



employer solutions staffing group LLC  
Leveraging Resources in a Changing Market

# Important/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):

Joshua Merritt

Signature/Firma:

Joshua Merritt

## 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: 16.50/hr			
Last Name Merritt		First Name Joshua		Middle Name David			
Maiden Name		Any Other Name(s) Used		Phone (720) 705-3947			
Home Address 12801 Lafayette St #208				E-Mail Address jbmerritt33@gmail.com			
City Thornton		State Colorado		Zip 80241		County Adams	From Mth/Yr To Mth/Yr
Social Security Number * 521-67-3521		Date of Birth * 7/31/87		Military Branch of Service			
*For background screening purposes only							
Driver's License Number 15-127-0374				State License was Issued C.O			
High School Dundee Central		City/State Location Dundee N.Y.		Year Graduated 2006		Full Name Diploma Issued Under	
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 7481 Feather St		City/State Naples N.Y.		Zip 14512			
County Ontario		From Mth/Yr 2014/July		To Mth/Yr 2015/Jan			
Address 314 Clinton St		City/State Penn Yan NY		Zip 14527			
County Yates		From Mth/Yr 2012/Jan		To Mth/Yr 2014/July			

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)	
E-Mail Address:		<input type="checkbox"/> Level II (employment, criminal search, credit or SSN search, driving)	
Company Name:		<input type="checkbox"/> Level III (employment, education, criminal search)	
Address:		<input type="checkbox"/> Level IV (employment, criminal search, credit or SSN search)	
City/State/Zip:		<input type="checkbox"/> Level V (criminal and SSN search)	
If Applicable, Division or Code #:		<input type="checkbox"/> Level VI (employment, education, criminal search, credit or SSN search)	
Phone Number:		(Above packages check here for 5 year emp. history <input type="checkbox"/> Check here for only 3 year <input type="checkbox"/> )	
Fax Number:		<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)	
		<input type="checkbox"/> Credit Report	
		<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.	

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  Joshua Merritt Date 9/11/15  
Printed Name Joshua Merritt 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

*Joshua Merritt*

Date

9/11/15

Printed Name

Joshua Merritt

Company Applying To

BASE

# ENROLLMENT FORM

## REQUIRED EMPLOYEE INFORMATION

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

Social Security Number 521-67-3521

Date of Birth 07/31/1987 Sex  M  F

Name Joshua Merritt

Street Address 12801 Lafayette St C208

City Thornton State CO Zip 80241

Home Phone 720-705-3947

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 in your beneficiary information.

**NAME OF BENEFICIARY**

Debra Merritt

**RELATIONSHIP**

Mother

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

## OPTION 1

### FIXED INDEMNITY PLAN

Weekly Rates

### SELECT COVERAGE LEVEL

You MUST select a coverage level before adding any benefits. Your coverage level will be identical for each benefit.

- Employee Only  Employee + Family
- Employee + 1  NO to all indemnity benefits.

### FIXED INDEMNITY MEDICAL



- YES \$20.91 Employee Only
- \$42.44 Employee + 1
- NO \$56.67 Employee + Family

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

### DENTAL



- YES \$ 6.17 Employee Only
- \$12.34 Employee + 1
- NO \$20.36 Employee + Family

### TERM LIFE



- YES \$0.60 Employee Only
- \$0.90 Employee + 1
- NO \$1.80 Employee + Family

### SHORT-TERM DISABILITY



- YES
- NO \$4.20 Employee Only

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

Josh Merritt

Date 09/11/2015

**SENSITIVE BUT UNCLASSIFIED****Department of Homeland Security****Report Prepared: 09/14/2015****E-Verify****Page: 1 of 1****Case Verification Number: 2015257114346SU****Case Information:****Employee Information:**

Last Name:	Merritt	First Name:	Joshua
Middle Initial:	D	Other Names Used:	
Social Security Number:	*** ** 3521	Date of Birth:	07/31/1987
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:	07/31/2020
Alien Number:		I-94 Number:	

**Additional Information:**

Hire Date:	09/11/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CSCH4411	Submitted On:	09/14/2015

**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:

**Photo Matching Results:**

Determination:

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**Employee Referred to DHS (Additional):**

Referred By:

Referred On:

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

Case Result:

Response Date:

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**Case Closure:**

Closure Statement:

Closed By:

Closed On:

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**SENSITIVE BUT UNCLASSIFIED**