

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name PIEMER-SESTERHEIN First Name RICHARD Middle Initial _____
 Street Address 12150 WASHINGTON CENTER PARKWAY Apt. 10-306
 City/State/Zip THORNTON, CO 80241
 Home Phone N/A Cell / Message Phone 912-292-0863
 Company/Employer IBASF

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

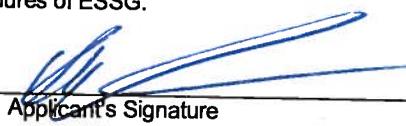
I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities,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

RICHARD PIEMER-SESTERHEIN  02/15/2013
 Name (Print or type) Applicant's Signature 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 _____
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 _____
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 _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
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 _____
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 _____
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 _____

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 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► 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 <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>
1 Your first name and middle initial <i>RICHARD</i>		Last name <i>PIEMER-SESTERHEIN</i>
Home address (number and street or rural route) <i>12150 WASHINGTON CTR PKWY 10-306</i>		2 Your social security number <i>770-34-5245</i>
City or town, state, and ZIP code <i>THORNTON, CO 80241</i>		3 <input type="checkbox"/> Single <input checked="" 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.
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>1</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		<input type="checkbox"/>
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.		7
Employee's signature (This form is not valid unless you sign it.) ► <i>[Signature]</i>		Date ► <i>02/15/2013</i>
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)

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 checked="" type="checkbox"/> Start	<input checked="" 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:

RR 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
770-34-5245

Name (Last, First, Middle Initial) <u>RIEHER-SESTERHENN, RICHARD</u>				
Home Address	Street	City	State	Zip Code
<u>12150 WASHINGTON CENTER</u>	<u>PKWY</u>	<u>10-306</u>	<u>THORNTON, CO</u>	<u>80241</u>
Date	Employee Signature	Daytime Phone Number		
<u>02/15/2013</u>	<u>[Signature]</u>	<u>812-292-0863</u>		

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

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

Type of Account
 Checking Savings Money Market Checking 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

RICHARD R. SESTERHENN 3-11
 JENNIFER A. WILLIS BLAIR
 12150 WASHINGTON CENTER PKWY., #10-306
 THORNTON, CO 80241

82-504/1070 597

DATE

ing account.

PAY TO THE ORDER OF

\$

DOLLARS



STBANK www.stbank.com
 (800) 984-3444

MEMO

Void

⑆ 107005047⑆ 6652966425⑆ 0597

4/23/2012

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>PIEMER-SESTERHEUN</u>	First <u>RICHARD</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>12150 WASHINGTON CIR PKWY</u>		Apt. # <u>10-306</u>	Date of Birth (month/day/year) <u>02/17/1978</u>
City <u>THORNTON</u>	State <u>CO</u>	Zip Code <u>80241</u>	Social Security # <u>770-34-5245</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 #) 086-961-994
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year) 02/15/2013

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

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

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

List A	OR	List B	AND	List C
Document title: _____		<u>Driver License</u>		<u>Permanent Resident Card</u>
Issuing authority: _____		<u>CO</u>		<u>Dep of Homeland Security</u>
Document #: _____		<u>11-118-0700</u>		<u>WAC 1008450140</u>
Expiration Date (if any): _____		<u>2-17-2016</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) 2-18-13 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 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)
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SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 02/18/2013
Page: 1 of 1

Case Verification Number: 2013049135814WB

Case Information:

Employee Information:

Last Name:	Riemer Sesterhenn	First Name:	Richard
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 5245	Date of Birth:	02/17/1978
Citizenship Status:	A lawful permanent resident		

Document Information:

List A Document:	Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
Card Number:	WAC1008450140	Document Expiration Date:	
Alien Number:	086961994	I-94 Number:	

Additional Information:

Hire Date:	02/18/2013	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CKRO8357	Submitted On:	02/18/2013

Initial Case Result:

Last Name (in DHS records): RIEMER SESTERHENN

First Name (in DHS records): RICHARD



Document Expiration Date (in
DHS records): INDEFINITE

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

23629811 1-591



The person identified by this card is authorized to work and reside in the U.S.

