

CITC SYSTEMS, INC.
BACKGROUND CHECK AUTHORIZATION AND RELEASE

CITC Systems, Inc. may seek and obtain information about you from an investigative reporting agency for employment purposes. You may be the subject of investigative reports which can involve personal interviews with sources such as your current and past employers, or associates. These reports may be obtained at any time after receipt of your authorization. Additionally, these reports may also be obtained if you are hired throughout the duration of your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative report. The nature and scope of the investigative reports that will be obtained with regard to your application for employment will be in one or more of the following areas:

- Education
- Employment
- Residential
- Arrest and criminal conviction
- Credit history
- Reference verification

These reports will be conducted by an accredited and reputable reporting agency or by another entity or person, and we may conduct some research ourselves. The scope of this notice and authorization is all-encompassing, however, allowing CITC Systems, Inc. to obtain from any outside organization all manner of investigative reports to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to consent to and request disclosure of the nature and scope of any such investigative report(s).

1. I understand that in connection with my application for employment an investigative report will be obtained. This report or these reports may contain information, but is not limited to, as to my character, general reputation, personal characteristics or mode of living, a criminal background history, verification of current and previous employment, verification of educational credentials, professional reference verification, credit report, and the additional matters indicated above and as not prohibited by law.
2. I understand that prior to taking an adverse action based, in whole or in part, on the information contained in any investigative report, a copy of the report will be provided to me. Upon written request, within a reasonable period of time after my receipt of this disclosure, a complete and accurate disclosure of the nature and scope of the investigative reports, which may involve personal interviews with associates, will be made to me. This disclosure shall be made in writing no later than 10 days after the date on which the request for such disclosure was received or such report was first requested, whichever is later.

Initial: MAR

3. The information requested will be used in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable federal or state laws. Furthermore; I understand that if I am denied employment because of information contained in whole or in part in investigative reports, I have the right to be notified and given the name and address of the agency or source that provided the information.
4. I hereby authorize, without any reservation, any party be contacted by CITC Systems, Inc. or its agents, to furnish the information described in Section 1.
5. I understand that a fax, photographic or electronic copy of this consent and release shall be valid as the original.
6. I hereby release the agents and employers and all other persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above-mentioned information or reports.
7. I have read and understand this form, and have been given the opportunity to consult with my independent legal advisor. By my signature below, I consent to the release of all information, as defined above, in conjunction with my application for employment and 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.



Signature

11/30/2017

Date

Mark Anthony Russell

Printed Name

Initial: MAR

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

All consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 888-5-OPT-OUT (888-567-8688) or www.optoutprescreen.com.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

The following is for identification purposes only to perform the background check, and will not be used for any other purpose:

11/30/2017

DATE

Mark Anthony Russell

PRINT NAME



SIGNATURE OF APPLICANT

459-61-4351

SOCIAL SECURITY NUMBER

7/16/1981

Date of Birth (For Background Purposes Only)

052208030

GA

Drivers License Number

State

Current Address:

1845 Piedmont Avenue NE #501

Atlanta, GA 30324

Previous Addresses (Last 7 years):

5604 Sable Way Atlanta, GA 30349

Any other names I have been known by (including maiden name):

Initial: MAR



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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) Russell		First Name (Given Name) Mark		Middle Initial A	Other Last Names Used (if any)	
Address (Street Number and Name) 1845 Piedmont Ave NE		Apt. Number 501	City or Town Atlanta		State GA	ZIP Code 30324
Date of Birth (mm/dd/yyyy) 07/16/1981	U.S. Social Security Number 4 5 9 - 6 1 - 4 3 5 1		Employee's E-mail Address markrussell21@yahoo.com		Employee's Telephone Number 404-227-2285	

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 boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee 	Today's Date (mm/dd/yyyy) 11/30/2017
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Preparer and/or Translator Certification (check one):

☒ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
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)				

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): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Mark Russell
1845 Piedmont Avenue NE #501
Atlanta,
GA 30324
markrussell94_m9i@indeedemail.com

November 30th, 2017

Dear Mark,

Re: CITC Systems, Inc.

Further to our recent discussions, the following sets out the basis of CITC's offer for you to join the company in the role of Senior UI Developer, reporting to Mark Hutton.

Your Base Salary (to be paid on a bi-weekly basis) will be \$85,000 p.a. and you will qualify for a discretionary company and individual performance based bonus of up to 20% (pro-rata in the first year of service). Your base salary will be reviewed at the end of 2018. Additionally, the company will provide 20 days Paid time off (PTO) per year (pro-rata in year of hiring) which will accrue at the rate of 6.16 hours per bi-weekly period. The company will also honor the following US private sector holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Friday after Thanksgiving and Christmas Day.

Your employment will commence on 5th December 2017 at 8.30am or such other date and time agreed. Your primary place of employment will be at CITC's office, 3625 Brookside Parkway, Suite 350, Building One, Alpharetta, GA 30022 or as otherwise agreed with your manager. You will be expected to regularly work at least 40 hours per week.

This offer of employment is conditional upon you satisfying the Immigration Control and Reform Act by completing and signing Form I-9 (attached) and providing the company with the requisite evidence of identity and work authorization on your first day of employment.

This offer of employment is also conditional upon you undertaking and passing standard federal and state criminal background checks and substance abuse screening which will be administered via an approved screening provider in accordance with applicable federal, state and local laws. Please complete, sign, scan

CITC Systems, Inc. 3625 Brookside Parkway, Suite 350, Building One, Alpharetta, GA 30022

A handwritten signature in black ink, appearing to be "MR" or similar, located in the bottom right corner of the document.



and return the attached background screening and drug screening release forms with your accepted offer of employment.

CITC ADHERES TO A POLICY OF EMPLOYMENT-AT-WILL WHICH ALLOWS EITHER PARTY TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE.

If you accept this position, please sign and return a copy of this letter where indicated below. If you have any questions please do not hesitate to contact me.

Sincerely,

Dale R. Williams

Dale Williams
President CITC Systems, Inc.
Suite 763, One Glenlake Parkway
Atlanta
Georgia 30328
Email: dale.williams@citcsystems.com
UK Office: +44 (0) 203 137 7452
US Mobile: + 00 (1) 678 763 0490

www.citcsystems.com

ACKNOWLEDGEMENT

Applicant Signature:  Date: 11/30/2017

**PRE-EMPLOYMENT DRUG TESTING
CONSENT AND RELEASE FORM**

I hereby consent to submit to a drug test and to furnish a sample of my urine, for analysis, as shall be determined by CITC Systems, Inc. in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

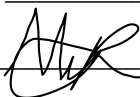
I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: Mark Anthony Russell S.S.#: 459-61-4351

Signature:  Date: 11/30/2017

WITNESS:

Print Name: _____

Signature: _____