

**EMPLOYER SECTION:**

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

**EMPLOYEE SECTION:**

Employee Name: <i>Eloy ALVAREZ</i>	Street Address: <i>6434 Simms St.</i>	City/State: <i>CO, ARVADA.</i>	Zip: <i>80004</i>
SS#: <i>524 - 29 - 5758</i>	Date of Birth: <i>03 / 24 / 1979</i>	Age: <i>36</i>	Have you worked for this company before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			If yes, location:

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

Yes No

<p><b>1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997?</b> (If yes, please provide information below.)</p> <p>Name of the person receiving benefits: _____ Relationship to you: _____</p> <p>City: _____ County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months?</b> (If yes, please provide information below.)</p> <p>Name of the person receiving benefits: _____ Relationship to you: _____</p> <p>City: _____ County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months?</b> Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits. <i>*If you checked yes please provide a copy of your SSI documentation.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>4. Have you received any type of vocational rehabilitation services within the past two years?</b> If yes, please indicate which type of agency you worked with and provide their location information below:</p> <p><input type="checkbox"/> Vocational Rehabilitation Agency <input type="checkbox"/> Dept. of Veterans Affairs <input type="checkbox"/> Employment Network (Ticket to Work Program)</p> <p>Name of Agency: _____ Phone #: _____</p> <p>City: _____ County: _____ State: _____</p> <p><i>*If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>5. Are you a Veteran of the U.S. Military?</b> <i>*If yes, please provide a copy of your DD-214 and letter of separation.</i> (If yes, please provide information below. If no, please continue to question #6.)</p> <p>Dates of Service - From: ___/___/___ To: ___/___/___</p> <p>Branch of Service: _____</p> <p><b>Are you entitled to or are you receiving compensation for a service-connected disability?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Have you been unemployed at any time during the last 12 months?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, dates of unemployment - From: ___/___/___ To: ___/___/___</p> <p><b>Did you receive unemployment compensation at any point during your unemployment?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months?</b></p> <p>Conviction Date: ___/___/___ Release Date: ___/___/___</p> <p>Was this a <input type="checkbox"/> Federal or <input type="checkbox"/> State conviction? If State - County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Additional Tax Credits**

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

Under penalties of perjury, I declare the information above to be true and accurate to the best of my knowledge, and I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative (Associated Consultants, Inc. dba RetroIax), or the Department of Labor.

New Employee Signature: \_\_\_\_\_

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

*11-9-2015*



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


Leveraging Resources in a Changing Market

**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 (For example, by calling 303-920-1425, or using another means of contact) 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. EA (Initial)

  
\_\_\_\_\_  
Employee Signature:

11-9-2015  
\_\_\_\_\_  
Date:

ELOY ALVAREZ  
\_\_\_\_\_  
Employee (please print your name here)

## BACKGROUND INFORMATION FORM FOR BACKGROUND CHECK

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

APPLICANT INFORMATION (please print clearly & accurately)					
Position Applying For:			Expected Salary:		
Last Name <b>ALVAREZ</b>		First Name <b>ELOY</b>		Middle Name <b>ARTHUR</b>	
Maiden Name		Any Other Name(s) Used		Phone (720) <b>366-0416</b>	
Home Address <b>6434 Simms</b>			E-Mail Address <b>eloy-alvarez@gmail.com</b>		
City <b>ARVADA</b>	State <b>CO</b>	Zip <b>80004</b>	County <b>JEFCO</b>	From Mth/Yr	To Mth/Yr
Social Security Number * <b>524-29-5758</b>		Date of Birth * <b>03-24-1979</b>		Military Branch of Service	
*For background screening purposes only					
Driver's License Number <b>95-227-1306</b>		State License was Issued			
High School <b>ADAMS City High</b>		City/State Location <b>Commerce City</b>		Year Graduated <b>GED</b> Full Name Diploma Issued Under	
If GED received, in what State <b>CO</b>		City/State Location <b>Commerce City</b>		Date Received <b>2000</b> Name Used for GED <b>ELOY ALVAREZ</b>	
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 <b>8322 JASMINE ST</b>		City/State <b>Commerce City CO</b>		Zip <b>80022</b>	
County <b>ADAMS</b>		From Mth/Yr <b>2005 April</b>		To Mth/Yr <b>April 2008</b>	
Address		City/State		Zip	
County		From Mth/Yr		To Mth/Yr	

NOTE: The absence of any of the above information could result in a delay in processing your background. If necessary, a representative from BackTrack, Inc. will contact you for additional information in order to expedite the background process. Thank you for your assistance.

---FOR CLIENT USE ONLY -- DO NOT WRITE BELOW THIS LINE---

CLIENT INFORMATION	SERVICES REQUESTED <input type="checkbox"/> RUSH ORDER (\$27 extra charge)
Name:	PACKAGE: <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 <input type="checkbox"/> Check here for only 3 year <input type="checkbox"/>
Title:	
E-Mail Address:	
Company Name:	
Address:	<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)
City/State/Zip:	
If Applicable, Division or Code #:	<input type="checkbox"/> Credit Report
Phone Number:	<input type="checkbox"/> Employment History <input type="checkbox"/> Education <input type="checkbox"/> Driving Record <input type="checkbox"/> SSN Search
Fax Number:	<input type="checkbox"/> Workers' Comp. <input type="checkbox"/> Military <input type="checkbox"/> Credential <input type="checkbox"/> Bus/Personal Ref.

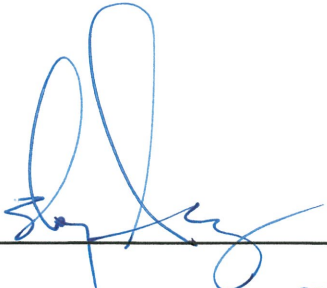
F14-0904

**YOU MUST COMPLETE AND RETURN THE BACKGROUND INFORMATION FORM, THE DISCLOSURE FORM AND THE AUTHORIZATION FORM FOR A BACKGROUND CHECK**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**Employer** (“the Company”) may obtain information about you from a third party 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, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, workers compensation claims or other background checks. 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 laws.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by BackTrack, Inc., 8850 Tyler Boulevard, Mentor, OH 44060, (800) 991-9694, www.backtracker.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature   Date 10-9-2015  
Printed Name ELOY ALVAREZ Company Applying To BASF

## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE 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" by **Employer** at any time after receipt of this authorization and throughout my employment, if applicable. 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., 8850 Tyler Boulevard, Mentor, OH 44060, (800) 991-9694, [www.backtracker.com](http://www.backtracker.com) and/or the company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**Washington State applicants 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.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

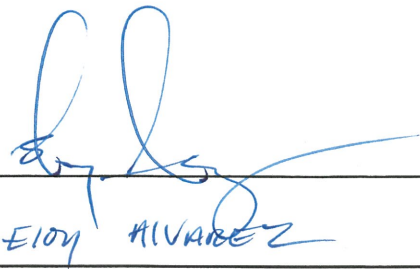
**California applicants only:** Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature **X**

  
ELOY ALVAREZ

Date

11-9-2015

Printed Name

Company Applying To

BASF

Eloy Alvarez

## **Work History**

**Electro-Mechanical Products-** March 2014 to June 2015

Machine Operator/Machinist

Set up and run CNC machines to run prototype and production parts in a manufacturing/warehouse environment.

**Precise Cast Prototypes and Engineering-** August 2012 to March 2014

Machine Operator/Machinist/Programmer

Set up and run CNC machines, producing parts and prototypes

**Quality Components LLC-** June 2007 to February 2014

Machine Operator

Operate and set up CNC machines, part production

**Blue Beacon of Denver-** August 2005 to May 2007

Supervisor

Run and operate a 9 man crew, operating truck wash facility with excellent customer service

## **Education**

Adams City High School/GED 2005

## **Skills**

- Able to fluently use Office
- General computer knowledge/skills
- Advanced manufacturing skills/programming
- Able to learn quickly
- Problem solving
- Team player