

**SCHEDULE A**  
**Contractor Background Verification Certificate**  
**CONFIDENTIAL**

*(This form is required for all assignments to be submitted to nextSource 48 hours before start date.)*

Full Name & Address of Contract Worker:

Galen (First Name)      Alexander (Middle Name)      Sampson (Last Name)

Address: 10838 Salida Street (Number & Street)      Commerce City (City)      CO, 80022 (State & Zip Code)

Date of Birth: 10 (Month) - 09 (Day) *(Do NOT provide Year of Birth)*

Contractor Company hereby certifies:

Check One:

A **background check** has been conducted in accordance with the requirements stipulated by Client (BASF Corporation) on the named Contractor above and the results are **satisfactory**.

OR

A **background check** has been conducted in accordance with the requirements stipulated by Client (BASF Corporation) on the named Contractor above and the following **potential problems** were found:  
*(Please describe in the space provided below the potential problems found)*

**These potential problems have been resolved as follows:**  
*(Please describe in the space provided below the resolutions)*

**TIME TO COMPLETE BACKGROUND CLEARANCE**

_____	_____	_____	_____
Date Offer	Date Background	Date Background	# of Business
Accepted	Check Started	Check Completed	Days for
			Background
			Check to Clear

Name of Contractor Company: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

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

# SCHEDULE A1

## Substance Abuse Testing Certificate

*(This form is required for all assignments to be submitted to nextSource 48 hours before start date.)*

Full Name of Contract Worker: Galen Alexander Sampson

Date of Birth: 10 - 09 (Do NOT provide Year of Birth)  
(Month) (Day)

Date of Hire by Contractor (Company): 1/22/15

Contractor Company hereby certifies:

Check one:

A **substance abuse test** has been conducted in accordance with the requirements stipulated by Client (BASF Corporation) on the named Contractor above and the results are **satisfactory**.

OR

A **substance abuse test** and **physical examination** have been conducted in accordance with the requirements stipulated by Client (BASF Corporation) on the named Contractor above and the results are **satisfactory**. The clearance forms are attached.

Name of Contractor Company: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

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

# 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.

Associate Vendor Employee:

Galen Sampson  
Signature

Galen Sampson  
Printed Name

\_\_\_\_\_  
Title

1/16/15  
Date

Witness:

\_\_\_\_\_  
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 or 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**

\_\_\_\_\_  
Witness' signature

\_\_\_\_\_  
Witness' name and title (print)

\_\_\_\_\_  
Date

**Temporary Worker**

*Galen Sampson*  
\_\_\_\_\_

Temporary Worker's signature

*Galen Sampson*  
\_\_\_\_\_

Temporary Worker's name (print)

*10238 Salida Street*  
\_\_\_\_\_

Temporary Worker's address (print)

*1/16/15*  
\_\_\_\_\_

Date

**SCHEDULE D  
RANDOM DRUG AND ALCOHOL SCREENING POLICY**

I, Galen Sampson (Associate Vendor Employee), do hereby agree to consent to random drug and alcohol testing as part of my temporary assignment at BASF. I understand that BASF could ask me to submit to such testing at any time and I am prepared to comply with any and all requests. I also acknowledge that my refusal to participate in any and all random drug and alcohol testing may result in the termination of my temporary assignment at BASF.

I authorize the Medical Review Officer to release my test results to \_\_\_\_\_ (Associate Vendor), nextSource and BASF in a confidential manner.

Associate Vendor Employee:

Associate Vendor:

Galen Samp  
(Signature)

\_\_\_\_\_  
(Signature)

Galen Sampson  
(Print Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Title)

1/16/15  
(Date)

\_\_\_\_\_  
(Date)

## BACKGROUND INFORMATION FORM FOR BACKGROUND CHECK

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

APPLICANT INFORMATION (please print clearly & accurately)				
Position Applying For:		Expected Salary: \$ 16.00		
Last Name Sampson	First Name Galen	Middle Name Alexander		
Maiden Name	Any Other Name(s) Used	Phone (720) 206 7693		
Home Address 10238 Salida Street		E-Mail Address G_Samp@yahoo.com		
City Commerce City	State CO	Zip 80022	County USA	From Mth/Yr 07/06 To Mth/Yr 1/15
Social Security Number * 599 83 5841 <small>*For background screening purposes only</small>		Date of Birth * 10/09/1991		Military Branch of Service
Driver's License Number 08 060 0680		State License was Issued CO		
High School Prairie View H.S.	City/State Location Henderson, CO	Year Graduated 2010	Full Name Diploma Issued Under Galen Sampson	
If GED received, in what State	City/State Location	Date Received	Name Used for GED	
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		City/State	Zip	
County	From Mth/Yr	To Mth/Yr		
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:	
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 <input type="checkbox"/> Workers' Comp. <input type="checkbox"/> Military <input type="checkbox"/> Credential <input type="checkbox"/> Bus/Personal Ref.	
If Applicable, Division or Code #:			
Phone Number:			
Fax Number:			

F14-0904

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

6

**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](http://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 X *Galen Sampson* Date 1/16/15  
Printed Name Galen Sampson 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 *Galen Sampson* Date 1/16/15  
Printed Name Galen Sampson Company Applying To BASF

# GALEN A SAMPSON

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10238 Salida Street, Commerce City, CO 80022  
Home: (720) 346-7157 - Cell: (720) 206-7693 : G\_Samp@yahoo.com

## Career Focus

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Customer focused, team oriented individual seeking employment with an established company.

## Summary of Skills

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- Computer proficient
- Critical thinker
- Energetic and organized
- Excel in mathematics
- Confident and motivated
- Order Picker operator
- Attention to detail
- Self-starter
- Quick learner
- Excellent communication skills
- Forklift operator
- Driving experience on DIA ramp

## Work History

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**Current Employer: Fedex Freight, Henderson, CO**  
**Dockworker/Forklift Operator**  
November 2013-Current

**Sky Tanking – DIA – Denver, CO**  
**Aircraft Fueler**  
November 2012-November 2013

**Lowe's Home Improvement, Brighton, CO**  
**Customer Service Associate/Loader**  
March 2012 – August 2012

**Macy's – Westminster, CO**  
**Sales Associate**  
October 2011 to March 2012

**Jiffy Auto Spa – DIA - Denver, CO**  
**Detail Technician, Valet Attendant**  
September 2010 to 2011

## Education and Coursework

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**Community College of Aurora 2012**  
Aurora, CO, United States  
General Studies

**Front Range Community College 2011**  
Westminster, CO, United States  
General Studies

**Prairie View High School 2010**  
Henderson, CO, United States  
HS Diploma

## Additional Information

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- INTERESTS Basketball, football, exercising, computers, cars

**ENROLLMENT FORM**

ESC NAV\*SAD P2M v15.0

**REQUIRED EMPLOYEE INFORMATION**  
**PRINT USING BLACK or BLUE INK**  
**(Must Be Filled Out)**

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Do you or any dependents have Medicare? \_\_\_\_\_  
 Yes  No If Yes:  
 Medicare Health Insurance Claim Number (HICN)  
 \_\_\_\_\_

Medicare Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Names of Covered Person(s)  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**REQUIRED DEPENDENT INFORMATION**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F

Relationship:  Spouse  Child  Domestic Partner

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F

Relationship:  Spouse  Child  Domestic Partner

**BENEFICIARY INFORMATION**

For Term Life / Accidental Death & Dismemberment, please write your beneficiary information.

**NAME OF BENEFICIARY**  
 \_\_\_\_\_

**RELATIONSHIP**  
 \_\_\_\_\_

Accidental Death & Dismemberment is part of the Term Life Benefit.

**OPTION 1**  
**FIXED INDEMNITY PLAN** Weekly Rates

You MUST enroll in the Indemnity Medical Insurance Plan before adding any additional Indemnity benefits, except Dental. Your coverage level for the Term Life will be identical to your medical plan selection.

**FIXED INDEMNITY MEDICAL** 

\$20.91 Employee Only

\$42.44 Employee + 1

\$56.67 Employee + Family

**NO to all Indemnity benefits.**

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

**DENTAL** 

\$5.99 Employee Only

\$11.98 Employee + 1

\$19.77 Employee + Family

**NO**

**TERM LIFE** 

**YES** \$0.60 Employee Only  
 \$0.90 Employee + 1

**NO** \$1.80 Employee + Family

**SHORT-TERM DISABILITY** 

**YES** \$4.20 Employee Only

**NO**

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

**OPTION 2** 82193010-M-EMP  
**MEC WELLNESS/PREVENTIVE PLAN** Monthly Rates

\$58.87 Employee Only

\$87.73 Employee+ 1

\$186.99 Employee + Family

**NO to MEC Wellness/Preventive Plan**

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage.

**Signature** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Colorado**  
**Driver License**



08-060-0680 Expires: 10-09-2017  
Class: R Issued: 10-09-2012  
End: DOB: 10-09-1991  
Rest: Previous Type: M  
Ht: 6'03" Wt: 185 Eyes: BRO Sex: M  
Voter: Y

*Galen Sampson*

**GALEN ALEXANDER SAMPSON**  
10238 SALIDA ST  
COMMERCE CV, CO 80022

**SOCIAL SECURITY**



522-83-5841

THIS NUMBER HAS BEEN ESTABLISHED FOR  
**GALEN ALEXANDER SAMPSON**

*Galen Sampson*  
SIGNATURE

**SENSITIVE BUT UNCLASSIFIED**

**Department of Homeland Security**  
**E-Verify**

**Report Prepared: 01/16/2015**  
**Page: 1 of 1**

**Case Verification Number: 2015016143340NT**

**Case Information:****Employee Information:**

Last Name:	Sampson	First Name:	Galen
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 5841	Date of Birth:	10/09/1991
Citizenship Status:	A citizen of the United States	Email Address:	

**Document Information:**

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	Driver's license	Document State:	Colorado
Driver's License or ID Card Number:		Document Expiration Date:	10/09/2017
Alien Number:		I-94 Number:	

**Additional Information:**

Hire Date:	01/16/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	EPOR4912	Submitted On:	01/16/2015

**Initial Case Result:**

Case Result: Employment Authorized

**Employee Referred to SSA:**

Referred By: Referred On:

**Case Result from SSA (after SSA Tentative Nonconfirmation):**

Case Result: Response Date:

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

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

**Case Result from SSA (after Resubmission):**

Case Result:

**Request Name Review:**

Comments:  
 Submitted By: Submitted On:

**Case Result from DHS (after DHS Verification in Process):**

Case Result: Response Date:

**Employee Referred to DHS:**

Referred By: Referred On:

**Case Result from DHS (after DHS Tentative Nonconfirmation):**

Case Result: Response Date: