

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.

Reference

Date: -2-16-15-

Name of Reference: Phone # Nick Chavez 303-237-8231

In what capacity do you know the employee? Former Manager

How long have you known the employee? 1yr

Michael Peckham has applied for a potential job with one of our customers, before we can consider an individual for any positions we would like to speak with you about the candidate's previous employment with your organization.

Would you please be kind enough to rate the following from 1 to 5, 5 being the top number.

Attitude.....	5 4 3 2 1
Effort.....	5 4 3 2 1
Attendance.....	5 4 3 2 1
Flexibility.....	5 4 3 2 1
Willingness to learn.....	5 4 3 2 1
Overall presentation.....	5 4 3 2 1

Any additional comments you would like to add?

I Strive to be the "Best In The World" at what I Do

Michael Peckham

Name of person completing the form

Title

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

☐ YES \$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

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

DISCLOSURE AND CONSENT CONCERNING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

This form, which you should read carefully, has been provided to you because CMG may request Consumer Reports and/or Investigative Consumer Reports from a consumer reporting agency. The Company will use any such report(s) solely for employment-related purposes. Consumer Reports or Investigative Consumer Reports will be obtained from CSS Test, Inc. ("CSS Test") located at 400 Laurel Oak Road, Suite 102, Voorhees NJ, 08043. They can be contacted at 856-627-5600. Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws, I hereby authorize and permit CSS Test, Inc., to obtain a consumer report and/or an investigative consumer report which may include the following: Reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, social security number, criminal records checks, public court records checks, including civil, driving records, educational records, verification of employment positions held, workers compensation records, personal and professional references, licensing, certification, etc. The information contained in these reports may be obtained by CSS Test from private or public record sources including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

Additional State Law Notices: If you live or are applying for a job in California, Maine, New York or Washington, please note:

California residents, under section 1786.22 of the California Civil Code, you may view the file maintained on you by CSS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at CSS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

Maine: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

New York: You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

Washington State: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

CONSENT

I have carefully read and understand this Disclosure and Consent form and, by my signature below, consent to the release of consumer and/or investigative consumer reports, as defined above, to the Company in conjunction with my application for employment. I further understand that any and all information contained in my job application or otherwise disclosed to the Company by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Company. I understand that if the Company hires me, it may request a consumer report and/or an investigative consumer report about me, as defined above, for employment-related purposes during the course of my employment. I understand that my consent will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time. This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

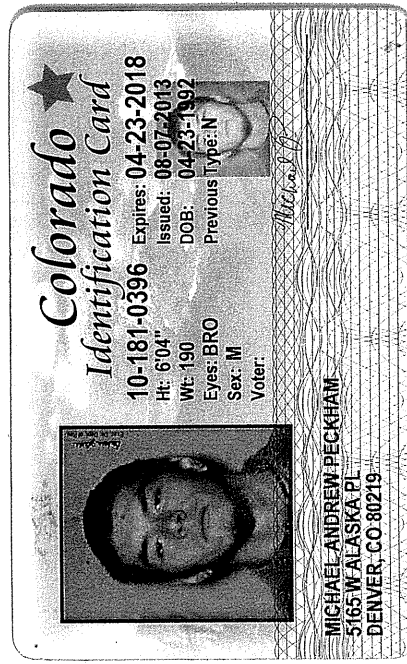
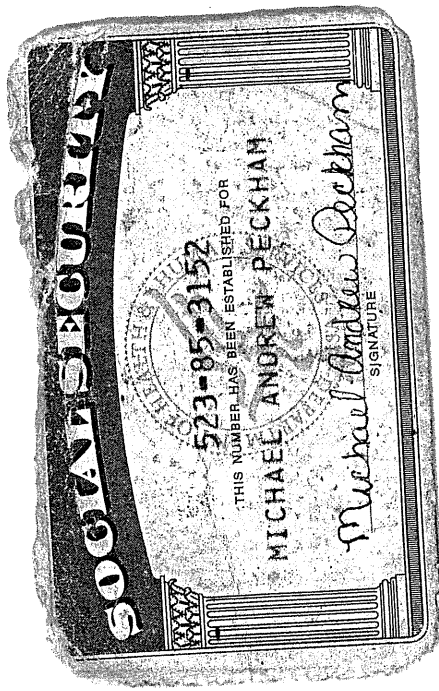
Applicant Last Name Peckham First Michael Middle Andrew
Social Security # 523-85-3152 Date of Birth (for ID purposes only) 04-23-1992
Drivers License Number and State of Issue 10-181-0396
Present Address 788 S. Reed Ct H-21
City/State/Zip Lakewood, CO, 80226
Applicant Signature Michael P. Date 2-16-15

CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS ONLY:

☐ I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report on me that is requested.

CSS Inc.

400 Laurel Oak Road, Suite 102, Voorhees, NJ 08043 Tel: 1-856-627-5600 Fax: 1-856-627-5699



SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 02/16/2015
Page: 1 of 1

Case Verification Number: 2015047102234TN**Case Information:**

Employee Information:

Last Name:	Peckham	First Name:	Michael
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 3152	Date of Birth:	04/23/1992
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:	04/23/2018
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	02/16/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	EPOR4912	Submitted On:	02/16/2015

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: