

SCHEDULE A1

Substance Abuse Testing Certificate

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

Full Name of Contract Worker: Michael Wolff

Date of Birth: 5 - 4 (Do NOT provide Year of Birth)
(Month) (Day)

Date of Hire by Contractor (Company): 3.4.13

Contractor Company hereby certifies:

Check one:

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

OR

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

Name of Contractor Company: CMG

By: [Signature]

Title: Account Manager

Date: 3.6.13

SCHEDULE A
Contractor Background Verification Certificate
CONFIDENTIAL

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

Full Name & Address of Contract Worker:

Michael (First Name) _____ (Middle Name) Wolff (Last Name)

Address: 9363 Garfield Way (Number & Street) Denver (City) CO 80229 (State & Zip Code)

Date of Birth: 5 (Month) - 4 (Day) *(Do NOT provide Year of Birth)*

Contractor Company hereby certifies:

Check One:

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

OR

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

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

TIME TO COMPLETE BACKGROUND CLEARANCE

_____	_____	_____	_____
Date Offer Accepted	Date Background Check Started	Date Background Check Completed	# of Business Days for Background Check to Clear

Name of Contractor Company: CMG

By: [Signature]

Title: Account Manager

Date: 3.6.13

SCHEDULE B

AGREEMENT AND WAIVER

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

Associate Vendor Employee:

Michael Wolff
Signature

Michael Wolff
Printed Name

Production operator
Title

3/4/17
Date

Witness:

Tina Krol
Signature

Tina Krol
Printed Name

Account Manager
Title

3.4.13
Date

SCHEDULE C

Temporary Worker Invention and Secrecy Agreement

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

1. Confidential Relationship.

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

2. Definitions.

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

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

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

3. Rights to inventions.

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

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

reasonably requested by the Client to assist the Client or such other party as the Client may designate in writing to perfect or protect any or all of its rights in any Inventions, including but not limited to trade secret, trademark, trade name, copyright and/or patent rights, both United States and foreign.

4. Warranty of Original Development.

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

5. Rights to Work Product.

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

6. Protection of Trade Secrets.

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

7. Nondisclosure and Nonuse of Proprietary Information.

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

8. Adherence to Procedure for Preserving Confidentiality.

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

9. Temporary Worker's Policies and Procedures.

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

10. Duty Upon Termination.

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

11. Right to Injunctive Relief.

Temporary Worker agrees and acknowledges as follows:

- a) Temporary Worker's compliance with the provisions of this Agreement is necessary to preserve and protect the goodwill and proprietary rights of the Client as a going concern and to prevent persons, firms, joint ventures, partnerships, corporations, institutions and enterprises engaged in businesses and activities which are competitive with the businesses and activities conducted or carried on by the Client from obtaining an unfair competitive advantage over the Client;
- b) Any failure by Temporary Worker to comply with the provisions of this Agreement will result in

irreparable and continuing damage to the Client for which there will be no adequate remedy at law; and

c) In the event that Temporary Worker fails to comply with the provisions of this Agreement, in addition to any other remedies available to it, the Client shall be entitled to, and Temporary Worker hereby consents to the entry without objection of injunctive relief (a court order causing Temporary Worker to comply with this Agreement), and to such other and further relief as may be necessary or appropriate to cause Temporary Worker to comply with Temporary Worker's duties and obligations under this Agreement.

12. Unauthorized Use or Disclosure.

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

13. Other Agreements.

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

14. Assignment.

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

15. Severability.

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

Witness

Temporary Worker



Witness' signature



Temporary Worker's signature

Tina Krol - Account Manager

Witness' name and title (print)

Michael Wolff

Temporary Worker's name (print)

3.6.13

Date

9353 Garfield Way

Temporary Worker's address (print)

3/4/13

Date

SCHEDULE D RANDOM DRUG AND ALCOHOL SCREENING POLICY

I, Michael Wolff (Associate Vendor Employee), do hereby agree to consent to random drug and alcohol testing as part of my temporary assignment at BASF. I understand that BASF could ask me to submit to such testing at any time and I am prepared to comply with any and all requests. I also acknowledge that my refusal to participate in any and all random drug and alcohol testing may result in the termination of my temporary assignment at BASF.

I authorize the Medical Review Officer to release my test results to _____ (Associate Vendor), nextSource and BASF in a confidential manner.

Associate Vendor Employee:

Associate Vendor:

Michael Wolff
(Signature)

Tina Krol
(Signature)

Michael Wolff
(Print Name)

Tina Krol
(Print Name)

Production Operator
(Title)

Account Manager
(Title)

3/4/13
(Date)

3.6.13
(Date)

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name WOLFF First Name Michael Middle Initial K
 Street Address 9363 Garfield Way Apt. _____
 City/State/Zip Denver CO 80229
 Home Phone N/A Cell / Message Phone 806 584 3409
 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.

Michael Wolff Name (Print or type) Michael Wolff Applicant's Signature 3/4/13 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 _____	Background Release Form _____	Background Results _____	Unemployment Letter (If applicable) _____	ESC Application _____

Form W-4 (2012)

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 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

Head of household. Generally, you 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 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>1</u>
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u>0</u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u>0</u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u>0</u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u>0</u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u>0</u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child 	G	<u>0</u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u>1</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 W-4 Department of the Treasury Internal Revenue Service	<h2>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 <h1 style="font-size: 2em;">2012</h1>
1 Your first name and middle initial Last name Michael K Wolff		2 Your social security number 522-63-0886
Home address (number and street or rural route) 9363 Garfield Way		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code Denver, CO, 80229		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>0</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ Mike Wolff		Date ▶ 3/4/13
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
10 Employer identification number (EIN)		



Revision Date: 01/11/12

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

Employee Name: Wolff Michael Karl 05/04/1987
Last First Middle Date of Birth

Social Security Number: 522 - 63 - 0886 Date of Hire: _____ (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.

Form I-9, Employment Eligibility Verification

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

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

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

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

Print Name: Last <u>Wolfs</u>	First <u>Michael</u>	Middle Initial <u>K</u>	Maiden Name <u>N/A</u>
Address (Street Name and Number) <u>9363 Crawford Way</u>		Apt. #	Date of Birth (month/day/year) <u>May 04, 1987</u>
City <u>Denver</u>	State <u>CO</u>	Zip Code <u>80229</u>	Social Security # <u>522-63-0866</u>

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

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

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

Employee's Signature M. K. Wolfs Date (month/day/year) 3/4/13

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>CO Id card</u>		<u>SS card</u>
Issuing authority: _____		<u>CO</u>		<u>dept of health</u>
Document #: _____		<u>03-106-0288</u>		<u>522-63-0866</u>
Expiration Date (if any): _____		<u>5-4-15</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 <u>Tina Krol</u>	Print Name <u>Tina Krol</u>	Title <u>Account Manager</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>EMPLOYER SOLUTIONS STAFFING GROUP 7301 OHMS LANE, STE 405 EDINA, MN 55439</u>		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
E-Verify

Report Prepared: 03/04/2013
Page: 1 of 1

Case Verification Number: 2013063143816QH

Case Information:

Employee Information:

Last Name:	Wolff	First Name:	Michael
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 0866	Date of Birth:	05/04/1987
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:	ID card	Document State:	Colorado
Driver's License or ID Card Number:		Document Expiration Date:	05/04/2013
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
Identification Card



03-106-0288 Expires: 05-04-2013
Ht: 5'10" Issued: 06-13-2008
Wt: 210 DOB: 05-04-1987
Eyes: BRO Prescription Type: N
Sex: M
Voter:

MICHAEL KARL WOLFF
137 TEAL ST
NORTHGLENN, CO 80538

SOCIAL SECURITY



522-62-8888

THIS NUMBER HAS BEEN ESTABLISHED FOR
MICHAEL KARL WOLFF

M. Wolff
SIGNATURE

Employer Solutions Staffing Group Direct Deposit Authorization

If you are applying for direct deposit, please make sure that you are mark whether the account is a savings or checking. Failure to provide this information can result in the deposit being delayed for several days. Please also note that it is possible for your direct deposit to be delayed a day or two the first week that your direct deposit is processed. Every bank is different and, although this doesn't happen frequently, it does happen. If you cannot wait a day or two past pay day for your deposit, then we suggest staying with a paper paycheck. The time that the money goes into your account on pay day varies by bank. Please allow until at least 10 am on your pay date for the deposit to show.

Check one of the following	Effective Date
<input type="checkbox"/> Start	<input type="checkbox"/> As Soon As Possible
<input type="checkbox"/> Stop	<input type="checkbox"/> Future Paydate
<input type="checkbox"/> Change	____ / ____ / ____

Please Initial one of the following:

_____ I would like to receive a printed pay stub
 _____ I would like to receive my pay stub by email
until further notice (provide email and sign below)

Social Security Number

Name (Last, First, Middle Initial)				
Home Address	Street	City	State	Zip Code
Date	Employee Signature		Daytime Phone Number	

SUBMISSION OF THIS FORM MEANS YOUR ENTIRE PAYROLL CHECK WILL GO TO THIS FINANCIAL INSTITUTION

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)
--

Type of Account
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Checking <input type="checkbox"/> Money Market Investment Requires Submission of ACH form from your broker

I authorize Employer Solutions Staffing Group to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize Employer Solutions Staffing Group to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by Employer Solutions Staffing Group at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to Employer Solutions Staffing Group for distribution. This will delay payment of funds to you.

Email address where you would like electronic wage statements sent:
--

I authorize Employer Solutions Staffing Group to provide me with an electronic version of a wage statement for direct deposit of funds to my account in the financial institution I have designated. I understand that I may revoke this authorization at any time in writing. Please remember that emails of wage statements are not encrypted and cannot be guaranteed to be secured or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. The sender therefore does not accept liability for any errors or omissions in the contents of this message that arise as a result of email transmission.

Employee Signature	Date
--------------------	------

✓ Attach a voided check HERE or photocopy of a check for checking account. DO NOT ATTACH A DEPOSIT SLIP.

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

Employee Name: Michael Wofff

Address: 9363 Garfield Way

Home Phone: (806) 584-3409

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

1. Name: Rebecca Schwaderes

Phone (work): _____

Phone (home): 720 320 0590

2. Name: _____

Phone (work): _____

Phone (home): _____

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



employer solutions staffing group^{LLC}

STATEMENT OF CONFIDENTIALITY

This agreement made this 4 day of March, 2013, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Michael Wolff 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.

Michael Wolff

Employee Signature

Employer Solutions Staffing Group LLC, Representative



employer solutions staffing group^{llc}
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: Michael Wolff

Printed Name: Michael Wolff

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 Michael k Wolfe Social security number ▶ 522-63-0866
Street address where you live 9363 Garfield Way
City or town, state, and ZIP code Denver CO, 80229
County Denver Telephone number (906) 584 3409
If you are under age 40, enter your date of birth (month, day, year) 5/4/1987

- 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 ▶ Michael Wolfe
For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Date 3/4/13

WORK OPPORTUNITY TAX CREDIT

PLEASE CHECK "YES" OR "NO" AND ANSWER ALL QUESTIONS

Name Michael Wolff
Address 9363 Garfield Way
City Denver State CO Zip 80229 Social Security # 522-63-0866
Date of Birth 5/4/1987 Age 25

Please CHECK ONE ANSWER for each of the following questions, and complete question #5:

- 1. Have you or any family member living with you received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) during the past 24 months?
2. Have you or any family member living with you received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) at any time during the past fifteen (15) months?
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days?
4. Are you part of the Ticket to Work program?

5. Name of person who received benefits
Relationship
City & State where benefits received

6. Are you a veteran? and Disabled due to service?
Service Dates: From To Branch:

7. Have you been unemployed at any time during the last 12 months?
If yes, dates of unemployment: From To
Did you receive unemployment compensation at any point during your unemployment?
If yes, dates received compensation: From To

8. Have you been convicted of a felony or released from prison in the last 12 months?
Date of Conviction: Date of Release:
Parole Officer's Name: Parole Officer's Phone #

9. Have you received rehabilitation services from a State approved or Department of Veterans Affairs approved Vocational rehabilitation agency?
Name of Agency Phone #
Address of Agency Counselor's Name

10. Have you attended High School, College or Technical School for more than an average of 10 hours per week at any time during the last 6 months?

11. Did you receive a high school diploma or GED? If yes, date received:
Have you been employed or been admitted to technical school or college since then?

12. How much in gross wages have you earned TOTAL in the past six months? \$

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, or the Department of Labor.

NEW HIRE SIGNATURE DATE

Questions below to be completed by manager
Starting Wage Position
Has employee worked for this company before? If yes, date and location

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

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

EMPLOYEE INFORMATION
(Must Be Filled Out)

ENROLLMENT FORM - 10k PLAN

USE BLACK or BLUE INK ONLY

Social Security Number 522-63-0866

Date of Birth 05/04/1987 Sex M F

Name Michael Wolfe

Street Address 9363 Garfield Way

City Denver State CO Zip 80229

Home Phone 806-584-3409

Do you or any dependents have Medicare?

Yes No If Yes:

Medicare Health Insurance Claim Number (HICN)

Medicare Effective Date

Names of Covered Person(s)

- 1.
2.
3.
4.

- You MUST enroll in the Medical Insurance Plan before adding STD or Term Life.
Your coverage level for Term Life will be identical to your medical plan selection.

BENEFIT SELECTION

Weekly Rates

MEDICAL

- \$20.91 Employee Only
\$42.44 Employee +1
\$56.67 Employee + Family
NO to MEDICAL, TERM LIFE, and STD benefits.

DENTAL

- \$5.99 Employee Only
\$11.98 Employee +1
\$19.77 Employee + Family
NO

TERM LIFE

- YES \$0.60 Employee Only
\$0.90 Employee +1
NO \$1.80 Employee + Family

SHORT-TERM DISABILITY

- YES \$4.20 Employee Only
NO

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

REQUIRED DEPENDENT INFORMATION

Name
Social Security Number
Date of Birth
Relationship: Spouse Domestic Partner Child

Name
Social Security Number
Date of Birth
Relationship: Spouse Domestic Partner Child

Name
Social Security Number
Date of Birth
Relationship: Spouse Domestic Partner Child

Name
Social Security Number
Date of Birth
Relationship: Spouse Domestic Partner Child

BENEFICIARY INFORMATION

For Term Life and Accidental Death & Dismemberment please write in your Beneficiary information.

NAME OF BENEFICIARY

Morgan Nolan

RELATIONSHIP

Fiance

Accidental Death & Dismemberment is part of the Medical Benefit.

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage.

Signature [Signature]

Date 03/04/2013



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. MW (Initial)

Michael Wolfe
Employee Signature

03/04/13
Date:

Michael Wolfe
Employee (please print your name here)

employer solutions staffing group
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: _____

Mark Waff

Date/Fecha: _____

3/4/13

dress
11 Ohms Lane, Suite 405
na, Minnesota 55439

Telephone 952.835.1288
Facsimile 952.835.1255

Web www.ESGStaffingSolutions.com
Email info@ESGStaffingSolutions.com

+Mike Search Images Maps Play YouTube News Gmail Drive Calendar More



Mik

Gmail

More

COMPOSE

[APUS.edu - Trans & Logistics Degrees](#) - Earn a Transportation & Logistics Degree Online at American Public University. Apply Today.

Inbox (18)

Starred

Important

Sent Mail

Drafts

-

Search people

philliswalp@gmail.com
wants to be able to chat
with you. Okay?

yes no

Becci

Christopher Ray

jameswolff

jameswolff@comc

Diploma Sender Customer Receipt/Purchase Confirmation

Inbox x

Diploma Sender <billing@diplomasender.com>

Feb 23 (9 days ago)

to me

Thank you for using DiplomaSender.com. Your credit card was charged and your documents are being processed.

Be sure to check your home page to track the status of your documents.

Thank you for your order!

Order Information

Merchant: Diploma Sender
Invoice Number: 179267
Customer ID: 811493

Billing Information

Sean Haroldson
7677 S Depew St
Littleton, CO 80128
wolff756@gmail.com

Shipping Information

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: <u>Production Operator</u>				Expected Salary:	
Last Name <u>WOLFE</u>		First Name <u>Michael</u>		Middle Name <u>Karl</u>	
Maiden Name <u>N/A</u>		Any Other Name(s) Used <u>N/A</u>		Phone <u>(806) 584-3409</u>	
Home Address <u>9363 Garfield Way</u>				E-Mail Address	
City <u>Denver</u>		State <u>CO</u>	Zip <u>80229</u>	County <u>Denver</u>	From Mth/Yr <u>02/13</u> To Mth/Yr <u>current</u>
Social Security Number * *For background screening purposes only <u>522-63-0866</u>		Date of Birth * <u>05-04-1987</u>		Military Branch of Service <u>N/A</u>	
Driver's License Number <u>03-106-0288</u>		State License was Issued <u>06-13-2008</u>			
High School <u>Horizon</u>		City/State Location <u>Brighton/CO</u>		Year Graduated <u>N/A</u>	Full Name Diploma Issued Under <u>N/A</u>
If GED received, in what State <u>CO</u>		City/State Location <u>Thornton/CO</u>		Date Received <u>03/2005</u>	Name Used for GED <u>Michael Wolfe</u>
College <u>N/A</u>		City/State Location <u>N/A</u>		Year Graduated <u>N/A</u>	
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 <u>2800 S Jackson St</u>		City/State <u>Amarillo/TX</u>		Zip <u>79103</u>	
County <u>Potter</u>		From Mth/Yr <u>06/12</u>		To Mth/Yr <u>02/13</u>	
Address <u>2500 Spring St.</u>		City/State <u>Amarillo/TX</u>		Zip <u>79109</u>	
County <u>Potter</u>		From Mth/Yr <u>06/09</u>		To Mth/Yr <u>06/12</u>	
Are you currently employed? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
May we contact your <u>CURRENT EMPLOYER</u> now? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If marked YES, we WILL contact.) <u>N/W</u> 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.	

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.

711-0920

Signature X *Michael Wolff* Date 3/4/13

Printed Name Michael Wolff Company Applying To BASF

Michael K. Wolff

9363 Garfield Way
Thornton, CO 80299
(806) 584 3409
Wolff756@gmail.com

Summary: Self-motivated professional, works independently with minimal supervision, creative and resourceful problem solver with strong multi-tasking, written and verbal communication skills, detail oriented, proficient with computer and internet programs including MS Word and Power Point, excellent customer service skills, organizational and process improvement, team player.

Employment History:

January 2012-February 2013

**Amarillo Club
600 S. Tyler St. Amarillo, TX 79140**

- Dishwasher
- Custodial duties
- Kitchen Organization
- Heavy lifting up to 75 lbs.
- Pull and Stock Inventory

September 2007-June 2009

**Hooters Restaurant
1111 West 120th Ave. Westminster, CO 80234**

- Prep Cook
- Expeditor/ plate presentation
- Inventory/ stock management
- Grill Cook
- Fry Cook

July 2007-August 2007

**Souper Salad
11930 Washington St. Thornton, CO 80233**

- Soup Cook
- Prep Cook

January 2007-August 2007

**Wolff Enterprises L.L.C.
11485 US Hwy 285 Suite 101 Conifer, CO 80433**

- Warehouse Management
- Custodial Services
- Service Tech Assistant
- Install Assistant

May 2006-November 2006

**Fuddruckers Restaurant
12020 Pennsylvania St. Thornton, CO 80241**

- Guest Service Associate
- Dishwasher
- Clean Team
- Grill Cook

2002-2005

**Horizon High School
5321 E 136th Ave. Thornton, CO**

March 2005

General Education Degree

References Available Upon Request