

managed/Staffing Employment Application

We are an Equal Opportunity Employer. It is our policy to abide by all Federal, State, and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law, nor will any information obtained in response to any question be used in violation of any such law.

Personal Information

Last Name: <u>Wardell</u>		First Name: <u>Daniel</u>		M.I. <u>A</u>	Preferred Name: <u>Daniel</u>
Street Address <u>1106 Applewood Ave</u>		City <u>Pt. Lupton</u>	State <u>CO</u>	Zip <u>80621</u>	
How long at this address? <u>3 yrs.</u>		Social Security #: <u>521-57-3729</u>		Date of Birth: <u>03/20/87</u>	
Home Phone: <u>720-473-9960</u>		Alternate Phone: <u>—</u>		Email Address: <u>daniel.wardell@yahoo.com</u>	
Have you ever been convicted of a Misdemeanor? <u>—</u>			Have you ever been convicted of a Felony? <u>NO</u>		
If Yes, please provide a brief explanation: <input checked="" type="checkbox"/> <u>Trespassing after hours at an outdoor swimming pool about 2006</u>			If Yes, please provide a brief explanation: <input type="checkbox"/> <u>—</u>		
Position Applying For: <u>Warehouse</u>		Salary Requested	How were you notified of our openings? <u>online listmg.</u>		

List any Friends or Relatives working for this organization

Name:	Relationship:	Name:	Relationship:
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Education

Institution Attended	Name and Location	Did You Graduate?	Diploma or Degree Type	Course of Study
High School	<u>Weld Central Jr. Sr. High</u>	<u>YES</u>	<u>Diploma</u>	<u>General</u>
Trade / Vocational School				
College / University	<u>Arapahoe / Frontrange</u>	<u>NO</u>	<u>N/A</u>	<u>General</u>

Employment History

Employer	Supervisor	Start Date	End Date	Position / Title:	Reason for Leaving:

Emergency Contact:

Name	Relationship	City, State	Contact #:	Alternate #:
<u>Kari Wardell</u>	<u>Mother</u>	<u>Brighton, CO</u>	<u>(303) 536-4068</u>	<u>(303) 523-4726</u>
<u>Holley Holtward</u>	<u>Wife</u>	<u>Pt. Lupton</u>	<u>(303) 359-8007</u>	<u>() - -</u>

Applicant's Certification (Please read carefully before signing)

I certify to the best of my knowledge and beliefs, the answers provided by me on this application are accurate and complete. I understand that misrepresentations or omissions of facts in this application, may lead to my dismissal.

As an employee, I understand and agree that such employment maybe terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract, but is 'at-will'.


Applicant Signature

8-13-12
Date

**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>Wardell</u>	First <u>Daniel</u>	Middle Initial <u>A</u>	Maiden Name
Address (Street Name and Number) <u>1106 Applewood Ave</u>		Apt. #	Date of Birth (month/day/year) <u>03/20/1987</u>
City <u>Fort Lupton</u>	State <u>CO</u>	Zip Code <u>80621</u>	Social Security # <u>521-57-3729</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 [Signature] Date (month/day/year) 8-13-12

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: _____	[Vertical Line]	_____	_____	_____
Issuing authority: _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____		_____	_____	_____
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) _____ 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	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		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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Form W-4 (2011)

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 2011 expires February 16, 2012. 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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent **A** 1

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** 1

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** 1

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** 0

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) **E** 0

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** 0
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three 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 plus "1" additional if you have six or more eligible children **G** 0

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** 1
 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 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.

Cut 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 2011
► 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 Type or print your first name and middle initial. Daniel A.		Last name Wardell		2 Your social security number 521-57-3729
Home address (number and street or rural route) 1106 Applewood Ave		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.		
City or town, state, and ZIP code Fort Lupton CO		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>1</u>
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 2011, 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 <u>Exempt</u>
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.)				Date ► 8-13-12
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)



SCHEDULE B
AGREEMENT AND WAIVER

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

ASSIGNED EMPLOYEE

Signature

Daniel Wardell

Printed Name

Title

8-13-12

Date

(Associate Vendor Employee)

Signature

Printed Name

Title

Date



SCHEDULE C

Temporary Worker Invention and Secrecy Agreement

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

1. Confidential Relationship.

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

2. Definitions.

- A. **Inventions.** The term "Invention(s)" means discoveries, concepts and ideas, whether patentable, patented or not, including but not limited to proprietary or secret processes, trade secrets, methods, designs, programs, formulae and technique, developments, modifications, procedures, methods, adaptations, and applications, as well as improvements thereof or know-how related thereto, with respect to:
1. any past, present or prospective activities concerning the Client with which Temporary Worker is or becomes acquainted as a result of the performance of services by the Temporary Worker concerning the Client; or
 2. the use of any Proprietary Information (as hereinafter defined).
- B. **Proprietary Information.** The term "Proprietary Information" means information which may be disclosed to the Temporary Worker or which Temporary Worker may learn, observe, discover, develop, or otherwise acquire, during, or as a result of, Temporary Worker's work concerning the Client and which includes, without limitation, any information, whether patentable, patented or not, relating to any existing or contemplated products, inventions, services, technology, concepts, designs, patterns, processes, compounds, formulae, programs, devices, tools, compilations of information, methods, techniques, and including information relating to any research, development, manufacture, purchasing, engineering, know-how, business plans, sales or marketing methods, methods of doing business, customer lists, customer usages or requirements, or supplier information, which is owned or licensed by the Client, or held by the Client in confidence.

3. Rights to Inventions.

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

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



- f) Temporary Worker shall execute any other written instrument and shall do any other acts reasonably requested by the Client to assist the Client or such other party as the Client may designate in writing to perfect or protect any or all of its rights in any Inventions, including but not limited to trade secret, trademark, trade name, copyright and/or patent rights, both United States and foreign.

4. Warranty of Original Development.

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

5. Rights to Work Product.

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

6. Protection of Trade Secrets.

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

7. Nondisclosure and Nonuse of Proprietary Information.

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

8. Adherence to Procedure for Preserving Confidentiality.

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

9. Temporary Worker's Policies and Procedures.

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

10. Duty Upon Termination.

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

11. Right to Injunctive Relief.

Temporary Worker agrees and acknowledges as follows:

- a) Temporary Worker's compliance with the provisions of this Agreement is necessary to preserve and protect the goodwill and proprietary rights of the Client as a going concern and to prevent persons, firms, joint ventures,



partnerships, corporations, institutions and enterprises engaged in businesses and activities which are competitive with the businesses and activities conducted or carried on by the Client from obtaining an unfair competitive advantage over the Client;

- b) Any failure by Temporary Worker to comply with the provisions of this Agreement will result in irreparable and continuing damage to the Client for which there will be no adequate remedy at law; and
- c) In the event that Temporary Worker fails to comply with the provisions of this Agreement, in addition to any other remedies available to it, the Client shall be entitled to, and Temporary Worker hereby consents to the entry without objection of injunctive relief (a court order causing Temporary Worker to comply with this Agreement), and to such other and further relief as may be necessary or appropriate to cause Temporary Worker to comply with Temporary Worker's duties and obligations under this Agreement.

12. Unauthorized Use or Disclosure.

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

13. Other Agreements.

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

14. Assignment.

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

15. Severability.

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

Witness

Temporary Worker

Witness' signature

Temporary Worker's signature

Witness' name and title (print)

Daniel Wardell

Temporary Worker's name (print)

Date

1106 Applewood Ave Ft Lupton CO.

Temporary Worker's address (print)

8-13-12

Date

managed|Staffing

Direct Deposit Application

First Name: Daniel Middle Initial: A Last Name: Wardell

Social Security #: 521-57-3729 Employer: Managed Staffing

Bank Name: Academy Bank

Account Disbursement

I would like my payroll/wages deposited to the bank account indicated below:

Checking Account - I wish to deposit how much of your Net Pay 100%

Savings Account - I wish to deposit how much of your Net Pay _____

Pay Card - You must provide a document from the Pay Card Company showing the Routing and Account number

Waive direct deposit. I fully realize that live checks is mailed out by regular US Post office from Dallas TX and can take up to another week before you receive your check.

_____ Enter your initials on line that you understand this procedure.

I hereby authorize Managed Staffing to deposit any amounts owed to me, by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and credit and credit entries indicated by Managed Staffing to my account. In the event that Managed Staffing deposit funds erroneously into my account, I authorize Managed Staffing to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Managed Staffing and BANK, have received written notice from me of its termination in such time and in such manner as to afford Managed Staffing and BANK a reasonable opportunity to act on it.

Employee Signature: [Signature] Date: 8-13-12

Employee Information Form

First Name: Daniel Middle Initial: A

Last Name: Wardell

Name (Preferred to be called): Daniel

Address: 1106 Applewood Ave APT # _____

City: Ft. Lupton State: CO Zip: 80621

What County or Parish do you live in? Don't write USA: Weld

Home Phone: () _____ Work: () _____

Cell Phone: (720) 473-9960 Fax Number: () _____

Social Security #: 521-57-3729 Date of Birth: 03/20/87

Work Email Address: _____

Home Email Address: daniel.wardell@yahoo.com

Disability: Yes No Veteran: Yes No

Asian African American American Indian Hispanic White Other

Emergency Contact

Name: Holley Holt-Wardell

Relationship: wife

Address: 1106 Applewood Ave.

