



employer solutions staffing group^{LLC}

STATEMENT OF CONFIDENTIALITY

This agreement made this 17 day of November, 2015, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Gabriel Medina hereafter referred to as "employee".

WITNESSETH:

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

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

Employee Signature

Employer Solutions Staffing Group LLC, Representative

DISCLOSURE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that 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 number validation, motor vehicle records ("driving records"), verification of your education or employment history, 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. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled 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 obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING's website is at www.orangetreescreening.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.
New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.
Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the 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 these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG 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, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING's website is at www.orangetreescreening.com, another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG. <input type="checkbox"/> (Must include email address: _____)
California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by ESSG whenever you have a right to receive such a copy under California law. www.validityscreening.com/Site/PrivacyPolicy <input type="checkbox"/> (Must include email address: _____)

Signature: *Gabriel Medina* Date: 11-17-15

BACKGROUND INFORMATION

Last Name: Medina First: Gabriel Middle: Brennan

Other Names/Alias: _____

Social Security #*: 370-17-6384 Date of Birth (mm/dd/yyyy)*: 05-30-1994

Driver's License #: 10-172-1322 State of Driver's License: CO

Present Address: 409 Janice Ct Telephone # (Primary): 720425 2892

City/State/Zip: Northglenn CO 80233

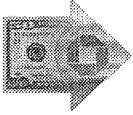
*This information will be used for background screening purposes only and will not be used as hiring criteria.



Direct Deposit/Payroll Debit Card Authorization

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

SECTION 1 BASIC INFORMATION			
Employee Name		SSN# (last 4 digits)	Effective Date
SECTION 2 PAYROLL ELECTION			
<input checked="" type="checkbox"/> Direct Deposit (Please complete Sections 3 and 5 below) <input type="checkbox"/> Payroll Debit Card (Please complete Sections 4 and 5 below)			
SECTION 3 DIRECT DEPOSIT			
ACCOUNT	<input type="checkbox"/> Update Bank Account		
	Bank Name:	<i>See direct deposit forms.</i>	
	Routing#		
	Account#		
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____		
I understand and acknowledge that if I do not provide a voided check (a deposit slip will not work) with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.			
Initial _____ Date _____			
<ul style="list-style-type: none"> To help us avoid making an error, please attach a copy of a voided check. (a deposit slip will not work) If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods. 			
SECTION 4 PAYROLL DEBIT CARD			
<p>Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.</p> <p>Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.</p>			
CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)			
First Name	M.I.	Last Name	Date of Birth
Street Address (PO BOX NOT ACCEPTABLE)			Social Security#
City	State	Zip	Primary Phone
RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)			
Payroll Debit Card Routing # 122242597	Payroll Debit Card Account # _____		
I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.			
Employee's Signature: _____			Date: _____
SECTION 5 AUTHORIZATION			
I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). * E-mail is required for pay stub information.			
*E-mail: _____			
Employee's Signature: _____			Date: _____



Direct Deposit Instructions

For: GABRIEL B MEDINA

From: MISTY HAMPTON
Chase Banker (303) 244-5620

Re: **Direct Deposit request**

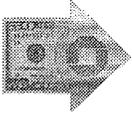
INSTRUCTIONS FOR

Deliver the Direct Deposit Set-up Information Form to your employer right away (if banker did not submit on your behalf today). The Direct Deposit Set-up Information Form on the next page provides the necessary information required by your company's system.

Thank You!

Chase Banker Instructions:

1. Make a copy of this Cover Sheet and Direct Deposit Set-up Information Form.
2. Help the customer save time by submitting the direct deposit on their behalf.
3. If unable to submit for the customer, instruct customer to give this Cover Sheet and Direct Deposit Set-up Information Form to the employer to activate direct deposit.
4. File a copy of this Cover Sheet and the completed Direct Deposit Set-up Information Form for follow-up. Once the deposit is confirmed, destroy the copy using sensitive trash guidelines.



Direct Deposit Set-Up Form

EMPLOYEE INFORMATION

Employee

GABRIEL B MEDINA

Address

409 JANICE CT

City

NORTHGLENN

State

CO

Zip

80233-3068

Company Employee ID

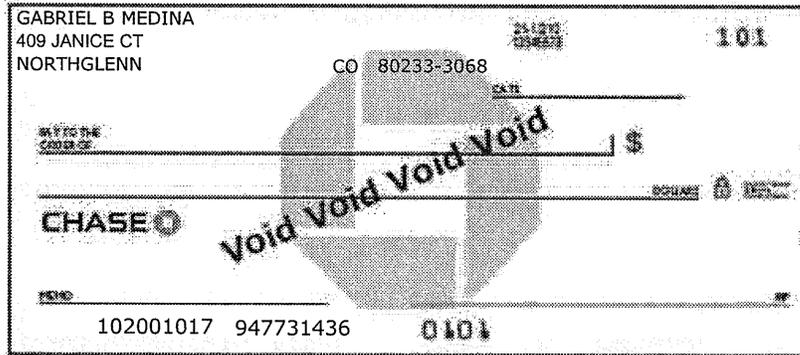
ACCOUNT INFORMATION

Chase routing number

102001017

Account number

947731436

Deposit To: **Checking** **Savings**

EMPLOYEE AGREEMENT

I authorize BASF to automatically deposit my payroll check into my account listed above. (This includes authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

Employee Signature

11-17-15

Date

Employee: If there are any questions, please call: MISTY HAMPTON
Chase Banker (303) 244-5620



employer solutions staffing group
Leveraging Resources in a Changing Market

INJURY MANAGEMENT PROGRAM

Injured Worker's Responsibilities

As your employer, we are concerned about your full recovery. Reasonable and necessary medical care will be paid for any compensable work injury. Medically authorized time away from work will be reimbursed in accordance with the **State of Minnesota workers' compensation laws**. Wherever possible light duty restrictions imposed as a result of your injury will be accommodated.

RESPONSIBILITIES OF THE INJURED WORKER:

Minnesota Rule Sec. 5221.0430, Subp. 1 requires that you choose one primary health care provider. Subpart 2 places limitations on your right to change primary health care providers. Discuss with your employer any change in health care provider.

Attend all scheduled appointments. While on physical limitations, visits should be a minimum of once every two weeks. Failure to have current medical support for disability may result in termination of benefits. Schedule your next appointment immediately after your doctor visit, before you leave the clinic if possible.

Obtain a Report of Workability from your physician at every appointment, a minimum of once every two weeks. M.R. 5221.0420 requires that your physician cooperate with return to work planning and that you be released to return to work at the earliest appropriate time.

Immediately following your appointment, provide a copy of the report to the designated employer representative. You should deliver this in person so that changes in work restrictions may be addressed and any questions answered.

Follow all physical restrictions at home and at work.

Report to work and perform physically suitable tasks as assigned. These may or may not be in your regular department. The work may or may not be on your usual shift.

Maintain regular, weekly, communication with your employer if you are unable to return to work. Contact your employer a minimum of after every visit with your primary health care provider. Keep the claims representative advised of your status.

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

If it is necessary to miss scheduled work due to a work injury, you must be seen by your primary health care provider the same day in order to receive compensation for the time away from work. The physician must complete a Report of Workability.

I have read my responsibilities and agree to abide by these guidelines.

Signed: 

Printed Name: Gabriel Medina

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

▶ See separate instructions.

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

Your name Gabriel Medina Social security number ▶ 326-17-6384
Street address where you live 409 Janice Ct Montnglen CO 80233
City or town, state, and ZIP code _____
County Adams Telephone number ~~720~~ (303) 448-2892
If you are under age 40, enter your date of birth (month, day, year) 05-30-1992

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ Gabriel Medina

Date 11-17-15

EMPLOYER SECTION:

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

EMPLOYEE SECTION:

Employee Name: <i>Gabriel B Medina</i>	Street Address: <i>409 Janice Ct</i>	City/State: <i>Northglenn Co</i>	Zip: <i>80233</i>
SS#: <i>376-17-6384</i>	Date of Birth: <i>05/30/1994</i>	Age: <i>21</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>1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997? (If yes, please provide information below.)</p> <p>Name of the person receiving benefits: _____ Relationship to you: _____</p> <p>City: _____ County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months? (If yes, please provide information below.)</p> <p>Name of the person receiving benefits: _____ Relationship to you: _____</p> <p>City: _____ County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months? Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits. *If you checked yes please provide a copy of your SSI documentation.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>4. Have you received any type of vocational rehabilitation services within the past two years? If yes, please indicate which type of agency you worked with and provide their location information below:</p> <p><input type="checkbox"/> Vocational Rehabilitation Agency <input type="checkbox"/> Dept. of Veterans Affairs <input type="checkbox"/> Employment Network (Ticket to Work Program)</p> <p>Name of Agency: _____ Phone #: _____</p> <p>City: _____ County: _____ State: _____</p> <p>*If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>5. Are you a Veteran of the U.S. Military? *If yes, please provide a copy of your DD-214 and letter of separation. (If yes, please provide information below. If no, please continue to question #6.)</p> <p>Dates of Service - From: ___/___/___ To: ___/___/___</p> <p>Branch of Service: _____</p> <p>Are you entitled to or are you receiving compensation for a service-connected disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you been unemployed at any time during the last 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, dates of unemployment - From: ___/___/___ To: ___/___/___</p> <p>Did you receive unemployment compensation at any point during your unemployment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months?</p> <p>Conviction Date: ___/___/___ Release Date: ___/___/___</p> <p>Was this a <input type="checkbox"/> Federal or <input type="checkbox"/> State conviction? If State - County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

PLEASE READ, SIGN, AND DATE:

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

New Employee Signature: *Gabriel Medina* Date: *11-17-15*



employer solutions staffing group LLC

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. GM (Initial)

Gabriel Medina

Employee Signature:

Gabriel Medina

Employee (please print your name here)

11-17-15

Date:

BACKGROUND INFORMATION FORM FOR BACKGROUND CHECK

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

APPLICANT INFORMATION (please print clearly & accurately)							
Position Applying For: <u>Production</u>				Expected Salary: <u>15.16</u>			
Last Name <u>Medina</u>		First Name <u>Gabriel</u>		Middle Name <u>Brennan</u>			
Maiden Name		Any Other Name(s) Used		Phone <u>(720) 468 2892</u>			
Home Address <u>409 Janice Ct</u>				E-Mail Address <u>Swimmer17@gmail.com</u>			
City <u>Northglenn</u>		State <u>CO</u>	Zip <u>80233</u>	County	From Mth/Yr	To Mth/Yr	
Social Security Number * <u>376-17-6384</u>		Date of Birth * <u>5-30-1994</u>		Military Branch of Service			
*For background screening purposes only							
Driver's License Number <u>10-172-1322</u>		State License was Issued <u>Colorado</u>					
High School <u>Horizon High</u>		City/State Location <u>Thornton/CO</u>		Year Graduated <u>2012</u>	Full Name Diploma Issued Under <u>Horizon</u>		
If GED received, in what State		City/State Location		Date Received	Name Used for GED		
College <u>Adams State University</u>		City/State Location <u>Alamosa CO</u>		Year Graduated <u>N/A</u>			
Degree Rec'd:		Student ID Number:		Full Name Used			
<input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Other							
List Previous Addresses (to cover last 7 years)							
Address <u>12226th Colorado Blvd Apt 222</u>		City/State <u>Thornton CO</u>		Zip <u>80241</u>			
County <u>Adams</u>		From Mth/Yr <u>2010</u>		To Mth/Yr <u>2012</u>			
Address <u>11618 Marism St</u>		City/State <u>Northglenn</u>		Zip <u>80233</u>			
County <u>Adams</u>		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:	
Title:	<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)	
E-Mail Address:	(Above packages check here for 5 year emp. history <input type="checkbox"/> Check here for only 3 year <input type="checkbox"/>)	
Company Name:	<input type="checkbox"/> Criminal History (county) <input type="checkbox"/> Federal District Search <input type="checkbox"/> Civil Litigation <input type="checkbox"/> Statewide Search (where available) <input type="checkbox"/> CrimeTrack (Criminal Database and National Sex Offender Search) <input type="checkbox"/> GlobalTrack (Patriot Act Search)	
Address:	<input type="checkbox"/> Credit Report	
City/State/Zip:	<input type="checkbox"/> Employment History <input type="checkbox"/> Education <input type="checkbox"/> Driving Record <input type="checkbox"/> SSN Search	
If Applicable, Division or Code #:	<input type="checkbox"/> Workers' Comp. <input type="checkbox"/> Military <input type="checkbox"/> Credential <input type="checkbox"/> Bus/Personal Ref.	
Phone Number:		
Fax Number:		

FI4-0904

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 11-17-15
Printed Name Gabriel Medina 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 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** Gabriel Medina Date 11-17-15

Printed Name Gabriel Medina Company Applying To BASF