PERMANENT RESIDENT CARD

UNITED STATES OF AMERICA - Department of Homeland Security

**Colorado
Driver License**



11-118-0700 Expires: 02-17-2016
Class: R Issued: 04-28-2011
End: DOB: 02-17-1978
Race: V Previous Type: A
Ht: 5'00" Wt: 190 Eyes: GRN Sex: M
Voice:

Richard Besterhenn

**RICHARD RIENER BESTERHENN
12156 WASHINGTON ST. PINE BLUFF #1000
THORNTON, CO 80241**



Revision Date: 01/11/12

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

Employee Name: PIEMER-SESTEPHEWU, RICHARD 02/17/1978
Last First Middle Date of Birth

Social Security Number: 770 - 34 - 5255 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.

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

Employee Name: RICHARD RIEHER-SESTERHEIM

Address: 12150 WASHINGTON CENTER PARKWAY 10-306

Home Phone: N/A

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

1. Name: JENNIFER BLAIR

Phone (work): N/A

Phone (home): 812-292-0867

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}

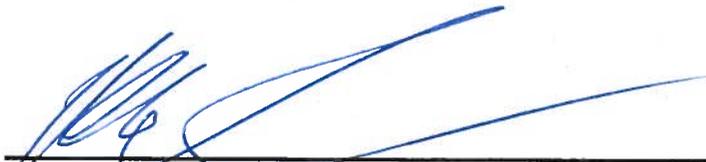
STATEMENT OF CONFIDENTIALITY

This agreement made this 15 day of FEBRUARY, 2013, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and RICHARD DIEMER-SESTERHEIN hereafter referred to as "employee".

WITNESSETH:

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

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



Employee Signature

Employer Solutions Staffing Group LLC, Representative



employer solutions staffing group
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: RICHARD PIEMER-SESTERHEIM

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

Name: Austin Riggs

Address: 2181 S Trenton Way APT 10-106 Denver CO

Home Phone: 720 251 6780

8023

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

1. Name: Sarah Winters

Phone (work): 720 273 7694

Phone (home): _____

2. Name: Susan Wyman

Phone (work): 303 381 1711

Phone (home): _____

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

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 RICHARD RIEMER-SESTERHEIN Social security number ▶ 770-34-5245
Street address where you live 12150 WASHINGTON CENTER PARKWAY 10-306
City or town, state, and ZIP code THORNTON, CO 80241
County ADAMS Telephone number 912-292-0865
If you are under age 40, enter your date of birth (month, day, year) 02/17/1978

- 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 02/15/2013

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

Name RICHARD PIEMER-OSTERHEIM
Address 1150 WASHINGTON CENTER PARKWAY 10-306
City THORNTON State CO Zip 80241 Social Security # 770-34-5245
Date of Birth 02/17/1978 Age 34

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? Yes No [X]
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? Yes No [X]
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days? Yes No [X]
4. Are you part of the Ticket to Work program? Yes No [X]

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

6. Are you a veteran? Yes No [X] and Disabled due to service? Yes No [X]
Service Dates: From: To: Branch:

7. Have you been unemployed at any time during the last 12 months? Yes No [X]
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: Yes No [X]

8. Have you been convicted of a felony or released from prison in the last 12 months?
Date of Conviction: Date of Release: Yes No [X]
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? Yes No [X]
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? Yes No [X]

11. Did you receive a high school diploma or GED? If yes, date received: 10/04/10 Yes [X] No
Have you been employed or been admitted to technical school or college since then? Yes No [X]

12. How much in gross wages have you earned TOTAL in the past six months? \$ 18,000.00

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 02/15/2013

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



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. RR (Initial)

Employee Signature: _____

Date: _____

RICHARD RIEHER-SESTERHEIN
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)*

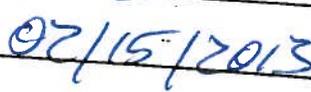
Thank you for your continued dedication and hard work!

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: _____

Date/Fecha: _____

Address
11 Ohms Lane, Suite 405
Minneapolis, Minnesota 55439

Telephone 952.835.1288
Facsimile 952.835.1255

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



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.

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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. RP (Initial)

Employee Signature: _____

Date: _____

RICHARD BIEHER-SESTERHEIM
Employee (please print your name here)

*219301-EMP

OFFICE USE ONLY

ReHire Date

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 RICHARD DIEMER-SESTERHEUW

Street Address 1250 WASHINGTON CENTER
PARKWAY 10-306

City THORNTON 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

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
- 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

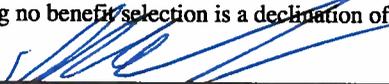
For Term Life and Accidental Death & Dismemberment please write in your Beneficiary information.

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 declaration of coverage.

Signature 

Date

BACKGROUND INFORMATION FORM FOR BACKGROUND CHECK

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

APPLICANT INFORMATION (please print clearly & accurately)					
Position Applying For:			Expected Salary: <u>\$16.00/w</u>		
Last Name <u>RIEMER-SESTERHEUW</u>		First Name <u>RICHARD</u>		Middle Name	
Maiden Name		Any Other Name(s) Used		Phone <u>(812) 292-0863</u>	
Home Address <u>12150 WASHINGTON CIR PRD4 10-306</u>			E-Mail Address		
City <u>TRABUON</u>	State <u>CO</u>	Zip <u>80241</u>	County <u>ADAMS</u>	From Mth/Yr <u>04/11</u>	To Mth/Yr <u>Now</u>
Social Security Number * <u>770-34-5245</u>		Date of Birth * <u>02/17/1978</u>		Military Branch of Service	
*For background screening purposes only					
Driver's License Number <u>11-118-0700</u>		State License was Issued <u>COLORADO</u>			
High School <u>N/A</u>	City/State Location <u>N/A</u>	Year Graduated <u>N/A</u>	Full Name Diploma Issued Under <u>N/A</u>		
If GED received, in what State <u>IN</u>	City/State Location <u>MADISON, IN</u>	Date Received <u>10/04/10</u>	Name Used for GED <u>same</u>		
College		City/State Location		Year Graduated	
Degree Rec'd: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Other _____ Student ID Number: _____ Full Name Used _____					
List Previous Addresses (to cover last 7 years)					
Address <u>512 W 2nd Street</u>		City/State <u>MADISON, IN</u>		Zip <u>47250</u>	
County <u>JEFFERSON</u>		From Mth/Yr <u>02/07</u>		To Mth/Yr <u>04/11</u>	
Address <u>5308 52nd Ave W</u>		City/State <u>BRADENTON, FL</u>		Zip <u>34210</u>	
County <u>MANATEE</u>		From Mth/Yr <u>10/04</u>		To Mth/Yr <u>02/07</u>	
Are you currently employed? <input checked="" type="checkbox"/> YES <input 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.) _____ 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:	Title:	PACKAGE: <input type="checkbox"/> Level I (employment, education, criminal search, credit or SSN search, driving) <input type="checkbox"/> Level II (employment, criminal search, credit or SSN search, driving) <input type="checkbox"/> Level III (employment, education, criminal search) <input type="checkbox"/> Level IV (employment, criminal search, credit or SSN search) <input type="checkbox"/> Level V (criminal and SSN search) <input type="checkbox"/> Level VI (employment, education, criminal search, credit or SSN search) (Above packages check here for 5 year emp. history _____ check here for only 3 year _____)	
E-Mail Address:	Company Name:	<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)	
Address:	City/State/Zip:	<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.	
If Applicable, Division or Code #:	Phone Number:		
Fax Number:			

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.

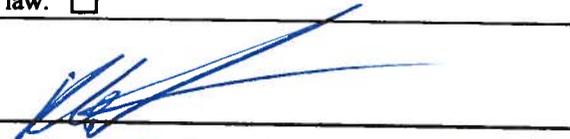
Minnesota and Oklahoma applicants/employees only: Please check this box if you would like to receive a copy of your consumer report.

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.

F11-0920

Signature **X**

Printed Name


RICHARD PIEHER-SESTERHENN

Date

02/15/2013

Company Applying To

BASF

opening 6786

Neil referral

Richard Riemer-Sesterhenn

12150 Washington Center Parkway #10306, Thornton, CO 80241

Phone (812)-292-0863

E-mail cosmodrill78@hotmail.com

9120-

yo-mixing

Work experience

05/2011 – present

Supervisor night shift - Williams Form Engineering Corp.

Duties include but are not limited to, overseeing the production of hot rolled steel bar and assembly of customer specific products, training of new employees, repairs and setups on different machines in the production process, inventory control, bar-coding of raw and finished products, packing and stacking finished product to be shipped. Also included are locating material thru Internal database, moving product with overhead crane, forklift or pallet jack, tracking of employee work hours, safety meetings for shift personnel, checking production and quality logs on a daily basis, taking measurements to assure quality compliance, written or verbal disciplinary actions and discharging of night shift employees.

09/2009 – present

Owner of Riemer Construction, LLC / (Sub-) contractor for Remodel and Construction work.

Work includes all types of construction, restoration and remodel. Custom built projects in wood, tile and other materials, maintenance work for clients with/without maintenance. Main projects included restoration of historic homes in the Downtown Madison Historic District.

- Maint ?

09/2008-09/2009

Subcontractor for Remodel and Construction work

Duties include carpentry, drywall, finish work, tile and concrete, roofing, demolition and debris removal, reading building plans, electric, plumbing and rough in. Extensive use of power tools, sensitive measuring devices (with laser, density and moisture reading technology), hand tools and diverse materials.

05/2008-08/2008

Aaron's Sales and Lease - Sales Manager

? didn't like?

Duties include sales and customer service, ordering, supervising warehouse and deliveries, supervising sales team, processing and data entry, perform cost analysis to meet goals. Lead role in certification and evaluation of merchandise, advertising, marketing and community involvement.

12/2007-04/2008

Subcontractor for Remodel and Construction work/Log cabins

where?

Duties include carpentry, drywall, finish work, tile and concrete, demolition and debris removal, log stacking, reading building plans, electric, plumbing and rough in.

10/2004-11/2007

The Island Florist - General Management for the Company

Duties include supply, delivery, quality control, sales, customer service & support, general finances/accounts payable.

10/2004-09/2006

Palm Isle of Anna Maria - Subcontractor for Remodel and Construction work

Duties include carpentry, drywall, finish work, electric, plumbing, painting, tile and concrete, demolition and debris removal, property management, and accounts payable/receivable and invoicing. Assisted

the owner in all aspects of the business. Main projects included property management for different beachfront condominium complexes; work on privately owned multi million beachfront properties. Custom high-end solutions in wood and tile for homes build before the 1930s.

01/2002 –09/2004

German Air Force/Air Force Security Squadron 'S' – Fighter Bomber Wing 33
Staff Sergeant/Drill Sergeant

Duties include human resources, Medical Service Aide (armed Forces), weapons training, working with files and classified documents/special weapons.

Before 01/2002

Multiple apprenticeships in different trades as well as multiple degrees in trade and business that are comparable to Associates-/Bachelors degrees in the U.S.

Education

Until 1994

Thomas Morus Gymnasium, Daun (Highschool) – Final Certificate

1995-1997

German School for Booksellers Ltd. - Certified Bookseller/Business Degree, Chamber of Commerce Hessian

1998-2001

School for Industry & Economics, Koblenz – Media Creator/Media Design Degree

2003

School for Sergeants in the German Air force - Certification in Human Resource Management

2010

General Education Degree certificate (top 5%) with honors

Additional certificates received

- State Commission of Publishers and Booksellers of Rhineland-Palatine – Sales & Trade
- P&L Webmaster 1 - P&L Webmaster 2 - P&L Webmaster 3

Experiences

Experienced working under extreme conditions and in various environments.

Excellent computer proficiency (MS Office, ArcGIS, Powerpoint, QuarkXPress, all Adobe Programs, Quick-books, Dream-weaver, Publisher, CorelDraw, Freehand).

Experience in bookkeeping, customer service and sales.

Fluent in German and English, written or spoken.

References

Professional

Birgit Riemer-Sesterhenn of The Island Florist 941-778-4751

Larry Childress of Childress Restoration

812-701-7172

Personal

Joy Willis

502-268-3488

Marsha Watson

812-273-1091

Gaye Willis Christman

502-268-9040

State of Indiana

The Indiana State Board of Education

certifies that

RICHARD RIEMER-SESTERHENN

has satisfactorily completed the requirements of IC 20-20-6-1 for the

General Educational Development Diploma

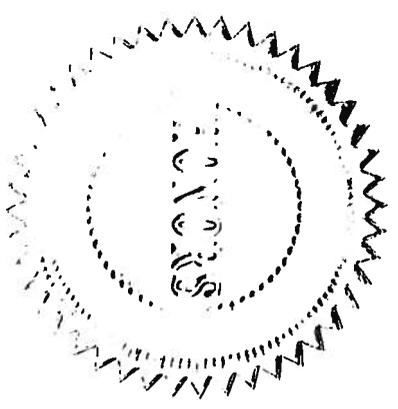
GED®

October 4th, 2010



Dr. Tony Bennett

Superintendent of Public Instruction



Any alteration to this diploma renders it null and void.

BackTrack

Employment Screening Specialists

50 Tyler Blvd., Mentor, OH 44060 (440) 205-8280 Fax (440) 205-8355 www.backtracker.com

Client: Ms. Tina Krol
Company: Corporate Management Group
Location: Thornton, CO
Phone: (303) 736-7767
Client ID: 4096-6365

Name: RICHARD RIEMER-SESTERHENN
S. S. NO: xxx-xx-5245
Control Id: 876938
Client's Ref.No.:
Client EMail: tina@corpmgmtgroup.com
Email cc to:

Returned Report Log:

Date Sent	Report Status	Report Status Notes
2/15/2013	In Progress	
2/18/2013	Update	

EMPLOYMENT VERIFICATION

Status: Closed

Note: As this is current employment and your applicant has requested we not contact them, calls for verification were not made.

Employer's Name: Williams Form Engineering Corporation
Country: U.S.A.
Stated Employment Dates: 05/2011 to Present
Verified Employment Dates: Dates not verified. See notes.

EMPLOYMENT VERIFICATION

Status: Closed

Note: As this is self employment calls for verification were not made.

Employer's Name: Riemer Construction
Country: U.S.A.
Stated Employment Dates: 09/2009 to Present/ 09/2008 to 09/2009
Verified Employment Dates: Dates not verified. See notes.

EMPLOYMENT VERIFICATION

Status: Closed / Please Advise

Note: This company does not verify employment or provide references; they referred us to their company's 900 verification line. The hotline only provides start date, date of termination, and spells an abbreviated title for the former employee. There is an \$18.00 fee for all verifications provided by this service on this applicant. Per our email please advise if you would like us to contact this verification line.

Employer's Name: Aaron's Sales and Lease
Country: U.S.A.
Stated Employment Dates: 05/2008 to 06/2008
Verified Employment Dates: Dates not verified. See notes.

Client Reference No:

Dates:

Because employment information gathered on your applicant was minimal, another verification was conducted beyond the usual employment period in which we search. There is no additional charge for this verification.

CRIMINAL/CIVIL RECORDS SEARCH

Status: Closed

Type of Search:	County Criminal Search
County:	Adams
State:	CO
Country:	U.S.A.
Search Results:	No records found matching the identifiers provided by your candidate.
Date of Search:	2/15/2013 4:08:23 PM
Search Name:	RICHARD RIEMER-SESTERHENN
Notes:	Due to the holiday there may be a slight delay in this search.

CRIMINAL/CIVIL RECORDS SEARCH

Status: Closed

Type of Search:	County Criminal Search
County:	Trimble
State:	KY
Country:	U.S.A.
Search Results:	No records found matching the identifiers provided by your candidate.
Date of Search:	2/18/2013 2:12:33 PM
Search Name:	RICHARD RIEMER-SESTERHENN
Notes:	Due to the holiday there may be a slight delay in this search.

CRIMINAL/CIVIL RECORDS SEARCH

Status: Closed

Type of Search:	County Criminal Search
County:	Jefferson
State:	IN
Country:	U.S.A.
Search Results:	No records found matching the identifiers provided by your candidate.
Date of Search:	2/15/2013 4:08:34 PM
Search Name:	RICHARD RIEMER-SESTERHENN
Notes:	Due to the holiday there may be a slight delay in this search.

Client Reference No:

CRIMINAL/CIVIL RECORDS SEARCH

Status: Closed

Type of Search: County Criminal Search
County: Manatee
State: FL
Country: U.S.A.
Search Results: No records found matching the identifiers provided by your candidate.
Date of Search: 2/15/2013 3:58:43 PM
Search Name: RICHARD RIEMER-SESTERHENN
Notes: Due to the holiday there may be a slight delay in this search.

CRIMINAL/CIVIL RECORDS SEARCH

Status: Closed

Type of Search: Federal District Search
County: District of Colorado
State: CO
Country: U.S.A.
Search Results: No records found matching the identifiers provided by your candidate.
Date of Search: 2/15/2013 3:46:01 PM
Search Name: RICHARD RIEMER-SESTERHENN

CRIMINAL/CIVIL RECORDS SEARCH

Status: Closed

Type of Search: Federal District Search
County: Eastern District of Kentucky
State: KY
Country: U.S.A.
Search Results: No records found matching the identifiers provided by your candidate.
Date of Search: 2/15/2013 3:46:03 PM
Search Name: RICHARD RIEMER-SESTERHENN

CRIMINAL/CIVIL RECORDS SEARCH

Status: Closed

Type of Search: Federal District Search
County: Southern District of Indiana
State: IN
Country: U.S.A.
Search Results: No records found matching the identifiers provided by your candidate.
Date of Search: 2/15/2013 3:46:06 PM
Search Name: RICHARD RIEMER-SESTERHENN

Client Reference No:

CRIMINAL/CIVIL RECORDS SEARCH

Status: Closed

Type of Search:	Federal District Search
County:	Middle District of Florida
State:	FL
Country:	U.S.A.
Search Results:	No records found matching the identifiers provided by your candidate.
Date of Search:	2/15/2013 3:46:08 PM
Search Name:	RICHARD RIEMER-SESTERHENN

CRIMINAL/CIVIL RECORDS SEARCH

Status: Closed

Type of Search:	County Criminal Search
County:	Adams
State:	CO
Country:	U.S.A.
Search Results:	No records found matching the identifiers provided by your candidate.
Date of Search:	2/15/2013 4:08:51 PM
Alternate Search Name:	RICHARD SESTERHENN
Notes:	Due to the holiday there may be a slight delay in this search.

CRIMINAL/CIVIL RECORDS SEARCH

Status: Closed

Type of Search:	County Criminal Search
County:	Trimble
State:	KY
Country:	U.S.A.
Search Results:	No records found matching the identifiers provided by your candidate.
Date of Search:	2/18/2013 2:12:34 PM
Alternate Search Name:	RICHARD SESTERHENN
Notes:	Due to the holiday there may be a slight delay in this search.

CRIMINAL/CIVIL RECORDS SEARCH

Status: Closed

Type of Search:	County Criminal Search
County:	Jefferson
State:	IN
Country:	U.S.A.
Search Results:	No records found matching the identifiers provided by your candidate.
Date of Search:	2/15/2013 4:08:57 PM
Alternate Search Name:	RICHARD SESTERHENN
Notes:	Due to the holiday there may be a slight delay in this search.

Client Reference No:

CRIMINAL/CIVIL RECORDS SEARCH

Status: Closed

Type of Search: County Criminal Search
County: Manatee
State: FL
Country: U.S.A.
Search Results: No records found matching the identifiers provided by your candidate.
Date of Search: 2/15/2013 3:58:51 PM
Alternate Search Name: RICHARD SESTERHENN
Notes: Due to the holiday there may be a slight delay in this search.

CRIMINAL/CIVIL RECORDS SEARCH

Status: Closed

Type of Search: Federal District Search
County: District of Colorado
State: CO
Country: U.S.A.
Search Results: No records found matching the identifiers provided by your candidate.
Date of Search: 2/15/2013 3:46:18 PM
Alternate Search Name: RICHARD SESTERHENN

CRIMINAL/CIVIL RECORDS SEARCH

Status: Closed

Type of Search: Federal District Search
County: Eastern District of Kentucky
State: KY
Country: U.S.A.
Search Results: No records found matching the identifiers provided by your candidate.
Date of Search: 2/15/2013 3:46:21 PM
Alternate Search Name: RICHARD SESTERHENN

CRIMINAL/CIVIL RECORDS SEARCH

Status: Closed

Type of Search: Federal District Search
County: Southern District of Indiana
State: IN
Country: U.S.A.
Search Results: No records found matching the identifiers provided by your candidate.
Date of Search: 2/15/2013 3:46:23 PM
Alternate Search Name: RICHARD SESTERHENN

Client Reference No:

CRIMINAL/CIVIL RECORDS SEARCH

Status: Closed

Type of Search: Federal District Search
County: Middle District of Florida
State: FL
Country: U.S.A.
Search Results: No records found matching the identifiers provided by your candidate.
Date of Search: 2/15/2013 3:46:25 PM
Alternate Search Name: RICHARD SESTERHENN

SOCIAL/NAME/ADDRESS HISTORY SEARCH

Status: Closed

~~This search is a database locator index and should not be used for taking adverse action.~~

Search Type: Social/Name/Address History Search
Search Result: Your applicant's name and social security number match the information provided.
State Issued: SSN is valid. Issued in Florida
Year Issued: Issued In Year 2004-2005
Notes: Your applicant's last name also appears as; SESTERHENN.

RICHARD RIEMER-SESTERHENN xxxxx5245 2011/04 - 2011/08
 12150 WASHINGTON CENTER PKWY UNIT 10-306 THORNTON, CO 80241 ADAMS COUNTY

RICHARD S RIEMER SESTERHENN xxxxx5245 2011/03 - 2011/07
 4545 PECK PIKE MILTON, KY 40045 TRIMBLE COUNTY

RICHARD S RIEMER SESTERHENN xxxxx5245 2008/11 - 2011/02
 512 W 2ND ST MADISON, IN 47250 JEFFERSON COUNTY

RICHARD R SESTERHENN xxxxx5245 2007/09 - 2010/03
 512 W 2ND ST MADISON, IN 47250 JEFFERSON COUNTY

RICHARD R SESTERHENN xxxxx5245 2005/03 - 2007/09
 5308 52ND AVE BRADENTON, FL 34210 MANATEE COUNTY