City: Ft. Lupton State: CO Zip: 80621

Home Phone: (303) 359-8007 Work: () _____

Second Emergency Contact

Name: Kari Wardell

Relationship: MOTHER

Address: 2647 WCR 39

City: Brighton State: CO Zip: 80601

Home Phone: (303) 536-4068 Work: () _____

Employee Signature: [Signature] Date: 8-13-12

Handbook Acknowledgement Form

My signature below indicates that I have been informed that the company employee handbook is available to me from my resource manager for reference at any given time during my employment at managed Staffing. In addition, I will read the handbook carefully and thoroughly. If I have any questions regarding the policies set forth in the Policy Handbook, I will contact the Human Resources Department for further clarification.

This employee handbook is not a contract or agreement expressed or implied, between Managed Staffing and its employees, and supersedes or replaces all prior employee handbooks to date. Managed Staffing reserves the right to amend, change, revise or eliminate any of these policies set forth at any time in its sole discretion. The only recognized deviations from the stated policies are those authorized and signed by the Human Resources Department.



Employees Signature

Daniel Warell

Printed Name

8-13-12

Date



Equipment Agreement

As an employee and/or consultant working for Managed Staffing, you have been issued the equipment described below for your use. **Although Managed Staffing may not issue you equipment at this time, if you sign the form now we will have your signature on file in the event we have to issue you equipment in the future.**

Although the equipment is issued in your name, it is the sole property of Managed Staffing. The equipment is your responsibility. If the equipment is lost, stolen or damaged due to negligence, you will be responsible for replacement or repair. As an employee, the amount of the replacement or repair will be deducted from your wages. If you are a consultant working for Managed Staffing through a contracting company, the amount will be responsibility of your employer and may be deducted from invoices for hours worked.

Please take proper precautions to protect the equipment from theft. Do not leave it unattended unnecessarily. As per company policy, portable equipment should be taken home each evening, or locked in a desk drawer. A locked office door is not considered sufficient security against theft. Any time the equipment is taken offsite, it shall be carried in the container/case in which it was issued. Simply putting it into your briefcase or backpack does not offer sufficient protection from damage.

By signing this form, you are acknowledging that you have read and agree with the policies outlined herein.

Daniel Wardell

Name Print Only

8-13-12

Date

Signature

Equipment Description



Payroll & Timesheet Systems Policies & Procedures

Managed Staffing take great pride in communicating with all employees, so all parties have a full understanding of what is expected from each other during the course of an “employer/employee” relationship.

As an employee of Managed Staffing Inc., it is imperative that you fully understand the policy and procedures as well as client compliance guidelines.

One procedure that can affect all parties is timesheets and payroll. With this said, please read these detailed instructions pertaining to timesheets and payroll.

1. Managed Staffing is your employer not the end client.
2. Managed Staffing has a separate payroll and timesheet system from the client called ExponentHR.
3. The client might have a separate timesheet system for tracking your time and project codes.
4. To stay within compliance guidelines with our clients and Managed Staffing, your timesheet must to be entered and submitted in ALL systems by **10:00 a.m. CST every Monday morning. NO EXCEPTIONS!**
5. As an employee of Managed Staffing, **YOU** are the responsible party for entering **your** timesheet into ExponentHR and the client system on a **WEEKLY** basis.

Below are rules that need to be followed in order for you to stay within guidelines with our Clients and Managed Staffing, please read and follow the below rules.

1. Payroll is scheduled bi-weekly, pay days are on Friday's.
2. Entering your timesheet **on time** in Client system **and** having your client supervisor approve your weekly timesheet is part of the payroll process.
3. Client timesheets need to be approved to process payroll.
4. If your timesheet is not in BOTH systems by the time Managed Staffing processes payroll batches, your pay check can be delayed in reaching you. If this should happen, our payroll department does off cycle check once a week on Thursday if your timesheet has been approved by the client by that Thursday.
5. A Payroll Calendar is posted in ExponentHR. A copy of the payroll calendar was enclosed in your new hire packet. Once you officially start, Managed Staffing will email you another copy to you.
6. Managed Staffing does not mail your pay stubs to you. You may access and print off your pay stubs electronically via ExponentHR. For assistance please contact them at 1-866-612-3200.
7. If you have enrolled in direct deposit, your first check will be direct deposited.
8. If you choose not to sign up for direct deposit, your pay checks will go regular mail and can take up to a week before receiving it. Checks are mailed from Dallas, Texas.
9. Once Managed Staffing places a live check in the US Post Office mail box, Managed Staffing loses all visibly and can't be held responsible for delays.
10. If you need to make changes to your direct deposit a new direct deposit form must be fill out and sent into Human Resources.

11. Cancellation Policy of a live payroll check is as follows. **10 business days** must pass before Managed Staffing places a stop payment on a check and reissues another check. This is again a main reason to establish direct deposit.
12. The website for ExponentHR is www.exponenthr.com and can be accessed from any personal or public computer at any time.
13. All questions pertaining to ExponentHR should be directed to ExponentHR at 1-866-612-3200. ExponentHR is open Monday through Friday 8:00 am CST to 7:00 pm CST. Closed on weekends.
14. If for some reason you didn't work, you may still have to submit a ZERO hour timesheet in both systems. Please check with your client supervisor on the rules of entering zero time or contact Managed Staffing.
15. Please take the proactive approach, if you are on vacation or sick and can't submit your time you need to contact you Managed Staffing HR representative. Your Managed Staffing HR representative will explain what needs to be done in order to process payroll.

When timelines are not met it can affect several areas including your pay check.

Again, as a reminder, not only are these policies of Managed Staffing's, your employer, it is also a **compliance issue with our clients.**

I have fully read the above instructions and understand this is my responsibility.

Daniel Wardell

Print your name



Your signature

8-13-12

Date

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 Daniel Wardell Social security number ▶ 521 57 3729
Street address where you live 1106 Applewood Ave
City or town, state, and ZIP code Fort Lupton CO 80621
County Weld Telephone number (720) 473-9960
If you are under age 40, enter your date of birth (month, day, year) 03/20/1987

- 1 Check here if you are completing this form **before August 28, 2009**, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 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 discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but not age 25 or older, and:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:
 - Discharged or released from active duty in the U.S. Armed Forces, or
 - Unemployed for a period or periods totaling at least 6 months.
- 5 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 8/13/12

For Employer's Use Only

Employer's name Managed Staffing, Inc. Telephone no. (469) 759 - 7372 EIN ▶ 26 | 0717857

Street address 15770 Dallas Parkway, Suite 800

City or town, state, and ZIP code Dallas, TX 75248

Person to contact, if different from above Marcel Abandonato Telephone no. (951) 272 - 8294

Street address 2279 Eagle Glen Pkwy. # 112-217

City or town, state, and ZIP code Corona, CA 92883

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant:

Gave information / / Was offered job / / Was hired / / Started job / /

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job _____

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ _____ Title _____ Date / / _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping 3 hrs., 16 min.
Learning about the law or the form 46 min.
Preparing and sending this form to the SWA 42 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.

YOUTH SELF-ATTESTATION FORM
Work Opportunity Tax Credit Program

PLEASE HAVE NEW HIRES UNDER AGE 25 COMPLETE AND SIGN

Instructions: This Self-Attestation Form (SAF) is to be completed, signed and dated by the new hire on or before the day the job offer is made. The employer or consultant is to submit the SAF to the state workforce agency together with IRS Form 8850 within 28 calendar days from the employment start date of the new hire.

New Hire Name: Daniel Wardell

Social Security Number: 521-57-3729 Date of Birth: 03/20/87

Employer Name: Managed Staffing, Inc.

Employer Federal ID (EIN) Number: 26-0717857

Please check all the statements that apply to you. Sign and date this form where indicated below.

- In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations.
- I do not have a High School Diploma or GED certificate.
- I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

New Hire's Signature:  Date 8-13-12

Public Burden Statement

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).

United States Government

AUG2012



Attending
United States
Security



Expires
2012AUG10

**WARDELL,
DANIEL ALEXANDER**



Class
NON-PO



Geneva Conventions Identification Card

Colorado
Driver License



96-143-0997 Expires: 03-28-2014
Class: B Issued: 08-19-2009
Exp: DOB: 03-20-1987
Feat: V Previous Type: A
H: 5'11" W: 187 Eyes: BLU Sex: M
Voter



DANIEL ALEXANDER WARDELL
1100 APPLEWOOD AVE
FT LIPTON, CO 80421

Weld Central High School

Weld County School District Re-3 (J)
Keenesburg, Colorado

This Certifies That

Daniel Alexander Wardell

*has completed with credit the course of study prescribed
for graduation and is therefore awarded this*

Diploma

Given at Keenesburg, Colorado, this fifteenth day of May, 2005.



Joe E. Quinn
President of the Board

Wendy Farrow
Secretary of Board

Marvin Wade
Superintendent of Schools

Terrell Marang
Principal



Nationsearch.com 11160 Huron St. #201 Thornton, CO. 80234
 Phone 800.827.9550 Fax 800.827.6118

AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

I hereby authorize Nationsearch.com, and its designated agents and representatives to conduct a review of my background through a consumer report and /or an investigative consumer report to be generated for employment purposes, promotion, reassignment or retention as an employee of

corporate management group.

I understand and am aware that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: names and dates of previous/current employment, work experience, criminal history records, sexual offenders lists, motor vehicle records, educational records, professional license verification, credit history, civil cases, OFAC list, OIG/GSA lists and any other sanctions lists. Upon request, Nationsearch.com will supply a copy of the consumer report (completed) along with a copy of the rights under the FCRA.

I, Daniel Warden, authorize the release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at (company name) B.A.S.F.

I hereby release Nationsearch.com and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of any kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization for release of information. I hereby certify that all information provided below and on my resume, CV or questionnaire is correct to the best of my knowledge. Any false statements provided on this form and/or on my resume, CV or application questionnaire will be considered just cause for the termination of employment at any time. This authorization and consent shall be valid in original, fax, copy or scanned form.

Please provide the following information, which is required by government agencies and other entities for identification purposes when conducting the background screening process. This information is confidential and will not be used for any other purpose.

Applicant Signature

8-10-12

Date

Other Names Used: _____

Social Security Number	<u>521-57-3729</u>
Date of Birth: To be used for screening purposes only	<u>03-20-1987</u>
Drivers License number : State of Issue:	<u>96-143-0997</u>

Street Address	City	State	Zip Code
<u>1106 Applewood Ave</u>	<u>Pt. Lupton</u>	<u>CO</u>	<u>80621</u>

@4:30

Mon@10

Daniel Alexander Wardell @yahoo.com
2647 WCR 39 Brighton, Co 80603
720-473-9960 (cell)

OBJECTIVE: Seeking a part-time position which would allow me to gain experience in my chosen profession while attending college.

WORK EXPERIENCE:

June, 2011 – September, 2011

Chemical and Metal Industries
23465 Chemtech Ave.
Hudson, Co 80642
Supervisor: Desi Velasquez -

Chemical Operator – Monitor the chemical creation process; perform necessary steps in the process, i.e. mixing and material additions. Forklift operations and general warehouse duties.

March, 2011-June, 2011

Vestas, Inc.
1500 B East Crown Prince Boulevard
Brighton, Co 80601
(303) 655-5800

Receiving Clerk – Intake and distribution of assorted components and supplies, tracking and control of orders and associated record keeping. Forklift operations and general warehouse duties.

October, 2009 – March, 2011

Cornell/Geo Companies, Inc
1700 W Loop S, Suite 1500
Houston, TX 77027
Medium security prison in Hudson, Colorado
Supervisor: Steve Minshal – 303-536-2600

Initially hired as a Corrections Officer- duties included patrol of the facility, i.e. inspecting, observing and listening; Overseeing inmate activity, supervise meals, visitations and work details, take action to verify or correct inappropriate conditions or behavior, document administrative or disciplinary action in compliance with government and agency requirements, perform activities that consist of urinalyses, searches of prisoners and cells, prisoner head counts, breath tests, etc. Assigned to the Special Housing Unit (SHU) where the worst of the offenders were housed. Trained and acted as a member of the Emergency Response Team

When GEO bought out Cornell Companies, I requested and received a transfer within the prison system to the position of Warehouse Coordinator. In that capacity my duties included order processing, shipping and receiving, distribution and tracking of supply orders, forklift operations and general warehouse duties. Additional duties included X-ray and inspection

incoming packages for illegal contraband. During this time I created an x-ray accountability log which was approved and implemented, supervised warehouse preparation for a State audit, received a "Spot" award for teamwork and maintained my responsibilities as a member of the aforementioned Emergency Response Team.

January, 2009 – August 19, 2009

Jacobsen Companies
3801 Mcyntyre Street
Golden, CO
Supervisor: John Rogers – 303-277-2770

Forklift, hand truck, pallet jack Operator, load and unload trucks for shipping, preparing pallets for shipping, inventory control and general utilities as assigned in cold climate warehouse; some clerical duties inputting records. – Coors Distribution Center

July, 2008 – October, 2008

Schlumberger Measurements and Drilling
Henderson, Co
Supervisor: Kevin Shackelford – 720-810-9751
Temporary position through SOS staffing

Shipping and Receiving clerk, logistics coordination. Loading and unloading flat bed and box trucks, constructing shipment orders including making bill of ladings and handling all paperwork and computer storage. Experience operating forklift and overhead crane. Perform administrative clerical work inputting inventory and record information into the computer system.

November, 2007 – May, 2008

US Navy, Great Lakes, IL and Virginia Beach, VA
8 weeks of boot camp
16 weeks of Intelligence Specialist "A" School – Training included chart mapping, plotting, research fundamentals, briefing techniques, oral and written presentations.
Recently separated from the US Naval Reserves.

January, 2007 – November, 2007

Assorted temporary positions (Coors, Gray Oil), while awaiting deployment to the US Navy.

January 2006 to January 2007

Exel Global Logistics, (614) 865-8500
Supervisor: Colby Thayer (303-659-6516)

Forklift, hand truck, pallet jack Operator, load and unload trucks for shipping, preparing pallets for shipping, inventory control and general utilities as assigned in cold climate warehouse; some clerical duties inputting records. – Coors Distribution Center

May 2005 to July 2005

Denver Plastics, Inc.

Supervisor: Dave or Maria (303) 654-1202

Assembly line work, prepare packages for shipping, quality control, inventory control.

May 2001 to January 2004

Weber Ammunition, Inc.

Supervisor: Leonard Roskop (303-901-3719)

General Labor, Cleaned, sorted and inspected brass casings, utilizing a variety of automated electronic machines. The job required thorough knowledge of mechanical equipment, careful attention to detail, safety standards and physical ability. Packed boxes for shipping and operated a forklift. Managed inventory and input data into excel spreadsheet.

EDUCATION:

Weld Central High School, Graduated in May, 2005

UNC Greeley, July 2005 to October 2005, General Studies

Front Range Community College, November 2005 - June, 2006

Arapaho Community College, September 2011 - Present

Front Range Community College, January 2012 - Present

PERSONAL REFERENCES:

Denise Carlson, Tax Preparer - 970-396-4859

Matty Quintana, Designated Agency Representative, USDA Forest Service - 303-619-2921

Erin McCormick, Senior Technical Writer, PMP, USDA Forest Service - 303-236-0632

**OSHA CERTIFICATION AS FORKLIFT OPERATOR
CLEAN DMV RECORD**

Tina Krol

From: results@nationsearch.com
Sent: Monday, August 13, 2012 2:15 PM
To: Tina Krol
Subject: Completed Report - DANIEL A WARDELL



11160 Huron St. #100 Northglenn, CO. 80234
Phone: 800-827-9550
Fax: 800-827-6118
Email: support@nationsearch.com

CORPORATE MANAGEMENT GROUP
12000 N. WASHINGTON ST. #290
THORNTON, CO 80241
Phone: 3039201425
Email: TINA@CORPMGMTGROUP.COM
Fax: 1-303-736-7767

Search Information

Name: DANIEL A WARDELL
SSN: 521-57-****
DOB: 03/20/****

The following are included in this report:

Search Type	Detail	Status
Social Security Number/Address Trace		Complete
COMPREHENSIVE CRIMINAL SCREENING		
- COLORADO COURTS (NOT INCLUDED DENVER GS)	Colorado	Complete - No Record
- Fed. Criminal State Specific District Court Search	Colorado	Complete - No Record
- DENVER COUNTY GENERAL SESSIONS	Denver, Colorado	Complete
Past Employment Verification *	CHEMICAL AND METAL INDUSTRIES	Verified
Past Employment Verification *	VESTAS	Not Verified
Past Employment Verification *	CORNELL/GEO COMPANIES	Verified

Social Security Number/Address Trace

Social Security Number 521-57-****
Name DANIEL A WARDELL
DOB 03/20/****
Search ID 802193
Date Ordered 08/13/2012
Date Completed 08/13/2012

Results

Valid SSN	yes
State Issued	Colorado
Date Issued	****

WARDELL, DANIEL A (DOB: March, 20 ****) (SSN: xxxxxxxx)	
Address 1 1106 APPLEWOOD AVE FORT LUPTON CO 80621 -2404 County: WELD CO Date first reported: April, 2009 Date last reported: July, 2012	Address 2 2647 WCR 39 BRIGHTON CO 80603 County: WELD CO Date first reported: August, 2005 Date last reported: May, 2012
Address 3 1006 APPLEWOOD AVE FORT LUPTON CO 80621 -2402 County: WELD CO Date first reported: September, 2009 Date last reported: January, 2010	Address 4 2647 WCR APT 39 BRIGHTON CO 80603 County: WELD CO Date first reported: August, 2005 Date last reported: September, 2009
Address 5 2647 WCR 39 BRIGHTON BRIGHTON CO 80601 County: ADAMS CO Date first reported: April, 2009 Date last reported: August, 2009	Address 6 2647 COUNTY ROAD 39 BRIGHTON CO 80603 -9408 County: WELD CO Date first reported: April, 2005 Date last reported: April, 2006
WORDELL, DANIEL A (DOB: March, 20 ****) (SSN: xxxxxxxx)	
Address 1 1106 APPLEWOOD AVE FORT LUPTON CO 80621 -2404 County: WELD CO Date first reported: August, 2009 Date last reported: January, 2012	Address 2 2647 WCR 39 BRIGHTON CO 80603 County: WELD CO Date first reported: August, 2005 Date last reported: November, 2011
Address 3 2647 WCR # 39 BRIGHTON CO 80603 County: WELD CO Date first reported: May, 2006 Date last reported: September, 2009	Address 4 2647 COUNTY ROAD 39 BRIGHTON CO 80603 -9408 County: WELD CO Date first reported: February, 2006 Date last reported: April, 2006

COMPREHENSIVE CRIMINAL SCREENING

COLORADO COURTS (NOT INCLUDED DENVER GS)

Jurisdiction Searched Colorado
Name Searched DANIEL A WARDELL
DOB Searched 03/20/****
SSN Searched 521-57-****
Search ID 802194
Date Ordered 08/13/2012
Date Completed 08/13/2012
Records Searched 7 year Felony and Misdemeanor
Status No Records Found

Fed. Criminal State Specific District Court Search

Jurisdiction Searched Colorado,
Name Searched DANIEL A WARDELL
DOB Searched 03/20/****
SSN Searched 521-57-****
Search ID 802196
Date Ordered 08/13/2012
Date Completed 08/13/2012
Status No Records Found

Years Searched 7

DENVER COUNTY GENERAL SESSIONS

Name Searched DANIEL A WARDELL
DOB 03/20/****
SSN 521-57-****
Search ID 802195
Date Ordered 08/13/2012
Date Completed 08/13/2012

Information Provided

Location Denver, Colorado

Results

NO RECORDS FOUND USING IDENTIFIERS PROVIDED. IF NAME DIFFERS FROM THAT PROVIDED, PLEASE NOTIFY NATIONSEARCH OF THE VARIANCE, AS THIS MAY POSSIBLY EFFECT THE OUTCOME OF THE RESULTS.

Past Employment Verification *

Name Searched DANIEL A WARDELL
DOB 03/20/****
SSN 521-57-****
Search ID 802197
Date Ordered 08/13/2012
Date Completed 08/13/2012
Status Complete

Information Provided

Company CHEMICAL AND METAL INDUSTRIES
Company Phone (000) 000-0000
Company Location CO
Company Contact Not Provided
Position Held CHEMICAL OPERATOR
Start Date 06/11
End Date 09/11

Information Searched

Company CHEMICAL AND METAL INDUSTRIES, INC
Company Phone (303) 536-9800
Company Location HUDSON, CO
Source Contacted SHARON

Information Verified

Position Verified CHEMICAL OPERATOR I
Start Date 06/08/2011
End Date 08/23/2011

Additional Comments

THE INFORMATION ABOVE WAS PROVIDED BY SHARON.

Past Employment Verification *

Name Searched DANIEL A WARDELL
DOB 03/20/****
SSN 521-57-****
Search ID 802198
Date Ordered 08/13/2012
Date Completed 08/13/2012

Status Complete

Information Provided

Company VESTAS
Company Phone (303) 655-5800
Company Location CO
Company Contact Not Provided
Position Held RECEIVING CLERK
Start Date 03/11
End Date 06/11

Information Searched

Company VESTAS SHARED SERVICE AMERICA, INC
Company Phone (303) 655-5800
Company Location CO
Source Contacted COMPANY CODE: 14943

Unable To Verify

EMPLOYMENT HISTORY FOUND NO RECORD OF THE NAME(S) AND SSN PROVIDED. THE APPLICANT MIGHT HAVE BEEN A TEMPORARY EMPLOYEE AND WAS NEVER RECORDED IN THE EMPLOYMENT HISTORY. PLEASE PROVIDE SUPERVISOR'S NAME AND PHONE NUMBER TO VERIFY EMPLOYMENT. UNABLE TO VERIFY.

Past Employment Verification *

Name Searched DANIEL A WARDELL
DOB 03/20/****
SSN 521-57-****
Search ID 802199
Date Ordered 08/13/2012
Date Completed 08/13/2012
Status Complete

Information Provided

Company CORNELL/GEO COMPANIES
Company Phone (303) 536-2600
Company Location TX
Company Contact Not Provided
Position Held CORRECTIONS OFFICER
Start Date 10/09
End Date 03/11

Information Searched

Company GEO GROUP, INC
Company Phone (303) 536-2600
Company Location TX
Source Contacted COMPANY CODE:12708

Information Verified

Position Verified WAREHOUSE WORKER
Start Date 10/12/2009
End Date 02/27/2011

Additional Comments

COMPUTER VERIFIED DATES AND TITLE.

IMPORTANT INFORMATION

Criminal findings are based on information provided by company or applicant, such as name and date of birth.

Criminal search completed for felony/misdemeanor convictions in court records for states listed. Nationsearch.com searches public court records, and is not responsible for information found in said court records. Nationsearch.com utilizes public court records, public terminals, court databases, indices and registers. Nationsearch.com utilizes information found within varying levels of county, state, federal and municipal courts that is for public consumption. ***F.C.R.A: If this report is used for employment purposes, before taking adverse action, based on the findings of this report, the FCRA requires a copy to be provided to the consumer, along with a written description of the consumer's rights under the FCRA. Please refer consumer to Nationsearch.com. Information found using the INCS database system is compiled based on the reporting counties/state or government entity criteria. Some agencies do not report identifiers such as date of birth. In this event Nationsearch.com will only report information that matches all identifiers provided such as date of birth, middle initial or address. Possible hits found on a multiple state level will only be reported when all identifiers are matched.

BC009.019 - Diisocyanates Medical Surveillance – Health Professionals
Page 14 of 16

Attachment 1

**BASF Corporation
Isocyanates Medical Surveillance – Health Professional**

Respiratory Symptom Questionnaire

8-13-12
Date of Examination
Daniel Wardell
Employee's Name (Print)

521-57-3729
Location
Employee's Social Security Number

Please check the single best answer to each question

During the past four weeks:

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 1.1. Has your chest felt tight or your breathing become difficult? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.2. Has your chest sounded wheezing or whistling? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.3. Have you had a persistent or regular cough? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.4. Have you developed a new skin rash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If yes to any of the above, please answer the following questions:

- 2.1 If you run, or climb stairs fast do you
- | | | |
|--------------------------------|--------------------------|--------------------------|
| 2.1.1. cough? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1.2. wheeze? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1.3. get tight in the chest? | <input type="checkbox"/> | <input type="checkbox"/> |
- 2.2 Is your sleep broken by
- | | | |
|-----------------------------------|--------------------------|--------------------------|
| 2.2.1. wheeze? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2.2. difficulty with breathing? | <input type="checkbox"/> | <input type="checkbox"/> |
- 2.3 Do you wake up in the morning (or from sleep, if a shift worker) with
- | | | |
|-----------------------------------|--------------------------|--------------------------|
| 2.3.1. wheeze? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3.2. difficulty with breathing? | <input type="checkbox"/> | <input type="checkbox"/> |
- 2.4 Do you wheeze
- | | | |
|--|--------------------------|--------------------------|
| 2.4.1. if you are in a smoky room? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4.2. if you are in a very dusty place? | <input type="checkbox"/> | <input type="checkbox"/> |

3.1 What happens to this on weekends? better same worse

3.2 What happens to this on holidays of 4 days or more? better same worse

3.3 Does this occur with exposure to a particular substance or process? Please describe.

BC009.019 - Diisocyanates Medical Surveillance - Health Professionals
Page 15 of 16

Attachment 2

**BASF Corporation
Isocyanates Medical Surveillance - Health Professional**

Category II and III Conditions

CONDITION

Category II

Acute Bronchitis

Recurrent Eczema or Dermatitis*

Shortness of Breath

Pneumoconiosis

Pulmonary Fibrosis

"Smoker's Cough"

Pulmonary Tuberculosis

Category III

Current or Active

Asthma

Chronic Bronchitis (2 tabs sputum production per day, over a three month period)

Byssinosis

Allergy to isocyanate containing compounds
(e.g. glue, epoxy, paint)

* If the worker has a skin condition with open wounds that would increase dermal absorption, he/she should be considered as having a Category III condition.

8/13/2012

Pt with negative questionnaire
No restriction from Isocyanates
Needed

Dr. Angelo MD