

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Ellis First Name Colten Middle Initial J
 Street Address 400 N 5th Ave Apt. _____
 City/State/Zip Brighton, CO, 80601
 Home Phone _____ Cell / Message Phone (720) 732-8919
 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.

Colten Ellis Name (Print or type) [Signature] Applicant's Signature April 1, 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 _____	Background Release Form _____	Background Results _____	Unemployment Letter (If applicable) _____	ESC Application _____

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.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>0</u>
B	Enter "1" if: { • 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	F	<u>0</u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • 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. • 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	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>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 W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate	OMB No. 1545-0074 2013
▶ 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.		
1 Your first name and middle initial <u>Cotten J.</u>	Last name <u>Ellis</u>	2 Your social security number <u>521-81-9603</u>
Home address (number and street or rural route) <u>400 N 5th Ave</u>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code <u>Brighton, CO 80601</u>		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 2013, and I certify that I meet both of the following conditions for exemption. • 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.) ▶ <u>[Signature]</u>		Date ▶ <u>April 1, 2013</u>
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)

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 <u>Ellis</u>	First <u>Colten</u>	Middle Initial <u>J</u>	Maiden Name
Address (Street Name and Number) <u>400 N 5th Ave</u>		Apt. #	Date of Birth (month/day/year) <u>03/20/1991</u>
City <u>Brighton</u>	State <u>CO</u>	Zip Code <u>80601</u>	Social Security # <u>521-81-9603</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 Date (month/day/year)

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

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

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

List A	OR	List B	AND	List C
Document title: _____		<u>Driver License</u>		<u>SS Card</u>
Issuing authority: _____		<u>CO</u>		<u>521-81-9603</u>
Document #: _____		<u>06-136-0872</u>		
Expiration Date (if any): _____		<u>3-20-17</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) 4-1-13 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 	Print Name <u>Tina Kool</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) <u>4-1-13</u>

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)
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Colorado
Driver License



06-136-0872 Expires: 03-20-2017
Class: M Issued: 04-06-2012
Sex: M DOB: 03-20-1991
Race: Previous Type: M
Ht: 5'11" Wt: 220 Eyes: GRN Sex: M
Voice:

COLTEN JOSEPH ELLIS
400 N 8TH AVE
BRIGHTON, CO 80601

SOCIAL SECURITY



521-81-9803
THIS NUMBER HAS BEEN ESTABLISHED FOR
COLTEN JOSEPH ELLIS
SIGNATURE

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

Employee Name: Colten Ellis

Address: 400 N 5th Ave

Home Phone: (720) 732-8919

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

1. Name: Joseph Ellis

Phone (work): _____

Phone (home): (303) 261-5396

2. Name: Heidi Ford

Phone (work): _____

Phone (home): (303) 868-2334

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



Direct Deposit/Payroll Debit Card Authorization

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

SECTION 1 BASIC INFORMATION

Employee Name <u>Colten Ellis</u>	SSN# (last 4 digits) <u>9603</u>	Effective Date <u>April 1, 2013</u>
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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	<p>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.</p> <p>Initial <u>CE</u> Date <u>April 1, 2013</u></p>
	Bank Name: <u>Valley Bank & Trust</u>	
	Routing# <u>107005445</u>	
	Account# <u>053012435</u>	
	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

<p>Federal law requires all financial institutions to identify you as the account holder. In order to identify you, you a identification information</p> <p>amount or transactions. will then sign receive wages.</p>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">COLTEN J. ELLIS 400 N. 5TH AVE BRIGHTON, CO 80601</p> <p style="text-align: right;">82-544/1070 512</p> <p style="text-align: center;">DATE _____</p> <p>PAY TO THE ORDER OF _____ \$ _____</p> <p style="text-align: right;">DOLLARS</p> <p>Valley Bank & Trust 30 North 4th Avenue Brighton, Colorado 80601 (303) 659-6450 Valley Voice - 1-888-312-2265 www.valleybankandtrust.com</p> <p>MEMO _____</p> <p style="text-align: center;">⑆ 107005445⑆ 053012435⑆ 0512</p> </div>
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I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: _____ 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: Cellis.526@gmail.com

Employee's Signature: _____ Date: April 1, 2013



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: Colten Ellis

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

OMB No. 1545-1500

▶ See separate instructions.

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

Your name Cotten Ellis Social security number ▶ 521-81-9603
Street address where you live 400 N 5th Ave
City or town, state, and ZIP code Brighton, CO 80601
County Adams Telephone number (720) 732-8919
If you are under age 40, enter your date of birth (month, day, year) 03/20/1991

- 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 April 1, 2013

EMPLOYER SECTION:

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

EMPLOYEE SECTION:

Employee Name: Colten Ellis	Street Address: 400 N 5th Ave	City/State: Brighton, CO	Zip: 80601
SS#: 521-81-9603	Date of Birth: 03/20/1991	Age: 22	Have you worked for this company before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, location:			

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

	Yes	No
<p>1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997? (If yes, please provide information below.)</p> <p>Name of the person receiving benefits: _____ Relationship to you: _____</p> <p>City: _____ County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months? (If yes, please provide information below.)</p> <p>Name of the person receiving benefits: _____ Relationship to you: _____</p> <p>City: _____ County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months? Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits. <i>*If you checked yes please provide a copy of your SSI documentation.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>4. Have you received any type of vocational rehabilitation services within the past two years? If yes, please indicate which type of agency you worked with and provide their location information below:</p> <p><input type="checkbox"/> Vocational Rehabilitation Agency <input type="checkbox"/> Dept. of Veterans Affairs <input type="checkbox"/> Employment Network (Ticket to Work Program)</p> <p>Name of Agency: _____ Phone #: _____</p> <p>City: _____ County: _____ State: _____</p> <p><i>*If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>5. Are you a Veteran of the U.S. Military? <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.)</p> <p>Dates of Service - From: ____/____/____ To: ____/____/____</p> <p>Branch of Service: _____</p> <p>Are you entitled to or are you receiving compensation for a service-connected disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you been unemployed at any time during the last 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, dates of unemployment - From: ____/____/____ To: ____/____/____</p> <p>Did you receive unemployment compensation at any point during your unemployment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months?</p> <p>Conviction Date: ____/____/____ Release Date: ____/____/____</p> <p>Was this a <input type="checkbox"/> Federal or <input type="checkbox"/> State conviction? If State - County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional Tax Credits

<p>IEC (Native American): Are you or your spouse a member of a Native American Tribe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>*If you checked yes please provide a copy of your CDIB card.</i></p> <p>CA Residents: <input type="checkbox"/> Are you the child of foster parents? <input type="checkbox"/> Do you receive CalWorks? <input type="checkbox"/> Workforce Investment Act?</p> <p><input type="checkbox"/> Are you a migrant or seasonal farm worker? <input type="checkbox"/> Have you ever been convicted of a misdemeanor?</p> <p>SC Residents: <input type="checkbox"/> Do you receive Family Independence Benefits?</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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: April 1, 2017

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

Date of Birth Sex M F

Name Caiten Ellis

Street Address 400 N 5th Ave

City Brighton State Zip

Home Phone

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

SELECT COVERAGE LEVEL

Employee Only Employee + Family

Employee +1 NO to all benefits.

If NO is checked, sign and date the bottom of the form and go no further.

MEDICAL

YES \$20.91 Employee Only
 NO \$42.44 Employee + 1
 \$56.67 Employee + Family

DENTAL

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

TERM LIFE

YES \$0.60 Employee Only
 NO \$0.90 Employee + 1
 \$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 / / Sex M F
 Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number --
 Date of Birth / / Sex M F
 Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number --
 Date of Birth / / Sex M F
 Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number --
 Date of Birth / / Sex M F
 Relationship: Spouse Domestic Partner Child

BENEFICIARY INFORMATION

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

NAME OF BENEFICIARY

RELATIONSHIP

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**

Date

Brighton High School

Brighton



Colorado

This certifies that

Colten Joseph Ellis

*has satisfactorily completed the Course of Study prescribed by this
School, and having met the requirements for graduation
is entitled to this*

Diploma

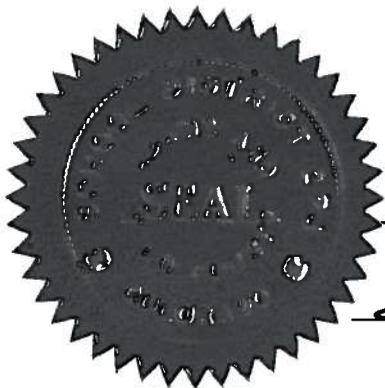
Given this twenty-third day of May, 2009.

President of Board of Education

Vice President of Board of Education

Principal of High School

Superintendent of Schools



ATTENTION: ESSG provides employees with electronic pay stubs. You are able to view your pay stub by using either of the following methods:

1. You can view your check stub by logging into the employee portal at www.MyPayESG.com

Your username is the first four letters of your last name followed by the last four numbers of your SSN.

For example: John Woods SSN: 111-22-3333 would have a username of Wood3333

Your password will initially be **Temp1234**, and you will be directed to change it when you first log in. Be sure to write down and keep your log-in information in a secure location. For support please email MyPayESG@MyPayESG.com

2. You can also receive your check stub by email by providing us with your email address below.

Email address: Cellis.526@gmail.com

ATENCIÓN: ESSG proporciona a los empleados con los talones de pago electrónicos. Usted puede examinar su talon de pago utilizando cualquiera de los métodos siguientes:

1. Usted puede ver su talón de cheque por la tala en el portal electrónico del empleados en www.MyPayESG.com

Su nombre de usuario son las cuatro primeras letras de su apellido seguido por los cuatro últimos dígitos de su número de seguro social.

Por ejemplo: Juan Garcia SSN: 111-22-3333 tendría un nombre de usuario de Garc3333

Su contraseña inicialmente será **Temp1234**, y usted será dirigido a cambiarla la primera vez que inicie sesión. Asegúrese de anotar y guardar su información de registro en un lugar seguro.

2. También puede recibir su talón de cheque por correo electrónico. Por favor contacte a mypayesg@mypayesg.com por correo electrónico para informarle de su dirección de correo electrónico y todos sus talones de cheque serán enviados directamente a su correo electrónico.

Correo electrónico: _____



employer solutions staffing group^{llc}

STATEMENT OF CONFIDENTIALITY

This agreement made this ____ day of _____, 201__, 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

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</u>		Expected Salary: <u>\$15.00 per hr</u>	
Last Name <u>Ellis</u>	First Name <u>Colten</u>	Middle Name <u>Joseph</u>	
Maiden Name	Any Other Name(s) Used		Phone <u>(720) 732-8919</u>
Home Address <u>400 N 5th Ave</u>		E-Mail Address <u>cellis.526@gmail.com</u>	
City <u>Brighton</u>	State <u>Colorado</u>	Zip <u>80601</u>	County <u>Adams</u>
Social Security Number * <u>521-81-9603</u>	Date of Birth * <u>03/20/1991</u>	From Mth/Yr <u>2006</u> To Mth/Yr <u>Current</u>	
*For background screening purposes only			
Driver's License Number <u>06-136-0872</u>	State License was Issued <u>Colorado</u>		
High School <u>Brighton</u>	City/State Location <u>Brighton, CO</u>	Year Graduated <u>2009</u>	Full Name Diploma Issued Under <u>Colten Joseph Ellis</u>
If GED received, in what State	City/State Location	Date Received	Name Used for GED
College	City/State Location	Year Graduated	
Degrees 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	City/State	Zip	
County	From Mth/Yr	To Mth/Yr	
Address	City/State	Zip	
County	From Mth/Yr	To Mth/Yr	
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 checked="" type="checkbox"/> NO (If marked YES, we WILL contact.) <u>12</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.	

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.

Signature  Date April 1st, 2013
Printed Name Colten Ellis Company Applying To BASF

6912

Nights
~~Thurs~~
Fri @ 10:15
e1

Colten Ellis
400 N 5th Ave
Brighton, CO 80601
(720) 732-8919
cellis.526@gmail.com

CONSTRUCTION, MERCHANDISING, WAREHOUSE, ASSEMBLY AND SAFETY

Four years experience in construction, primarily in heavy equipment operation and on the job safety. Two years of experience in a warehouse setting. Two years experience in merchandising. Areas of expertise and certifications include:

- Demolition, construction and earthwork
 - Safety training
 - Logistics, shipping and receiving
 - Solar panel assembly
 - Team leadership
 - Display resets
- Certifications:
Loader, Excavator, Bobcat,
Mini Ex, Fork Lift, Boom Lift,
Scissor Lift.
 - CompTIA+ Certified

EMPLOYMENT HISTORY

- Hudspeth & Associates, Englewood, CO*
Heavy equipment operator, construction and demolition, safety leader (2006 – 2011)
- Schneider Trucking and Logistics, Aurora, CO*
Warehouse Associate (May 2012 – October 2012)
- Courtland Associates, CO*
Merchandiser, Display Setter, Team Leader (2011 – Present)
- Solar City, Denver, CO*
Solar panel assembly (2011 – 2012)

EDUCATION

- High School Diploma*
Brighton High School (2005 – 2009)
 - Past Study: Majored in music production. Minored in business management.*
University of Northern Colorado (2009 – 2011)
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