

To Liz Porreco

303-736-7767

From Theron Sheppick

Hire Packet

30 pages with cover sheep



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <i>Sheppick</i>		First Name (Given Name) <i>Theron</i>		Middle Initial <i>S.</i>	Other Names Used (if any)	
Address (Street Number and Name) <i>8537 South Johnson Way Circle</i>			Apt. Number	City or Town <i>Sandy</i>	State <i>UT</i>	Zip Code <i>84094</i>
Date of Birth (mm/dd/yyyy) <i>03/29/1974</i>	U.S. Social Security Number <i>529-37-6885</i>	E-mail Address <i>SheppickTheron@gmail.com</i>			Telephone Number <i>801-440-7097</i>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

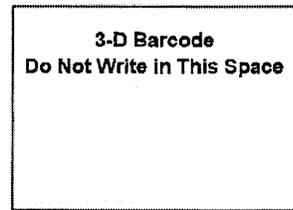
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <i>Theron S. Sheppick</i>	Date (mm/dd/yyyy): <i>03/29/2015</i>
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code

STOP Employer Completes Next Page **STOP**



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver's license</u>		Document Title: <u>SS card</u>
Issuing Authority:		Issuing Authority: <u>Utah</u>		Issuing Authority: <u>SS Admin</u>
Document Number:		Document Number: <u>151150817</u>		Document Number: <u>529-37-6885</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>03/29/2020</u>		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 03/03/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>[Signature]</u>		Date (mm/dd/yyyy) <u>03/02/2015</u>	Title of Employer or Authorized Representative <u>Admin Assistant</u>	
Last Name (Family Name) <u>Scholl</u>		First Name (Given Name) <u>Caitlin</u>		Employer's Business or Organization Name <u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>
Employer's Business or Organization Address (Street Number and Name) <u>7301 OHMS LANE SUITE 405</u>			City or Town <u>EDINA</u>	State <u>MN</u>
			Zip Code <u>55439</u>	

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

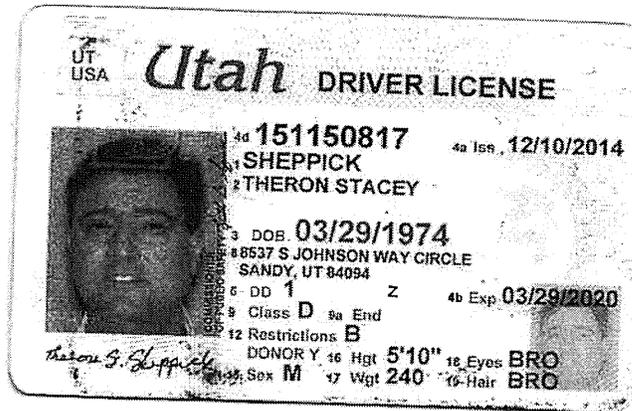
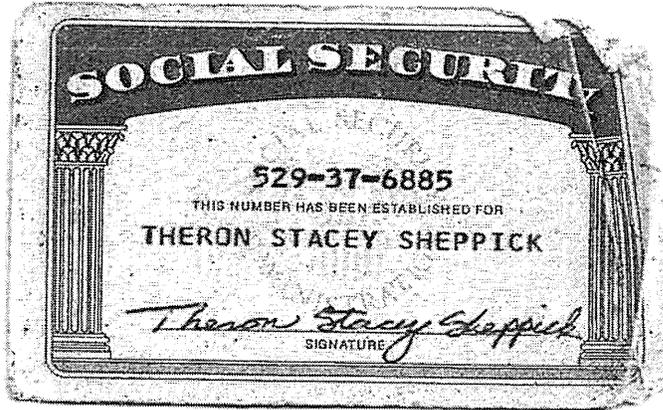
A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:



Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate	OMB No. 1545-0074 2015
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		
1 Your first name and middle initial <i>Theron S.</i>	Last name <i>Sheppick</i>	2 Your social security number <i>529-37-6885</i>
Home address (number and street or rural route) <i>8537 South Johnson Way Circle</i>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code <i>Sandy, UT 84094</i>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 <i>1</i> 6 <i>0</i>
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) <i>Theron S. Sheppick</i>		Date ▶ <i>2/27/15</i>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 03/02/2015
Page: 1 of 1

Case Verification Number: 2015061104257VG

Case Information:**Employee Information:**

Last Name:	Sheppick	First Name:	Theron
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 6885	Date of Birth:	03/29/1974
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:	Utah
Driver's License or ID Card Number:		Document Expiration Date:	03/29/2020
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	03/02/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CSCH4411	Submitted On:	03/02/2015

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:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

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

Case Result:

Response Date:

Case Closure:

Closure Statement:

Closed By:

Closed On:

SENSITIVE BUT UNCLASSIFIED



YOUTH SELF-ATTESTATION FORM Work Opportunity Tax Credit Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with Form ETA 9061 for each certification request filed.

New Hire Name: Theron S. Sheppard

Social Security Number: 529-37-6885 Date of Birth: 3-29-1974

Employer Name: Employer Solutions Staffing Group

Employer Federal ID (EIN) Number: _____

Please check all the statements that apply to you. Sign and date this form where indicated below.

- In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations.
- I do not have a High School Diploma or GED certificate.
- I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

New Hire's Signature: Theron S. Sheppard Date 3/27/15

Privacy Act Notice:

The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form, including the Social Security Number, will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

Public Burden Statement:

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.

**HIRE Act FICA Payroll Holiday and
Employee Retention Tax Credit
Employee Affidavit**

Employer Name: _____ FEIN: _____

Hire Location: _____

.....
Employee Name: Theron S. Sheppick

Social Security Number: 529-37-6885 1st Day of Work: _____

EMPLOYEE: Please check **One statement that applies to you and sign and date where indicated below.**

- I was unemployed during the entire 60 day-period prior to my first day of employment at this company.
- I worked less than a total of 40 hours during the 60-day period prior to my first day of employment at this company.
- OR
- I worked MORE than a total of 40 hours during the 60-day period prior to my first day of employment at this company.

Under penalties of perjury, I hereby declare that the information above is true and correct to the best of my knowledge. By signing this form, I hereby authorize the release to my new employer or its agents information held by any parties needed to determine my eligibility for federal and/or state incentive programs.

Employee Signature: Theron S. Sheppick Today's Date: 2/27/15

<p>For employer's use only:</p> <p><input type="checkbox"/> Employee is being hired for a new position within the company.</p> <p><input type="checkbox"/> Employee is replacing an employee who either quit or was terminated with just cause.</p> <p><input type="checkbox"/> Employee is replacing an employee who was laid off.</p> <p>Hiring Manager's Signature: _____ Date: _____</p>
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WORK OPPORTUNITY TAX CREDIT

PLEASE CHECK "YES" OR "NO" AND ANSWER ALL QUESTIONS

Name Theron S. Sheppick
 Address 8537 S. Johnson Way Circle
 City Sandy State UT Zip 84094 Social Security # 529-37-6895
 Date of Birth 3-29-1974 Age 40

Please CHECK ONE ANSWER for each of the following questions, and complete question #5:

1. Have you or any family member living with you received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) during the past 24 months? Yes No
2. Have you or any family member living with you received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) at any time during the past fifteen (15) months? Yes No
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days? Yes No
4. Are you part of the Ticket to Work program? Yes No

5. Name of person who received benefits _____ Relationship _____ City & State where benefits received _____

6. Are you a veteran? Yes No and Disabled due to service? Yes No
 Service Dates: From: _____ To: _____ Branch: _____

7. Have you been unemployed at any time during the last 12 months? Yes No
 If yes, dates of unemployment: From: _____ To: _____
 Did you receive unemployment compensation at any point during your unemployment?
 If yes, dates received compensation: From: _____ To: _____ Yes No

8. Have you been convicted of a felony or released from prison in the last 12 months?
 Date of Conviction: _____ Date of Release: _____ Yes No
 Parole Officer's Name: _____ Parole Officer's Phone # _____

9. Have you received rehabilitation services from a State approved or Department of Veterans Affairs approved Vocational rehabilitation agency? Yes No
 Name of Agency UTAH STATE Vocational Rehabilitation Phone # 801-263-4893
 Address of Agency 926 West Baxter Drive, South Jordan, UT 84095 Counselor's Name Victoria Smutzer

10. Have you attended High School, College or Technical School for more than an average of 10 hours per week at any time during the last 6 months? Yes No

11. Did you receive a high school diploma or GED? If yes, date received: 1992 Yes No
 Have you been employed or been admitted to technical school or college since then? Yes No

12. How much in gross wages have you earned TOTAL in the past six months? \$ 700

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, or the Department of Labor.
 → NEW HIRE SIGNATURE Theron S. Sheppick DATE _____

Questions below to be completed by manager
 Starting Wage _____ Position _____
 Has employee worked for this company before? _____ If yes, date and location _____

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

OMB No. 1545-1500

▶ See separate instructions.

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

Your name Theron S Sheppick Social security number ▶ 529-37-6885
Street address where you live 8537 S. Johnson Way Circle
City or town, state, and ZIP code Sandy Utah 84094
County Salt Lake Telephone number (901) 440-7097
If you are under age 40, enter your date of birth (month, day, year) 3-29-1974

- 1 Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 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 discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but **not** age 25 or older, **and**:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
 - Discharged or released from active duty in the U.S. Armed Forces, **or**
 - Unemployed for a period or periods totaling at least 6 months.
- 5 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 ▶ Theron S. Sheppick Date 2/27/15

WOTC NEW HIRE PROCESS

Part One - Applicant

On the day the Applicant is offered and accepts the job, the applicant should:

- a. **completely fill out, sign and date** Form A (either the English or Spanish side),
AND
- b. **completely fill out, sign and date** the front of the 8850 form,
AND (if at least 16 but not yet 25 years old)
- c. **completely fill out, sign and date** the Disconnected Youth Self-Attestation form.

Part Two – HR Administrator

1. After the Applicant fills out the two forms listed above, the HR administrator should check for:
 - a. Legibility, especially SS#,
 - b. Completeness of forms, especially **signature** on Form 8850, Form A and Self-Attestation form,
 - c. Employee has included their **physical** address, **NO P.O. BOXES**,
 - d. If the Applicant is a veteran (question 6 of the Form A), please obtain a copy of their DD-214, and
 - e. If the Applicant is part of the "Ticket to Work" program (question 4 on the Form A), please obtain a copy of their ticket document.
2. HR Administrator or Manager should then complete the "For Employer's Use Only" section on the back of the Form 8850, then sign and date the form.
3. Attach a copy of the employee's **W-4 form**, Social Security Card **AND** one of the following:
 - a. Driver's License,
 - b. Resident Alien Card,
 - c. Birth Certificate, or
 - d. State ID card.
4. Completed packets should include:
 - a. Form A (**ORIGINAL SIGNATURE IS REQUIRED BY ACI/RetroTax**),
 - b. 8850 form (**ORIGINAL SIGNATURE IS REQUIRED BY ACI/RetroTax**),
 - c. Disconnected Youth Self-Attestation form (**ORIGINAL SIGNATURE REQUIRED BY ACI/RetroTax**),
 - d. Copy of Social Security Card,
 - e. Copy of W-4 form,
 - f. One other piece of Identification (see list above),
 - g. Copy of DD-214, if applicable, and
 - h. Copy of Ticket to Work, if applicable.
5. Gather completed packets and mail to:

ACI/RetroTax
3730 Washington Boulevard
Indianapolis, IN 46205

Please double check the paperwork. The more thorough the HR Administrators are in providing support documentation and the completed forms, the faster ACI/RetroTax can process the forms without repeatedly contacting you.

The forms must reach ACI/RetroTax's office, be processed and ACI/RetroTax must send the forms to the State Department of Employment Services within 28 days of the employee's Job Started Date or you will lose the certification.

If you have any questions or concerns please feel free to contact Becky Huber or Lola Strode at 1-800-925-0557.

Background Investigation Information Release Form

Please read this form carefully and be aware that by allowing Employer Solutions Staffing Group LLC to investigate your background with state and federal agencies, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal and driving record background check and review.

I understand that a successful criminal and driving record background investigation is a condition of my employment by Employer Solutions Staffing Group LLC to work at facilities of:

_____ and, further, that Employer Solutions Staffing Group may, at its discretion, conduct periodic criminal and driving record background investigations on me during the course of my employment with Employer Solutions Staffing Group.

I agree to waive and relinquish all claims I may have against Employer Solutions Staffing Group LLC and its officers, agents, servants and employees as a result of my participation in any criminal and driving record background investigation.

I do hereby fully release and discharge Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims from damages that I may have or that may accrue to me on account of the results of any aspect of any criminal and driving record background investigation.

I further agree to indemnify and hold harmless and defend Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims resulting from damages sustained by me or arising out of, connected with, or in any way associated with, any of the activities of any criminal and driving record background investigation and review.

I have read and fully understand this Waiver and Release of All Claims.

529-37-6885

Social Security Number

151150817

Driver's License No:

UT

State

Sheppick

Last Name

Theron

First Name

S.

M.I.

Maiden and/or Other Last Names Used

8537 South Johnson Way Circle Sandy, Salt Lake

Current Address

City and County

UT 84094

State and Zip Code

03/29/1974

Date of Birth

Circle One:

Male / Female

Signature: Theron S. Sheppick

Date: 2/27/15

**EMPLOYER SOLUTIONS STAFFING GROUP
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION**

Name: Therese S. Sheppick

Address: 8537 South Johnson Way Circle Sandy, UT 84094

Home Phone: 801-255-9258 / 801-446-7097

Person(s) to contact in case of an emergency on the job (in order of preference):

1. Name: Lynn Sheppick

Phone (work): 801-573-1518

Phone (home): 801-255-9258

2. Name: Linda Sheppick

Phone (work): 801-573-1464

Phone (home): 801-255-9258

Additional information you want Employer Solutions Group and our clients to know in the event of an emergency:

I am hearing impaired 95% deaf in both ears, I wear hearing Aids. I am Allergic to ALL NSAIDS.

Employer Solutions Staffing Group Direct Deposit Authorization

If you are applying for direct deposit, please make sure that you are mark whether the account is a savings or checking. Failure to provide this information can result in the deposit being delayed for several days. Please also note that it is possible for your direct deposit to be delayed a day or two the first week that your direct deposit is processed. Every bank is different and, although this doesn't happen frequently, it does happen. If you cannot wait a day or two past pay day for your deposit, then we suggest staying with a paper paycheck. The time that the money goes into your account on pay day varies by bank. Please allow until at least 10 am on your payday for the deposit to show.

Please print

Check one of the following	Effective Date
<input checked="" type="checkbox"/> Start	<input type="checkbox"/> As Soon As Possible
<input type="checkbox"/> Stop	<input type="checkbox"/> Future Paydate
<input type="checkbox"/> Change	____/____/____

Social Security Number
529-37-6885

Name (Last, First Middle Initial) Sheppick Theron S.			
Home Address 8537 South Johnson Way Circle	Street	City Sandy	State UT
			Zipcode 84094
Date (Mo/Day/Yr) 02/27/2015	Employee Signature Theron S. Sheppick	Daytime Phone Number 801-440-7097	

SUBMISSION OF THIS FORM MEANS YOUR ENTIRE PAYROLL CHECK WILL GO TO THIS FINANCIAL INSTITUTION

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)

Type of Account
 Checking
 Savings
 Money Market Checking
 Money Market Investment Requires Submission of ACH form from your broker

I authorize Employer Solutions Staffing Group to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize Employer Solutions Staffing Group to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by Employer Solutions Staffing Group at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to Employer Solutions Staffing Group for distribution. This will delay payment of funds to you.

THERON S SHEPPICK
8537 JOHNSON WAY CIR
SANDY, UT 84094-6348

97-7670/3243

101

Date _____

✓ **PAY** \$ _____ **nt.**
TO THE ORDER OF

VOID

/100 DOLLARS

JORDAN CREDIT UNION
P.O. Box 1888 * Sandy, Utah 84091
(801) 566-4195

MEMO _____ **VOID** _____ **MP**

⑆324379705⑆ 00751183⑈ 010⑆

© LIBERTY



Employee Acknowledgement Form (Temps)

I hereby acknowledge receipt of Storeroom Solutions Inc. "**Employee Safety Handbook**" which outlines important safety requirements and information for working as safely as possible. I agree to follow the safety and health rules as outlined in this handbook. I further understand that complete safety and health program requirements are published in the "**Safety Manual**" that can be obtained through my Site Manager or Project Leader.

Therese S. Sheppick 2/27/15
Employee Signature Date

Employer's Representative Date

Important: This receipt must be read, understood and signed by all Storeroom Solutions Inc. permanent and temporary employees. Temporary employees sign this hard-copy form. Permanent employees must document their training in the SSI Learning Center by taking the associated quiz.

Documentation Instructions:

Permanent Employees: The SSI Site Manager, or senior SSI employee, will ensure all personnel have read and understand the contents of this document. Please contact the Senior Director of Safety and Quality safety@storeroomsolutions.com if you have any questions. The employee must take the Employee Safety Handbook Quiz contained in the SSI Learning Center.

Temporary/Project Employees: The project leader or hiring manager will ensure all personnel have read and understand the contents of this document. Please contact the Senior Director of Safety and Quality safety@storeroomsolutions.com if you have any questions. The employee and leader or manager will sign this form file it on site. This form is a special interest item during implementation audits.

Employees: Please retain the handbook for future reference.



ANTI-HARASSMENT POLICY

It is Corporate Management Group's (CMG) policy that all employees should be able to enjoy a work environment free from all forms of discrimination, including harassment. As such, CMG is committed to vigorously enforcing their Anti-harassment Policy. This policy applies to all employees of the organization (without regard to position) and individuals not directly connected to CMG (e.g., an outside vendor, consultant, customer or guest). Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation or veteran status. Harassment is considered a form of discrimination and is specifically included among the prohibitions under Title VII of the Civil Rights Act of 1964. In addition, retaliation or reprisal taken against anyone who has expressed concern about harassment or discrimination against the individual raising the concern is illegal.

The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as "unwelcome sexual advances, requests for sexual favors, sexual comments, or other verbal or physical acts of a sexual or sex-based nature including, but not limited to drawings, pictures, jokes, and/or teasing where (1) submission to such conduct is made either explicitly or implicitly a term or a condition of an individual's employment; (2) an employment decision is based on an individual's acceptance or rejection of such conduct; or (3) such conduct interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment."

The Anti-harassment Policy prohibits harassment and/or retaliation by any individual employed by, doing business with or for, or visiting CMG. Employees who believe they have been the subject of harassment and/or retaliation or an employee who may have been witness to harassment and/or retaliation must report the incident immediately. Information and/or allegations must be reported to a manager of CMG (**by telephoning 866.920.1425 or 303.920.1425**). Only those who have an immediate need to know, including the alleged target of harassment or retaliation, the alleged harassers or retaliators, and any witnesses may find out the identity of the complainant. All individuals contacted in the course of an investigation will be advised that all persons involved in a charge are entitled to respect and that any retaliation or reprisal against an individual who is an alleged target of harassment or retaliation, who has made a complaint, or who has provided information in connection with a complaint, is a separate violation of CMG's policy. All information will be disclosed only on a need-to-know basis to allow CMG to

investigate and resolve the incident. CMG recognizes the serious nature of harassment and therefore will endeavor to protect the employee who may have been subjected to harassment, any witnesses and the party against whom allegations have been filed to every possible extent.

Harassment is unlawful and has a negative impact on employees. Violation of the Anti-harassment Policy will not be tolerated by CMG and may result in discipline up to and including termination. Offensive acts or conduct have no legitimate business purpose; accordingly, any employee, regardless of his/her position within CMG, who it is determined has engaged in such conduct will be made to bear the full responsibility for such unlawful conduct.

With respect to sexual harassment, the following is prohibited:

1. Unwelcome sexual advances, request for sexual favors, and all other verbal or physical conduct of a sexual or otherwise offensive nature, especially where:
 - Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
 - Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
 - Such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment.
2. Offensive comments, jokes, innuendoes and other sexually-oriented statements.

If Harassment Occurs:

1. When possible, confront the harasser and tell him/her to stop. Sometimes a simple confrontation will end the situation.
2. If confrontation is unsuccessful, immediately contact your CMG supervisor to report the harassment.
3. An investigation will be conducted and appropriate action taken, including disciplinary measures. We will investigate, in confidence; all reported incidents of harassment and retaliation.

Employee Signature: Theresa S. Sheppard

Date: 2/27/15

DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF BACKGROUND REPORTS

It is recognized and understood that the Fair Credit Reporting Act provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses" shall be fined not more than \$2,500 or imprisoned not more than a year, or both.

In connection with my application for EMPLOYMENT (including contract for services), I understand that investigative background inquiries are to be made on me which may include criminal convictions, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences. *If I include a current employer for verification, I may jeopardize my position within that company.* I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from BACKGROUND SOURCE INT'L and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract).

Applicant Signature: Theron S. Sheppick **Date:** 2/27/2005

Please PRINT clearly: Position applied for: _____

Name: Theron Stacey Sheppick Maiden / AKA: _____
First Middle Last

Soc. Sec. #: 529-37-6885 *Sex: M *Race: White *Date of Birth: 3-29-1974

Current Address: 8537 S. Johnson Way Circle County: Salt Lake

City: Sandy State: UT Zip: 84094 How long: _____ to _____

Previous Address: _____ County: _____

City: _____ State: _____ Zip: _____ How long: _____ to _____

Motor Vehicle Report Fax to: (208)769-7282

Name as it appears: _____ License #: _____ State held: _____

*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the event we discover adverse information during our background investigation. 03/06/01



To: All Employees

Quien: Todos Empleados

From: Corporate Management Group & Employer Solutions Group

De: Corporate Management Group y Employer Solutions Group

Re: Stop Payment Check Fee

Re: Tarifa de cheque parado

Effective immediately, to replace a lost or stolen check, \$50.00 will be deducted from the replacement check for a stop payment fee and for a reprocessing fee. *Efectivo inmediatamente, para reemplazar un cheque de sueldo perdido o robado, \$50.00 de tarifa sera deducido de el cheque reemplazado para parar el cheque original y para procesarlo demuevo.*

If you lose your check, we will first have to verify that it has not been processed through the bank. If it has not, a new check will be issued, minus the \$50.00 fee. *Si usted pierde su cheque, tendremos que verificar que no ha sido procesado en el banco. Si no, un cheque nuevo sera processado, menos las tarifa de \$50.00.*

If your check is stolen, we will first need a copy of the police report before a new check can be reissued. After we receive a copy of the police report, a new check will be issued following the same procedures as listed above. *Si su cheque es robado, necesitaremos una copia de el reporte de policia antes de que un cheque nuevo sera procesado. Despues de obtener una copia del reporte de policia, un cheque nuevo sera procesado usando los mismos procedimientos mencionados arriba.*

If you have any questions regarding this new policy, please contact your On-Site Representative or the Corporate Office (303-920-1425). *Si usted tiene preguntas sobre esta poliza, por favor contacte a su representante de CMG o la oficina corporal al (303-920-1425)*

Thank you for your continued dedication and hard work!

Gracias por su dedicacion continua!

By signing below you are confirming that you understand the above policy.
Con su firma abajo usted esta confirmando que entiende la poliza descrita.

Signature/Firma: *Theron S. Sheppard*
Date/Fecha: *2/27/15*

February 2011

EMPLOYEE INFORMATION (Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK or BLUE INK ONLY
ESC CU(NAV®SAD) P2 v13.0

Social Security Number 529-37-6885
Date of Birth 03/29/1974 Sex M F
Name Theron S. Sheppick
Street Address 8537 South Johnson Way Circle
City Sandy State UT Zip 84094
Home Phone 801-255-9258

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. _____

BENEFIT SELECTION

Weekly Rates

MEDICAL



- \$20.91 Employee Only
- \$42.44 Employee + One
- \$56.67 Employee + Family
- NO to MEDICAL, TERM LIFE, and STD benefits.

DENTAL



- \$ 5.99 Employee Only
- \$11.98 Employee + One
- \$19.77 Employee + Family
- NO

TERM LIFE



- YES \$0.60 Employee Only
- YES \$0.90 Employee + One
- 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.

You MUST enroll in the Medical Insurance Plan before adding Term Life or STD. Your coverage level for Term Life will be identical to your medical plan selection.

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

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 _____

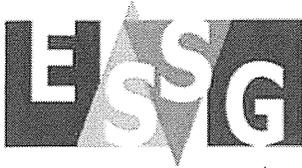
RELATIONSHIP _____

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

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 Theron S. Sheppick

Date 02/27/2015



Employer Solutions Staffing Group LLC *New Hire Application*

7301 Ohms Lane / Suite 405
Edina, MN 55439
T:952.835.1288 / F:952.835.4881

Personal Data- PLEASE PRINT LEGIBLY IN INK

Last Name Sheppick First Name Theron Middle Initial S
 Street Address 8537 S. Johnson Way Circle
 City/State/Zip Sandy Utah 84094
 Home Phone 801-255-9258 Cell / Message Phone 801-440-7097
 Company/Employer _____

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Are you legally authorized to work in the United States of America? YES NO

Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

Theron S. Sheppick Name (Print or type) Theron S. Sheppick Applicant's Signature 2/27/15 Date

A copy or facsimile will be considered the same as an original signature.

For ESSG Office Use Only				
DOH _____	NHW _____	I-9 _____	8850 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	5 Day Letter (If applicable) _____	ESC Application _____

CONTRACT EMPLOYEE CONFIDENTIAL INFORMATION AGREEMENT

This AGREEMENT made this 27 day of February, 20~~14~~¹⁵ between Theron S. Sheppick (hereinafter "CONTRACT EMPLOYEE") and Teva Pharmaceuticals USA, Inc., a corporation organized and existing under the laws of the State of Delaware, and acting in this Agreement on its behalf and in the interest of all affiliated companies throughout the world, including any and all subsidiary companies or its parent company (hereinafter "COMPANY") and with the intention of being legally bound, the parties do hereby agree as follows.

- 1 During the course of performance of work for the COMPANY, CONTRACT EMPLOYEE will devote all best efforts only to the interests of the COMPANY and will not participate in the planning, operation, or management of any activity competitive with the COMPANY'S interest and will not otherwise engage in any activity in conflict with the interests of the COMPANY except as permitted and authorized in writing by an officer of the COMPANY.
- 2 CONTRACT EMPLOYEE acknowledges that certain valuable information (both technical and non-technical) vital to the success of the business of the COMPANY may be made available to the CONTRACT EMPLOYEE, or CONTRACT EMPLOYEE already may have become acquainted with such information by virtue of the performance of work at Teva Pharmaceuticals USA.
- 3 CONTRACT EMPLOYEE shall not disclose or use at any time, either during or after, the contract period of performance of work for the COMPANY, except as required in the performance of duties to the COMPANY, any secret or confidential information, whether or not developed by CONTRACT EMPLOYEE, unless CONTRACT EMPLOYEE shall first obtain written consent by an officer of the COMPANY. Secret or confidential information shall include know-how, designs, formulae, manufacturing, fabrication and technological processes, devices, machines, inventions, research or development projects, plans for future development, materials of a business nature, financial information, client information, sales and marketing information and any other information of a similar nature in a form or to the extent not available to the public.
- 4 CONTRACT EMPLOYEE shall not publish or cause to be published or make oral presentation on any articles or materials related to the present or contemplated business or activities of the COMPANY without prior written consent of an officer as to whether

such articles or materials are so related shall be final and binding on CONTRACT EMPLOYEE.

5 CONTRACT EMPLOYEE shall not disclose to the COMPANY or seek to induce the COMPANY to use confidential information or materials belonging to others.

6 CONTRACT EMPLOYEE covenants to the COMPANY as follows: (i) CONTRACT EMPLOYEE will not, and understands that he is not expected to, utilize in the course of his employment at the COMPANY any information the use of which would be in violation of any valid and legally enforceable agreement restricting the use of confidential information or materials belonging to others (the "Restricted Information"); (ii) CONTRACT EMPLOYEE will not bring onto COMPANY property, or utilize in the course of his employment at the COMPANY, any physical property belonging to or relating to any former employer of the CONTRACT EMPLOYEE other than the COMPANY (collectively, the "Former Employers"), including but not limited to, floppy disks, manuals and notebooks or other physical copies or manifestations of the Restricted Information; (iii) CONTRACT EMPLOYEE will both (A) properly inform the COMPANY if any work assigned to, or expected of, the CONTRACT EMPLOYEE at the COMPANY would result in the utilization by the COMPANY or the CONTRACT EMPLOYEE of the Restricted Information, whether consciously or unconsciously, and (B) decline to perform any such work.

7 (a) CONTRACT EMPLOYEE hereby represents and warrants to the COMPANY as follows: (i) neither the execution of this Agreement, the consummation of the transactions contemplated hereby nor the performance of this Agreement in accordance with its terms and conditions will cause the CONTRACT EMPLOYEE to be in violation of any agreements with any Former Employer regarding Restricted Information or which restrict the use of Restricted Information; (ii) neither the execution of this Agreement, the consummation of the transactions contemplated hereby nor the performance of this Agreement in accordance with its terms and conditions will cause the CONTRACT EMPLOYEE to be in violation of any provision of any agreement with any Former Employer which could adversely affect his ability to perform the duties required of him; (iii) the CONTRACT EMPLOYEE has not engaged in any conduct which would constitute a breach of any fiduciary duties owed to any Former Employer which could (A) adversely affect his ability to perform his duties at the COMPANY, or (B) adversely affect the COMPANY'S ability to conduct its business.

(b) CONTRACT EMPLOYEE further represents and warrants to the COMPANY that the CONTRACT EMPLOYEE'S adherence to the covenants described in Section 6 hereof will neither (i) adversely affect his ability to perform his duties at the COMPANY, or (ii) adversely affect the COMPANY'S ability to conduct its business.

The representations and warranties contained in this Section 7 shall survive the execution and delivery of this Agreement and the consummation of the transactions contemplated thereby.

- 8 CONTRACT EMPLOYEE shall disclose promptly, completely and in writing to an officer of the COMPANY all inventions and discoveries, whether or not patentable, made or conceived by CONTRACT EMPLOYEE, either individually or jointly, while employed by the COMPANY, relating to business carried on by or being developed by the COMPANY. CONTRACT EMPLOYEE acknowledges that all such inventions and discoveries shall be the exclusive property of the COMPANY, whether or not patent applications are filed thereon and CONTRACT EMPLOYEE will execute all assignments or other instruments considered necessary by the COMPANY in order to assign and convey to the COMPANY all of CONTRACT EMPLOYEE'S rights, title and interest in and to such inventions and discoveries.
- 9 CONTRACT EMPLOYEE agrees to assign all his interest in such inventions, discoveries, and improvements to the COMPANY or its nominee. Whenever requested to do so by COMPANY, CONTRACT EMPLOYEE shall execute any and all applications, assignments or other legal documents which COMPANY shall determine may be necessary to apply for and obtain Letters Patent of the United States or any foreign country to protect COMPANY'S interest therein. These obligations shall continue beyond termination of employment with respect to inventions, discoveries and improvements conceived or made by CONTRACT EMPLOYEE during the period of employment. It is understood that if CONTRACT EMPLOYEE claims to have conceived any invention within a six (6) month period following termination of his employment, the burden of proving such conception after termination shall be on CONTRACT EMPLOYEE.
- 10 Upon completion of the contract period of the performance of duties for the COMPANY, CONTRACT EMPLOYEE will furnish to the COMPANY satisfactory proof that trade secrets and confidential information of the COMPANY acquired or learned will not be used in any manner should CONTRACT EMPLOYEE become involved in work other than for the COMPANY.
- 11 CONTRACT EMPLOYEE acknowledges that all information, data and /or know-how in his possession or control (including, but not limited to, documentation, electronic data, and hard copies of electronic data) and generated and/or developed and/or obtained during the course of or as a result of employment by the COMPANY, as well as all materials issued to CONTRACT EMPLOYEE by the COMPANY or on its behalf, are the sole and exclusive property of the COMPANY, and upon conclusion of the contract period of the performance of duties for the COMPANY, CONTRACT EMPLOYEE will immediately return all such property to the COMPANY.
- 12 The obligations contained herein shall be binding both upon CONTRACT EMPLOYEE and CONTRACT EMPLOYEE'S heirs, assigns, executors, administrators, and legal representatives.
- 13 CONTRACT EMPLOYEE understands and acknowledges that breach of any covenants contained herein will result in irreparable damage to the COMPANY and that a court of

competent jurisdiction may enjoin CONTRACT EMPLOYEE from violating these covenants and if adjudged to be in violation, either at law or in equity, that CONTRACT EMPLOYEE shall be responsible for all costs associated with enforcement of this Agreement including reasonable attorney's fees.

- 14 CONTRACT EMPLOYEE understands that this Agreement shall be interpreted and construed under the laws of the Commonwealth of Pennsylvania.
- 15 This Agreement shall inure to the benefit of the successors or assigns of the COMPANY.

Theron S. Sheppard
Contract Employee

2/27/15
Date

Teva Pharmaceuticals USA, Inc.

By _____

Date



Pharmaceuticals

Contractor/Consultant Basic Information Form

Salt Lake City Operations

Employee Information

Full Name: Theron S. Sheppick

E-mail: sheppicktheron@gmail.com

Phone: 801-446-7697

DOB: 3-29-1974

All of this information is
necessary to initiate the
drug screen &
background check.

Contract Company Information

Name of Employer: _____

Supervisor Name: _____

Supervisor Phone Number: _____

Teva Pharmaceuticals Information

Sponsor / Teva Contact: _____

On Shift Supervisor: _____

Teva Shift / Work Hours at Teva Location: _____

*** Please do not wait for this full packet of information to be complete to turn this form in to HR.
We can get the drug screen & background check started while everything else is being taken care.

Bring all forms and paperwork back to HR directly to expedite processing.

DEA Employee Screening Requirements
Inquiry and Consent for Search of Courts and Law Enforcement Agencies,
and Consent to Random Drug Screenings pursuant to Company Policy
(Required by the United States Department of Justice, Drug Enforcement Administration as referenced in
CFR 1301.90)

I hereby acknowledge that I am aware of Teva Pharmaceuticals USA, Inc.'s, ("Teva") obligation to be registered with the Federal Drug Enforcement Administration ("DEA"). As an employee of Teva, I am also aware that as a part of its registration procedures, the DEA requires Teva to provide the following information regarding those individuals who may actually handle or have access to certain controlled substances in the course of their employment with Teva.

I understand that using the information provided by Teva, and me inquiries will be made of courts and law enforcement agencies for possible pending charges or convictions.

As provided for by law I submit the following information:

1. Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing a criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court-martial.)
(Circle yes or no) YES NO If the answer is yes, furnish details of conviction, offense, location, date and sentence on a separate sheet.
2. In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician?
(Circle yes or no) YES NO If the answer is yes, furnish details on a separate sheet.

I understand that any false information or omission of information will jeopardize my position with respect to employment. I also understand that information furnished or recovered as a result of any inquiry will not necessarily preclude employment, but will be considered as part of the overall evaluation of my qualifications.

Furthermore, I understand Teva maintains fair employment practices and protects my right to privacy and assures that the results of such inquiries will be treated in confidence.

I further understand and consent to any random drug screenings that may be conducted in accordance with Teva's Workplace Substance Abuse Policy, and acknowledge that I have read and understand the Drug Enforcement Administration Mandated Employee Responsibilities for Business' Handling Controlled substances Code of Federal Regulations Title 21, a copy of which is attached to this form.

Name: Theron S. Sheppick Social Security Number: 529-37-6885
Date of Birth: 3-29-1974 Place of Birth: Salt Lake City, Utah
Home Address: 8537 S. Johnson Way Circle
(Street)
Sandy, Utah 84094
(City, State, Zip)

I consent to Teva conducting the required inquiries as documented in this form. I understand that if Teva discovers that I have had certain convictions, that information will effect my authorization to handle controlled substances at Teva, and my position with respect to employment.

Dated this 27 day of February 2015. Signature Theron S. Sheppick
(Date) (Month) (Year)

Theron S. Sheppick

Simple Assault Class B Misdemeanor on Probation until November 6, 2015.

Employer Solutions Staffing Group Direct Deposit Authorization

If you are applying for direct deposit, please make sure that you are mark whether the account is a savings or checking. Failure to provide this information can result in the deposit being delayed for several days. Please also note that it is possible for your direct deposit to be delayed a day or two the first week that your direct deposit is processed. Every bank is different and, although this doesn't happen frequently, it does happen. If you cannot wait a day or two past pay day for your deposit, then we suggest staying with a paper paycheck. The time that the money goes into your account on pay day varies by bank. Please allow until at least 10 am on your payday for the deposit to show.

Please print

Check one of the following	Effective Date
<input checked="" type="checkbox"/> Start	<input type="checkbox"/> As Soon As Possible
<input type="checkbox"/> Stop	<input type="checkbox"/> Future Paydate
<input type="checkbox"/> Change	____/____/____

Social Security Number
529-37-6885

Name (Last, First Middle Initial) Sheppick Theron S.			
Home Address 8537 South Johnson Way Circle Sandy	Street	City Sandy	State UT
			Zipcode 84094
Date (Mo/Day/Yr) 02/27/2015	Employee Signature Theron S. Sheppick	Daytime Phone Number 801-440-7097	

SUBMISSION OF THIS FORM MEANS YOUR ENTIRE PAYROLL CHECK WILL GO TO THIS FINANCIAL INSTITUTION

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)

Type of Account
 Checking
 Savings
 Money Market Checking
 Money Market Investment Requires Submission of ACH form from your broker

I authorize Employer Solutions Staffing Group to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize Employer Solutions Staffing Group to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by Employer Solutions Staffing Group at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to Employer Solutions Staffing Group for distribution. This will delay payment of funds to you.

THERON S SHEPPICK 8537 JOHNSON WAY CIR SANDY, UT 84094-6348		97-79703243	101
Date _____			
✓	PAY TO THE ORDER OF	\$	nt.
VOID		/100 DOLLARS	SECURITY FEATURES INCLUDED DETAILS ON BACK
 P.O. Box 1888 • Sandy, Utah 84091 (801) 586-4195		VOID	
MEMO _____		MP _____	
⑆324379705⑆		00751183⑈ 0101	
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