

# 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.

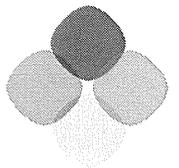
Notify your employer immediately of any new injuries or conditions that impact your physical condition.

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: ESTEFANIA RUIZ \_\_\_\_\_



# Importante/Importante

## LOST OR STOLEN PAYCHECKS

If a paycheck is **lost** (*missing, misplaced, destroyed, lost in the mail, etc.*), you must notify your staffing recruiter that the check cannot be found. If it can be verified that the check has not been cashed, ESSG will stop payment on the check and re-issue the check to you, deducting a fee of between \$25-\$35.

If your paycheck was **stolen**, you must first file a police report before we can re-issue the check. Once you have done so, you must provide a copy of the policy report to your staffing recruiter that the check was stolen. If the check has not been cashed and if the loss of the check was not your fault, ESSG will issue a new check and no fee will be deducted.

## CHEQUES DE PAGO PERDIDOS O ROBADOS

Si un cheque de pago se pierde (que falta, fuera de lugar, destruido, perdido en el correo, etc), usted debe notificar a su reclutador de personal que el cheque no se puede encontrar. Si se puede verificar que el cheque no ha sido cobrado, ESSG se detendrá el cheque de pago y reemitir el cheque a usted, descontando un cargo de entre \$ 25 - \$ 35.

Si su cheque de pago fue robado, primero debe denunciar el robo a la policía antes de que podamos volver a emitir el cheque. Una vez hecho esto, usted debe proporcionar una copia de la denuncia a su reclutador de personal que el cheque fue robado. Si el cheque no ha sido cobrado y si la pérdida del cheque no fue su culpa, ESSG emitirá un nuevo cheque y no hay cuota se deducirá.

—AGREED/SE ACUERDA—

Name/Nombre (con letra de molde): ESTEFANIA RUIZ

Signature/Firma:



Employer Completes Next Page



Address (Street Number and Name)		City or Town	State	Zip Code
Last Name (Family Name)		First Name (Given Name)		
Signature of Preparer or Translator:		Date (m/d/yyyy):		

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 and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

Signature of Employee: <i>Estefania Ruiz Cortez</i>	Date (m/d/yyyy): <i>02/09/2015</i>
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Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Country of Issuance: \_\_\_\_\_

Foreign Passport Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

2. Form I-94 Admission Number: \_\_\_\_\_

OR

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number.

(See instructions)

An alien authorized to work until (expiration date, if applicable, m/d/yyyy) \_\_\_\_\_ . Some aliens may write "N/A" in this field.

A lawful permanent resident (Alien Registration Number/USCIS Number): 809-150-078

A noncitizen national of the United States (See instructions)

A citizen of the United States

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

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.

Date of Birth (m/d/yyyy): <i>12/21/1995</i>		U.S. Social Security Number: <i>562-71-1943</i>		E-mail Address: <i>estefania.ruiz@gmail.com</i>		Telephone Number: <i>720 288 1009</i>	
Address (Street Number and Name): <i>RUIZ CERVAUTES 9331 GAYLORD ST</i>		City or Town: <i>THORNTON</i>		State: <i>CO</i>		Zip Code: <i>80229</i>	
Last Name (Family Name): <i>RUIZ CERVAUTES</i>		First Name (Given Name): <i>ESTEFANIA</i>		Middle Initial: <i>RUIZ</i>		Other Names Used (if any):	

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

▶ START HERE. 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 documentation presented has a future expiration date may also constitute illegal discrimination.



# Employment Eligibility Verification

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

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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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.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):	
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Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name (Family Name) First Name (Given Name) Middle Initial EMPLOYER SOLUTIONS STAFFING GROUP LLC City or Town State Zip Code EDINA MN 55439		

The employee's first day of employment (mm/dd/yyyy): 02/19/2015 (See instructions for exemptions.)

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

**Certification**

Do Not Write in This Space 3-D Barcode	Document Title: Permanent Resident card Issuing Authority: USCIS / USA Document Number: 204-150-078 Expiration Date (if any)(mm/dd/yyyy): 02/11/2023
	Document Title: Issuing Authority: Document Number: Expiration Date (if any)(mm/dd/yyyy):
	Document Title: Issuing Authority: Document Number: Expiration Date (if any)(mm/dd/yyyy):

Identity and Employment Authorization List A OR List B AND List C Employment Authorization

Employee Last Name, First Name and Middle Initial from Section 1: Ruiz Cervantes, Estefania
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**Section 2. Employer or Authorized Representative Review and Verification**  
 (Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)



SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security

Report Prepared: 02/09/2015

E-Verify

Page: 1 of 1

Case Verification Number: 2015040143622NA

Case Information:

Employee Information:

Last Name: Ruiz Cervantes  
 Middle Initial:  
 Social Security Number: \*\*\* \*\* 1943  
 Citizenship Status: A lawful permanent resident  
 Document Information:  
 List A Document: Permanent Resident Card or Alien Registration Receipt Card (Form I-551)  
 Card Number: MSC1290958174  
 Alien Number: 204150078  
 Additional Information:  
 Hire Date: 02/09/2015  
 Three-Day Rule Reason: ACH6751  
 Submitted By: ACH6751  
 Submitted On: 02/09/2015

Last Name (in DHS records): RUIZ CERVANTES  
 First Name (in DHS records): ESTEFANIA  
 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:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name: First Name: Other Names Used: Date of Birth: Social Security Number: Middle Initial: 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:

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:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):  
Response Date:

Case Closure:  
Closure Statement:  
Closed By:

Closed On:

SENSITIVE BUT UNCLASSIFIED

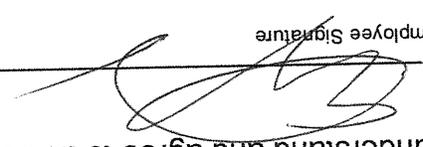
Release Date: _____	Remove employee from health benefits
	Colorado Continuation of Coverage paperwork
	Verify All Vacation Used

**Release Checklist**

Print label and affix to tweezers	
Employer to fill out, "Affirmation of Legal Work Status" form within 20 days of start of employment	
Enter employee phone number into QuickBooks	
Setup Employee for Paychex payroll Direct Deposit by having employee bring in a voided check	
Enter birthday into Google calendar	
Enter 400 hour probationary period and 1 year review entered onto Google calendar	
Entered in time clock, ID# _____	
Information entered into Paychex Online	
Create training folder for employee	
Order Lab Coat, Size _____	
Contact Pinnacle Assurance (Darla 303-926-8600)	
Non-Disclosure Agreement	
Signed Job Description	
W4: <a href="http://www.irs.gov/pub/irs-pdf/fw4.pdf">http://www.irs.gov/pub/irs-pdf/fw4.pdf</a>	
I-9: <a href="http://www.uscis.gov/files/form/i-9.pdf">http://www.uscis.gov/files/form/i-9.pdf</a>	

**Human Resource Checklist**

Employee Name: ESTEFANIA RUIZ	Start Date:
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Employee's name added to the Personal Production Tracker
Employee's name added to Online Training Matrix
Review of first training checklist and training methodology
Clocking in and out
<b>Job Training (Performed by Hiring Manager or Trainer)</b>
Orientation: Restrooms, work centers, notification boards, coffee, break room, office areas
Personal protective equipment (i.e., safety glasses, shoes, etc.)
Machine awareness: Plasma machine is hot, robots have moving parts
Compressed gas safety
Chemical safety and MSDS location
Fire extinguishers
Emergency exits
<b>Safety Awareness and Orientation Tour (Performed by Hiring Manager)</b>
<p>I understand and agree to abide by the policies in the Employee Handbook.</p> <p>Employee Signature: </p> <p>Date: <u>02/09/15</u></p>
Review highlighted sections in Employee Handbook
<b>Policies Procedures and handbook Review (Performed by Hiring Manager)</b>
<p><b>Primary Emergency Contact</b></p> <p>Name: <u>Ara Ruiz</u></p> <p>Relationship to Contact: <u>Mother</u></p> <p>Daytime Phone: <u>714-329-4994</u> Evening Phone: _____</p>
<p><b>Secondary Emergency Contact</b></p> <p>Name: <u>Isabel Ruiz</u></p> <p>Relationship to Contact: <u>Aunt</u></p> <p>Daytime Phone: <u>720 277 2128</u> Evening Phone: _____</p>
<b>Emergency Contact Information (to be completed by employee)</b>
<p>Employee Name: <u>Estefania Ruiz</u> Birthdate: <u>12/21/95</u></p> <p>Home Address: <u>9321 Gaylord St. Thornton CO 80229</u></p> <p>Home Phone: _____ Cell Phone: <u>720 288 1009</u></p> <p>Email Address: <u>estefania-ruiz@gmail.com</u></p>

I have received a copy of the Job Description and have read and understand its contents.

**ACKNOWLEDGMENT FOR RECEIPT OF JOB DESCRIPTION**

- Lite Chemical usage. Employee is responsible for following all safety procedures as outlined. Vertical Solutions encourages employees to read the Material Safety and Data Sheets (MSDS) for all chemicals used in the Laboratory. MSDS sheets are provided for every chemical used in the laboratory and can be found in the MSDS binder.

**HAZARDS**

- Experience in laboratory environment preferred.
- English reading and writing preferred.

**PREFERRED**

- Ability to work with small parts.
- Steady hands to work with tweezers and microscopes for entire work day.
- Excellent attention to detail.
- Positive attitude and strong work ethic.
- Ability to provide or arrange transportation to arrive on time daily.

**REQUIRED**

- Team Player that is able to work well with others
- Good attitude

**QUALIFICATIONS**

- Loading and Inspection of all parts/probes.
- Adhere to outlined procedures.
- Execution of all operations on all laboratory equipment.
- Perform weekly maintenance and cleaning as needed on all laboratory equipment.
- Maintain overall cleanliness of Laboratory and Work Stations.
- Follow all Safety Rules.
- Quality of work is #1 priority.

**DUTIES & ESSENTIAL JOB FUNCTIONS**

**JOB SUMMARY**

REPORTS TO: Production Supervisor

JOB TITLE: Technician 1

	Title: Job Description: Technician 1	Page: 1 of 2
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Title:

Job Description: Technician 1

Page:

2 of 2

Employee Name (Please Print)

ESTEFANIA RUIZ

Employee Signature

*[Handwritten Signature]*

Date

02/09/15

Date

02/09/15



Non-Disclosure Agreement

This Non-Disclosure Agreement ("NDA") is entered into and made effective as of the date set forth below, by and between the following parties: Vertical Solutions, Inc. dba VSI Parylene ("Disclosing Party") and

*Esterlaria Ruiz* ("Receiving Party"),  
*Cervantes*

1. **Consideration and Basis:** As a condition of Receiving Party's employment with Disclosing Party, and in consideration of Receiving Party's employment with the Disclosing Party and Receiving Party's receipt of the compensation now and hereafter paid to Receiving Party by the Disclosing Party, Receiving Party agrees to the following:

2. **Confidential Information:** The term "Confidential Information" means any and all information owned by or licensed to Disclosing Party and disclosed or supplied to Receiving Party regardless if such information is marked as proprietary and/or confidential and/or in any other fashion. Confidential Information shall include but is not limited to processes, formulas, research, product plans, products, services, customer lists and customers (including, but not limited to: customers of the Disclosing Party on whom Receiving Party called or with whom Receiving Party became acquainted during the term of Receiving Party's employment or whose information Receiving Party was privy to), markets, software, developments, inventions, designs, drawings, engineering, hardware configuration information, marketing, finances, future employees, copyright, trade secret, proprietary information, and includes without limitation, Disclosing Party's information concerning product or market research, future product concepts, purchasing, pricing, business forecasts, sales and merchandising, and other business information disclosed to Receiving Party by the Disclosing Party, either directly or indirectly in writing, orally, or by drawings or observation.

3. **Obligations of Receiving Party:** Receiving Party agrees at all times during the term of Receiving Party's employment and thereafter without limitation, to hold in strictest confidence, and not to use, except for the benefit of the Disclosing Party, or to disclose to any person, firm, or corporation any Confidential Information without written authorization from Steve Neely or Brian Behne.

4. **Use of Information:** Receiving Party hereby agrees that the Confidential Information will be used solely by Receiving Party in the execution of Receiving Party's duties as an employee of Disclosing Party and solely on Disclosing Party's behalf and only during the period of Receiving Party's employment by Disclosing Party.

5. **Former Employer Information:** Receiving Party agrees that Receiving Party will not, during Receiving Party's employment with the Disclosing Party, improperly use or disclose any proprietary information or trade secrets of any former or concurrent employer or other person or entity. Nor will Receiving Party bring onto the premises of the Disclosing Party any unpublished document or proprietary information belonging to any such employer, person, or entity unless consented to in writing by such employer, person, or entity.

6. **Termination of Obligation of Confidentiality:** Receiving Party will not be liable for the disclosure of any Confidential Information which is:

- (a) in the public domain other than by a breach of this NDA; or
- (b) rightfully received from a third party without any obligation of confidentiality; or
- (c) rightfully known to Receiving Party without any limitation on use or disclosure prior to its receipt from Disclosing Party; or
- (d) independently developed by employees of Receiving Party; or
- (e) generally made available to third parties by Disclosing Party without restriction on disclosure.

7. **Title:** Title or right to possess Information as between the parties will remain solely with Disclosing Party.



*Space intentionally left blank. Signatures follow.*

1. This NDA constitutes the entire agreement, written or verbal, between the parties with respect to the disclosure of Confidential Information and will supersede any and all other agreements, negotiations, understandings and representations by and between the Parties relating to Confidential Information, written or verbal. The Parties affirm that they are sophisticated, that this is a fully-integrated agreement, that it is not a contract of adhesion, that it was freely negotiated for value, that each Party had ample bargaining power, that no parol evidence shall be admissible or useable for any purpose in any dispute arising under this NDA, and that each has either had advice of legal counsel regarding the propriety of entering into this NDA, or has had ample time to attain such counsel and has freely elected to proceed without it.

Date: 02/09/15

Date: 02/09/15

Disclosing Party:  
Vertical Solutions, Inc. dba VSI Parylene

Receiving Party:

By:  
Title: