

## 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.

<b>APPLICANT INFORMATION</b> (please print clearly & accurately)					
Position Applying For: <i>Mixer</i>			Expected Salary: <i>\$16.12/hr</i>		
Last Name <i>Nemec</i>		First Name <i>Kristopher</i>		Middle Name <i>Nicholas</i>	
Maiden Name <i>Nemec</i>		Any Other Name(s) Used <i>N/A</i>		Phone <i>(720) 468-2777</i>	
Home Address <i>16483 E. Girard Ave.</i>			E-Mail Address <i>rugg3r_2010@yahoo.com</i>		
City <i>Aurora</i>	State <i>CO</i>	Zip <i>80013</i>	County <i>USA</i>	From Mth/Yr	To Mth/Yr
Social Security Number * <i>592-25-8997</i>		Date of Birth * <i>06/08/1992</i>		Military Branch of Service <i>None</i>	
*For background screening purposes only					
Driver's License Number <i>11-140-0299</i>		State License was Issued <i>Colorado</i>			
High School <i>Eaglecrest</i>	City/State Location <i>Centennial, CO</i>	Year Graduated <i>2010</i>	Full Name Diploma Issued Under <i>Kristopher Nemec</i>		
If GED received, in what State	City/State Location	Date Received	Name Used for GED		
College <i>None</i>	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---

<b>CLIENT INFORMATION</b>		<b>SERVICES REQUESTED</b> <input type="checkbox"/> <b>RUSH ORDER</b> (\$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)		
	<input type="checkbox"/> Level IV (employment, criminal search, credit or SSN search)		
	<input type="checkbox"/> Level V (criminal and SSN search)		
	<input type="checkbox"/> Level VI (employment, education, criminal search, credit or SSN search)		
	(Above packages check here for 5 year emp. history <input type="checkbox"/> Check here for only 3 year <input type="checkbox"/>		
Address:	<input type="checkbox"/> Criminal History (county)	<input type="checkbox"/> Federal District Search	
City/State/Zip:	<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)		
If Applicable, Division or Code #:	<input type="checkbox"/> Credit Report		
Phone Number:	<input type="checkbox"/> Employment History	<input type="checkbox"/> Education	<input type="checkbox"/> Driving Record <input type="checkbox"/> SSN Search
Fax Number:	<input type="checkbox"/> Workers' Comp.	<input type="checkbox"/> Military	<input type="checkbox"/> Credential <input type="checkbox"/> Bus/Personal Ref.

F14-0904

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

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**Employer** (“the Company”) may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, workers compensation claims or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. Workers compensation will only be requested in compliance with the ADA and/or any other applicable laws.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by BackTrack, Inc., 8850 Tyler Boulevard, Mentor, OH 44060, (800) 991-9694, [www.backtracker.com](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  Date 10/28/2015  
Printed Name Kristopher Nemec 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  Date 10/28/2015

Printed Name Kristopher Nemeec Company Applying To BASF

**Kristopher N. Nemec**  
**16483 E. Girard Ave**  
**Aurora, CO 80013**  
**(720) 468-2777 Cell**  
**rugg3r\_2010@yahoo.com**

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**SUMMARY OF QUALIFICATIONS**

- 5yrs Forklift operation
- 5yrs Warehouse
- 5yrs Loading and unloading delivery trucks
- 5yrs Mixing dry cement blends for well cementing
- 5yrs Mixing of Fluids/chemicals used in fracking operations
- 5yrs Loading of chemicals used in fracking operations

**EDUCATION**

Eaglecrest High School      Centennial, Colorado      Graduated 2010

**EXPERIENCE**

**Material Handler**

*Baker Hughes Inc.*

*Brighton Co*

*2010-2015*

- General warehouse operations
- Loading and unloading of vendor trucks using forklift
- Mixing cement blends used in well cementing
- Loading and unloading of company trucks used in fracking and cementing operations
- Applying applicable placarding to trucks prior to leaving the yard
- Cleaning of 300 gallon totes used in fracking operations
- Warehouse inventory

**Fry Cook**

*Mcdonald's Restaurant*

*Dickinson ND*

*2010-2010*

- Cleanliness of outer restaurant area
- Prepare hamburgers
- Cook fries

# ENROLLMENT FORM

ESC UNAV P2M v15.1

## REQUIRED EMPLOYEE INFORMATION

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

Social Security Number 592-25-8997  
Date of Birth 06/08/1992 Sex  M  F  
Name Kristopher NEMEC  
Street Address 16483 E. Girard Ave.  
City Aurora State CO Zip 80013  
Home Phone 720-468-2777

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  
Rebecca NEMEC

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 \$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 MEC WELLNESS/PREVENTIVE PLAN

82193010-M-EMP

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 Kristopher Nemece

Date 10/28/2015