

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

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

Full Name & Address of Contract Worker:

Timothy (First Name)      Lynn (Middle Name)      Crockett (Last Name)

Address: 3359 Yucca Cir. (Number & Street)      Evans (City)      CO 80620 (State & Zip Code)

Date of Birth: 07 (Month) - 23 (Day) (Do NOT provide Year of Birth)

Contractor Company hereby certifies:

Check One:

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

OR

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

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

**TIME TO COMPLETE BACKGROUND CLEARANCE**

<u>3/7/16</u>	<u>3/8/16</u>	<u>3/11/16</u>	<u>3</u>
Date Offer Accepted	Date Background Check Started	Date Background Check Completed	# of Business Days for Background Check to Clear

Name of Contractor Company: CMo

By: Lis Porreco

Title: National Recruiter

Date: 3/11/16

# SCHEDULE A1

## Substance Abuse Testing Certificate

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

Full Name of Contract Worker:

Timothy Lynn Crockett

Date of Birth: 07 - 23 (Do NOT provide Year of Birth)  
(Month) (Day)

Date of Hire by Contractor (Company): 03-07-2016

Contractor Company hereby certifies:

Check one:

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

OR

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

Name of Contractor Company: CMG

By: Lis Porreco

Title: National Recruiter

Date: 3/21/16

**SCHEDULE B**

**AGREEMENT AND WAIVER**

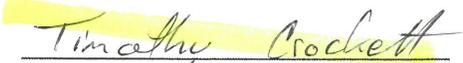
In consideration of my assignment to Client by Associate Vendor, I agree that I am solely an employee of Associate Vendor for all purposes including but not limited to benefits plan purposes, and that I am eligible only for such benefits as Associate Vendor may offer to its employees. I further understand and agree that I am not eligible for or entitled to participate in any benefit plan offered by Client, its parents, affiliates, subsidiaries, or successors to any of its direct employees, regardless of the length of my assignment to Client by Associate Vendor and regardless of whether I am held to be a common-law employee of Client for any purpose, and therefore, with full knowledge and understanding, I hereby expressly waive any claim or right that I may have, now or in the future, to such benefits and agree not to make any claim for such benefits.

Associate Vendor Employee:

Witness:

  
Signature

  
Signature

  
Printed Name

  
Printed Name

  
Title

  
Title

  
Date

  
Date

# SCHEDULE C

## Temporary Worker Invention and Secrecy Agreement

The undersigned ("Temporary Worker"), as a condition of the Temporary Worker's retention concerning services for BASF Corporation (herein called the "Client"), agrees as follows:

### 1. Confidential Relationship.

Temporary Worker admits that during Temporary Worker's performance of services related to the Client matters, Temporary Worker may have access to and further may contribute to the Client's Proprietary Information (as hereinafter defined). Temporary Worker shall during and after termination of Temporary Worker's work concerning the Client keep secret and treat confidentially all of the Client's Proprietary Information (as hereinafter defined).

### 2. Definitions.

A. **Inventions.** The term "Invention(s)" means discoveries, concepts and ideas, whether patentable, patented or not, including but not limited to proprietary or secret processes, trade secrets, methods, designs, programs, formulae and technique, developments, modifications, procedures, methods, adaptations, and applications, as well as improvements thereof or know-how related thereto, with respect to:

1. any past, present or prospective activities concerning the Client with which Temporary Worker is or becomes acquainted as a result of the performance of services by the Temporary Worker concerning the Client; or
2. the use of any Proprietary Information (as hereinafter defined).

B. **Proprietary Information.** The term "Proprietary Information" means information which may be disclosed to the Temporary Worker or which Temporary Worker may learn, observe, discover, develop, or otherwise acquire, during, or as a result of, Temporary Worker's work concerning the Client and which includes, without limitation, any information, whether patentable, patented or not, relating to any existing or contemplated products, inventions, services, technology, concepts, designs, patterns, processes, compounds, formulae, programs, devices, tools, compilations of information, methods, techniques, and including information relating to any research, development, manufacture, purchasing, engineering, know-how, business plans, sales or marketing methods, methods of doing business, customer lists, customer usages or requirements, or supplier information, which is owned or licensed by the Client, or held by the Client in confidence.

### 3. Rights to Inventions.

With respect to Inventions made by Temporary Worker in whole or in part, or conceived by Temporary Worker alone or with others, Temporary Worker agrees that:

- a) Temporary Worker shall inform the Client promptly and fully of such Inventions by a written report in a form satisfactory to the Client, setting forth in detail the procedures employed and the results achieved and that a report will be submitted by Temporary Worker upon completion of any and all studies or research projects undertaken concerning the Client, whether or not Temporary Worker believes a given project has resulted in an Invention;
- b) Temporary Worker shall apply, at the Client's request and expense, and through the Client, for United States and foreign patents, copyrights, and/or trademarks, for any Inventions either in the name of the Client or otherwise as the Client shall direct in writing;
- c) Temporary Worker shall assign to the Client or otherwise as the Client shall designate in writing, all of Temporary Worker's rights to such Inventions, if any, including but not limited to United States and foreign patents granted upon such Inventions;
- d) Temporary Worker shall assign to the Client or otherwise as the Client shall designate in writing, all of Temporary Worker's rights to copyrights and trade name or trademarks, if any, including but not limited to United States and foreign copyright registrations, trade name and trademark registrations ;
- e) Temporary Worker shall execute all documents reasonably requested by the Client to formally assign any interest that Temporary Worker may have in such Inventions to the Client or otherwise as the Client shall designate in writing; and
- f) Temporary Worker shall execute any other written instrument and shall do any other acts

reasonably requested by the Client to assist the Client or such other party as the Client may designate in writing to perfect or protect any or all of its rights in any Inventions, including but not limited to trade secret, trademark, trade name, copyright and/or patent rights, both United States and foreign.

**4. Warranty of Original Development.**

Temporary Worker represents and warrants that all services performed concerning the Client and all work products produced concerning the Client will be of original development by Temporary Worker, and will be specifically developed for the Client and will not knowingly infringe upon or violate any patent, copyright, trade secret or other property or proprietary right of any third party.

**5. Rights to Work Product.**

With respect to all work product which is not an Invention, but which is conceived or produced by Temporary Worker in the performance of the services or with the use or assistance of the Client's facilities, materials, or personnel, Temporary Worker agrees that the Client shall own all rights, title and interest to such work product, and such product shall be considered as a "work for hire" and that Temporary Worker hereby assigns all right title and interest in and to such work product.

**6. Protection of Trade Secrets.**

Temporary Worker hereby acknowledges that the Inventions and products developed by the Temporary Worker in the performance of services concerning the Client, whether by Temporary Worker or by anyone else associated with Temporary Worker, and the Proprietary Information disclosed to Temporary Worker pursuant to this Agreement, are valuable trade secrets of the Client, and Temporary Worker shall maintain and protect them in the strictest confidence.

**7. Nondisclosure and Nonuse of Proprietary Information.**

Temporary Worker will not, at any time, disclose to others, use for Temporary Worker's or any third parties benefit, or otherwise appropriate or copy any Proprietary Information, whether or not developed by Temporary Worker, except to the extent required in the performance of Temporary Worker's services concerning for the Client.

**8. Adherence to Procedure for Preserving Confidentiality.**

Temporary Worker agrees to comply with any and all procedures which the Client may adopt from time to time to preserve the confidentiality of any Proprietary Information, which may include the affixing of a legend on certain materials indicating their confidential nature.

**9. Temporary Worker's Policies and Procedures.**

Temporary Worker represents and warrants to the Client that Temporary Worker has and will enforce such security policies and procedures as are necessary to protect the confidentiality and unauthorized use of Proprietary Information. A copy of such policies and procedures together with a statement detailing the actions taken to implement them will be transmitted to the Client upon request.

**10. Duty Upon Termination.**

- a) Upon termination of Temporary Worker's retention concerning the Client for any reason, Temporary Worker agrees to deliver to the Client all Proprietary Information, writings, designs, documents, records, data, memoranda, prototype, sample, computer source code and object code listings, file layouts, record layouts, system design information, models, manuals, documentation, notes, repositories of Proprietary Information and other material of any nature which are in Temporary Worker's possession or control and which contain any Proprietary Information.
- b) Temporary Worker further agrees to retain in the strictest confidence any Proprietary Information Temporary Worker learned, through observation or otherwise, during Temporary Worker's retention by the Client.

**11. Right to Injunctive Relief.**

Temporary Worker agrees and acknowledges as follows:

- a) Temporary Worker's compliance with the provisions of this Agreement is necessary to preserve and protect the goodwill and proprietary rights of the Client as a going concern and to prevent persons, firms, joint ventures, partnerships, corporations, institutions and enterprises engaged in businesses and activities which are competitive with the businesses and activities conducted or carried on by the Client from obtaining an unfair competitive advantage over the Client;
- b) Any failure by Temporary Worker to comply with the provisions of this Agreement will result in

irreparable and continuing damage to the Client for which there will be no adequate remedy at law; and

- c) In the event that Temporary Worker fails to comply with the provisions of this Agreement, in addition to any other remedies available to it, the Client shall be entitled to, and Temporary Worker hereby consents to the entry without objection of injunctive relief (a court order causing Temporary Worker to comply with this Agreement), and to such other and further relief as may be necessary or appropriate to cause Temporary Worker to comply with Temporary Worker's duties and obligations under this Agreement.

**12. Unauthorized Use or Disclosure.**

Temporary Worker shall promptly advise the Client orally of, and confirm in writing, any actual or threatened disclosure or use of Proprietary Information which Temporary Worker knows or suspects may not be authorized by the Client.

**13. Other Agreements.**

Temporary Worker represents, warrants and covenants that Temporary Worker's signing of this Agreement and the performance of Temporary Worker's services hereunder is not and will not knowingly be in violation of any other contract, agreement or understanding to which Temporary Worker is a party.

**14. Assignment.**

The rights of the Client may be assigned or transferred without Temporary Worker's consent, at the Client's discretion. Neither the rights nor the obligations of Temporary Worker may be assigned without the Client's written consent.

**15. Severability.**

In case it is determined by a court of competent jurisdiction that any provision of this Agreement is illegal or unenforceable, such determination shall solely affect such provision and shall not impair the remaining provisions of this Agreement.

**Witness**

Lis Parreco  
Witness' signature

Lis Parreco National Recruiter  
Witness' name and title (print)

3/7/16  
Date

**Temporary Worker**

[Signature]  
Temporary Worker's signature

Timothy Crockett  
Temporary Worker's name (print)

3359 Yucca Cir Evans CO 80620  
Temporary Worker's address (print)

03-07-2016  
Date

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

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

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

Associate Vendor Employee:

Associate Vendor:

[Signature]  
(Signature)

[Signature]  
(Signature)

Timothy Crockett  
(Print Name)

Lis Porreco  
(Print Name)

[Redacted]  
(Title)

National Recruiter  
(Title)

03-07-2016  
(Date)

3/7/16  
(Date)



**Corporate Health Resources, Inc.**  
**1375 Piccard Drive**  
**Suite 275**  
**Rockville, MD 20850**

**EXAMINATION CLEARANCE NOTIFICATION**

NXT - Corporate Management Group (CMG)

Reference: BASF Brighton  
Requested By: Caitlin Scholl  
Fax Number: 303-736-4467  
From: Marjorie Shapiro  
Name: Timothy Crockett  
Test Date: 03/15/2016  
Exam Type: PMU Contracted  
Date of Clearance: 03/21/2016

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- The individual has been placed on MEDICAL HOLD pending further evaluation.
- The DRUG SCREEN RESULTS for this individual have been received and are Negative.
- The PHYSICAL AND/OR HISTORY REVIEW has been completed. The examinee has been medically cleared as indicated.
- The Lab test has been completed. The examinee has been medically cleared as indicated.
- BAT RESULTS
- Unqualified

Please call the CHR contact noted above at 800-867-0933 if you have any questions.  
Thank you for using CHR's Examiner Network.



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# Occupational Health Evaluation Medical Clearance Form

\* = Required Fields



The Chemical Company

\* Crockett Timothy Lynn  
(Name: Last) (First) (MI)

- January  April  July  October
- February  May  August  November
- March  June  September  December

\* 5 2 3 5 7 5 7 7 8

(Required Entry) SSN or BASF Emp ID only (Print neatly or type)

(Required Entry) Month of Birth

\*  Required Field  Periodic  Other pmu contracted  Pre-Placement

\* **Required Fields** Physician **MUST** Complete the Following Sections: (based on the examination of this individual and review of the available data)

Yes  No  In determining if this individual is at increased risk of health impairment from the known duties and exposures of the job, are further tests or evaluations needed?

\*  Class I: **No Medical Restrictions**  Class II: **Medical Restrictions**  Class III: **Unsuitable for Employment**

## Medical Clearances

Requested	Cleared For		Requested	Cleared For	
	Yes	No		Yes	No
<input type="radio"/> Benzene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Inorganic Lead	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Butadiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Methylene Chloride	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Chromium	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Mobile Equipment Operator	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/> Crystalline Silica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Nickel	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> Dilsocyanates	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> Platinum	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> CMV (DOT) Driver	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Respirator (except SCBA)	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/> Ethylene Oxide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> SCBA	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Formaldehyde	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Other	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Hazmat	<input type="radio"/>	<input type="radio"/>	(Must wear corrective eye lenses)		<input checked="" type="radio"/>

## Restrictions

Restrictions	Permanent	Temporary	If Temporary Date to Resume	Restriction Removed
R2. No climbing stairs or ladders (specify one). <input type="radio"/> stairs <input type="radio"/> ladder <input type="radio"/> stairs/ladder	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
R3. No work at elevated heights.	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
R4. No work in confined places.	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
R5. No operation of powered vehicles (motor vehicles, fork lift, truck etc.)	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
R6. Unable to work in extreme heat or cold.	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
R7. No or limited exposure to materials, dust, fumes, chemical vapors and gases as specified: _____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
R8. No excessive exertion.	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
R9. Must wear personal protective equipment as specified: _____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
R10. No use of respiratory protective equipment.	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
R10a. Limited respirator use: <input type="radio"/> Lightweight (no SCBA) <input type="radio"/> PAPR only <input type="radio"/> Escape only	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
R13. May not work more than <input type="text"/> <input type="text"/> hours / day or <input type="text"/> <input type="text"/> hours / week	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
R12. Other _____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>

I have informed this individual of the results of this examination and my recommendations. The individual has been notified of any medical condition which would place the individual at increased risk of material impairment of the his / her health as a result of exposure to potential hazards in the workplace.

Comments:

\* Thomas Dickey, PA-C  
Examining Physician's Signature

\* Thomas Dickey, PA-C  
Print or stamp Examining Physician's

Individual Signature

\* 03 15 20 16

(Required Entry) Physical date: mm/dd/yyyy



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