significant decrease in access to benefits. This waiver is valid for one year.

If the lower limits are a concern, there may be other options for health care coverage available to you and your family members. For more information, go to [www.HealthCare.gov](http://www.HealthCare.gov)

If you have any questions or concerns about this notice, contact the Essential StaffCARE Customer Service at [866-798-0803](tel:866-798-0803).

In addition, you can contact:

Minnesota Department of Commerce  
Consumer Concerns

Toll-free- (800) 657-3602 / Main – (651) 296-2488



## 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 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. PTS (Initial)

Patrick J. Samuels  
Employee Signature:

02/27/2013  
Date:

Patrick J. Samuels  
Employee (please print your name here)



# employer solutions staffing group<sup>INC.</sup>

Leveraging Resources in a Changing Market

**To:** All Employees

**Quien:** Todos Empleados

**From:** Corporate Management Group & Employer Solutions Group

**De:** Corporate Management Group y Employer Solutions Group

**Re:** Stop Payment Check Fee

**Re:** Tarifa de cheque parado

---

Effective immediately, to replace a lost or stolen check, \$50.00 will be deducted from the replacement check for a stop payment fee and for a reprocessing fee. *Efectivo inmediatamente, para reemplazar un cheque de sueldo perdido o robado, \$50.00 de tarifa sera deducido de el cheque reemplazado para parar el cheque original y para procesarlo demuevo.*

If you lose your check, we will first have to verify that it has not been processed through the bank. If it has not, a new check will be issued, minus the \$50.00 fee. *Si usted pierde su cheque, tendremos que verificar que no ha sido procesado en el banco. Si no, un cheque nuevo sera processado, menos las tarifa de \$50.00.*

If your check is stolen, we will first need a copy of the police report before a new check can be reissued. After we receive a copy of the police report, a new check will be issued following the same procedures as listed above. *Si su cheque es robado, necesitaremos una copia de el reporte de policia antes de que un cheque nuevo sera procesado. Despues de obtener una copia del reporte de policia, un cheque nuevo sera procesado usando los mismos procedimientos mencionados arriba.*

If you have any questions regarding this new policy, please contact your On-Site Representative or the Corporate Office (303-920-1425). *Si usted tiene preguntas sobre esta poliza, por favor contacte a su representante de CMG o la oficina corporal al (303-920-1425)*

Thank you for your continued dedication and hard work!

*Gracias por su dedicacion continua!*

By signing below you are confirming that you understand the above policy.  
*Con su firma abajo usted esta confirmando que entiende la poliza descrita.*

Signature/Firma: \_\_\_\_\_

Date/Fecha: \_\_\_\_\_

02/27/2013

## 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:  |  |   |  | Expected Salary:                                     |  |   |  |
| Last Name <i>Samuels</i>  |  | First Name <i>Patrick</i>                 |  | Middle Name <i>Jay</i>                               |  |   |  |
| Maiden Name   |  | Any Other Name(s) Used                    |  | Phone <i>(303) 885-4331</i>                          |  |   |  |
| Home Address <i>9543 Milwaukee Ct.</i>  |  |   |  | E-Mail Address <i>samuelspatrick2500@hotmail.com</i> |  |   |  |
| City <i>Thornton</i>  |  | State <i>CO</i>                           |  | Zip <i>80229</i>                                     |  | County <i>Adams</i>                                       |  |
| Social Security Number * <i>522-89-8698</i>   |  | Date of Birth * <i>05/08/93</i>           |  | Military Branch of Service                           |  |   |  |
| *For background screening purposes only   |  |   |  |  |  |   |  |
| Driver's License Number <i>09-107-0788</i>  |  | State License was Issued <i>Colorado</i>  |  |  |  |   |  |
| High School <i>Mountain Range</i>   |  | City/State Location <i>Westminster/CO</i> |  | Year Graduated <i>2012</i>                           |  | Full Name Diploma Issued Under <i>Patrick Jay Samuels</i> |  |
| If GED received, in what State  |  | City/State Location                       |  | Date Received  |  | Name Used for GED   |  |
| College   |  | City/State Location                       |  | Year Graduated                                       |  |   |  |
| Degree Rec'd:   |  |   |  |  |  |   |  |
| <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Other         |  | Student ID Number:                        |  | Full Name Used                                       |  |   |  |
| List Previous Addresses (to cover last 7 years)   |  |   |  |  |  |   |  |
| Address <i>12349 Levi Cir.</i>  |  | City/State <i>Mendocino/CO</i>            |  | Zip <i>80640</i>                                     |  |   |  |
| County <i>Adams</i>   |  | From Mth/Yr <i>06/2010</i>                |  | To Mth/Yr <i>06/2012</i>                             |  |   |  |
| Address <i>13181 Logan St.</i>  |  | City/State <i>Thornton/CO</i>             |  | Zip <i>80241</i>                                     |  |   |  |
| County <i>Adams</i>   |  | From Mth/Yr <i>1998</i>                   |  | To Mth/Yr <i>06/2010</i>                             |  |   |  |
| Are you currently employed? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |   |  |  |  |   |  |
| May we contact your <u>CURRENT EMPLOYER</u> now? <input type="checkbox"/> YES <input type="checkbox"/> NO (If marked YES, we WILL contact.) |  |   |  | <i>PJS</i> Please Initial                            |  |   |  |

**IMPORTANT:** If you are currently employed and do NOT wish for your current employer to be contacted, please check NO on the above box.

**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                 |  | SERVICES REQUESTED   |  | <input type="checkbox"/> RUSH ORDER (\$27 extra charge)     |  |
|------------------------------------|--|--|--|---|--|
| Name:                              |  | PACKAGE:   |  |   |  |
| Title:                             |  | <input type="checkbox"/> Level I (employment, education, criminal search, credit or SSN search, driving) |  |   |  |
| E-Mail Address:                    |  | <input type="checkbox"/> Level II (employment, criminal search, credit or SSN search, driving)           |  |   |  |
| Company Name:                      |  | <input type="checkbox"/> Level III (employment, education, criminal search)                              |  |   |  |
| Address:                           |  | <input type="checkbox"/> Level IV (employment, criminal search, credit or SSN search)                    |  |   |  |
| City/State/Zip:                    |  | <input type="checkbox"/> Level V (criminal and SSN search)   |  |   |  |
| If Applicable, Division or Code #: |  | <input type="checkbox"/> Level VI (employment, education, criminal search, credit or SSN search)         |  |   |  |
| Phone Number:                      |  | (Above packages check here for 5 year emp. history check here for only 3 year)                           |  |   |  |
| Fax Number:                        |  | <input type="checkbox"/> Criminal History (county)   |  | <input type="checkbox"/> Federal District Search            |  |
|                                    |  | <input type="checkbox"/> Civil Litigation  |  | <input type="checkbox"/> Statewide Search (where available) |  |
|                                    |  | <input type="checkbox"/> CrimeTrack (Criminal Database and National Sex Offender Search)                 |  | <input type="checkbox"/> GlobalTrack (Patriot Act Search)   |  |
|                                    |  | <input type="checkbox"/> Credit Report   |  |   |  |
|                                    |  | <input type="checkbox"/> Employment History  |  | <input type="checkbox"/> Education                          |  |
|                                    |  | <input type="checkbox"/> Driving Record  |  | <input type="checkbox"/> SSN Search                         |  |
|                                    |  | <input type="checkbox"/> Workers' Comp.  |  | <input type="checkbox"/> Military                           |  |
|                                    |  | <input type="checkbox"/> Credential  |  | <input type="checkbox"/> Bus/Personal Ref.                  |  |

**YOU MUST COMPLETE BOTH THE BACKGROUND INFORMATION FORM AND THE DISCLOSURE AND AUTHORIZATION FOR BACKGROUND CHECK**

**DISCLOSURE AND AUTHORIZATION FOR BACKGROUND CHECK**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character and general reputation which can involve interviews with sources such as your friends and/or associates. These reports may contain information regarding your credit history, criminal history from various state and private sources along with other public records available, social search, motor vehicle records ("driving records"), verification of your education or employment history, or workers' compensation claims. 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 state laws. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by BackTrack, Inc., 8850 Tyler Boulevard, Mentor, OH 44060, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. According to the Fair Credit Reporting Act, you are entitled to know if employment is denied or you otherwise suffer an adverse employment action because of information obtained from your prospective employer/employer from a consumer reporting agency. If so, you will be advised and be given the name of the agency or source of information.

**Maine and New York applicants/employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

**New York applicants/employees only:** I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

**Oregon applicants/employees only:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

**Washington State applications/employees 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.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the NOTICE 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" at any time after receipt of this authorization and, if I am hired, throughout my employment. 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., another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**Minnesota and Oklahoma applicants/employees only:**  Please check this box if you would like to receive a copy of your consumer report.

**California applicants/employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

711-9720

Signature **X**  Date 03/04/2013  
Printed Name Patrick Samuels Company Applying To BASE

Patrick J. Samuels  
05/08/1993  
Education:  
Mountain Range High School  
Graduated 2012  
Average GPA 2.0

Address: 9543 Milwaukee Ct.  
Denver, Colorado, 80229

Training:  
WeatherFord  
Forklift training, Loader training  
H2S gas training  
PPE (personal protective equipment)  
First Aid Entry  
Hazard Awareness Training  
Chemical clean up and Awareness training  
Hydraulic machinery training  
Pressure Training  
Over Head Crane Training  
Driving Awareness classes  
Power tool Protection and Proper use  
Weather Survival Training  
Long Shift classes  
Safety meeting Training  
Safety 24/7 Training  
Proper loading Training  
Proper Lifting Training  
Hydraulic Operations Training  
Confidence Plumbing  
Copper line training  
gas line training  
Measuring and designing  
licensed Plumbers Apprentice  
Code training  
Bass Pro Shops  
Code Adam  
Customer Service  
Organization  
Following loading charts  
Theft watch  
Cleaning  
Stocking shelves

Accomplishments:  
Flipped House 2011-2012  
Restored old Chevy Blazer  
2011-2012

Previous Employers:

WeatherFord International  
4005 North Valley Drive. Longmont, CO, 80504  
970-535-4021  
Shane Craig (Manager)  
**Hire Date 03/15/2012-02/04/2013**  
Title: Heavy Machine Operator

Confidence Plumbing  
6508 S Racine Cir, Centennial, CO  
720-291-0438  
Duke (Supervisor)  
**Hire Date 02/2012-03/2012**  
Title: Apprentice

Bass Pro Shops

7970 Northfield Blvd, Denver, CO

720-385-3600

Nicole (Special Events Supervisor)

**Hire Date Seasonal 11/2011-01/01/2012**

Title: Special Events

# Mountain Range High School

Westminster

Colorado



This certifies that

Patrick Jay Samuels

has satisfactorily completed a course of study prescribed for graduation from this school and is, therefore, awarded this

## Diploma

given this sixteenth day of May, 2012.

Mark Clark  
President of Board

Robert M. Wilkey  
Secretary of Board

Christopher Johnson  
Superintendent

Julie Engler  
Principal

Adams 12 Five Star Schools