



## EMERGENCY CONTACT INFORMATION / EMPLOYEE IMAGE RELEASE

### ENTER "YOUR" PERSONAL INFORMATION HERE

Name: Evan Meshberg Email: emeshberge@gmail.com  
Home Phone: (401) 699-5315 Cell Phone: (401) 699-5315 Text OK? ☒  
Home Address: 65 Tillinghast Rd N/A City: Danielson State: CT Zip: 06239  
Highest Education Completed: ☐ GED ☐ HS ☐ Associates ☒ Bachelors ☐ Masters ☐ Doctorate Marital Status:  
Social Security #: 038-62-4354 Date of Birth: 05/20/1993 S ☒ M ☐ D ☐ W

### IN CASE OF EMERGENCY, PLEASE CONTACT...

(Please list at least one.)

First & Last Name: Rosalinda Meshberg Relationship: Mother  
Home #: (860) 779-9894 Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
First & Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Please keep this information current with your local Belcan office or email [CorporateHR@Belcan.com](mailto:CorporateHR@Belcan.com).

### IMAGE RELEASE

I understand that my employer, Belcan, LLC (hereinafter "Belcan", which definition shall include all affiliated companies), may wish, from time to time, to utilize my image on internal and external communication vehicles, which vehicles may include without limitation brochures, websites, company literature, intranet and social media vehicles such as Facebook, videos, marketing materials and other promotional material ("Communication Vehicles"). The placing or posting of my image on the Communication Vehicles shall be for Belcan business purposes, which purposes may include without limitation publicizing awards that I may have received, publicizing my role with Belcan and/or generally promoting Belcan.

I am agreeable to Belcan utilizing my image on Communication Vehicles for such business purposes. I realize and understand that my image could take the form of photographs, videos, drawings or other representations and that it could consist of me individually or as part of a group.

As such, I hereby grant to Belcan and its legal representatives, agents, contractors and assigns, the irrevocable and unrestricted right to utilize my image on Communication Vehicles for such business purposes. I hereby release Belcan and its legal representatives, agents, contractors and assigns from all claims and liability relating to the posting or placing of my image on Communication Vehicles.

This release shall be in effect until revoked in writing by me. ☒ I Agree ☐ I Disagree

Evan Meshberg  
Evan Meshberg (Feb 22, 2018)

2/22/2018

Name

Date

By typing my full name and date in the spaces above, I hereby am electronically signing this document and understand that this electronic signature is legally binding.



BENEFICIARY DESIGNATION FORM

Naming the Beneficiary

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. Surviving beneficiaries will be paid equally unless otherwise indicated. If the beneficiary is not related to you either by blood or marriage, indicate "Not Related" and state the beneficiary's address. The following are the most common designations:

- Mary J. Doe, Wife (NOT Mrs. John Doe)
- Mary J. Doe, Wife, Contingent Joseph W. Doe, Son
- Mary J. Doe, Wife, Contingent Jane Doe, Daughter, and Joseph W. Doe, Son, 50%
- Estate of Insured Person

Name of Insured: Evan Meshberg

Beneficiary Designation

Name: N/A %: N/A Relationship: N/A

Home Address: N/A City: N/A State: N/A Zip: N/A

Social Security #: N/A Date of Birth: N/A Phone: N/A

Name: %: 07 Relationship:

Home Address: City: State: Zip:

Social Security #: Date of Birth: Phone:

If you have more beneficiaries, please print a second copy of this form and enter their information on the second copy. PLEASE ENSURE THAT THE TOTAL PERCENTAGE EQUALS 100% (eg. 100% to your spouse, or 50% to my child and 50% to my spouse, etc.).

Contingent Beneficiary(ies)

Name: %: 2016 Relationship:

Home Address: City: State: Zip:

Social Security #: Date of Birth: Phone:

Name: %: Relationship:

Home Address: City: State: Zip:

Social Security #: Date of Birth: Phone:

I understand that I reserve my right to change the beneficiary(ies) without the consent of said beneficiary(ies).

Evan Meshberg

2/22/2018

Signature

Date (MM/DD/YYYY)

By typing my full name and date in the spaces above, I hereby am electronically signing this document and understand that this electronic signature is legally binding.

## SUPPLEMENTAL DATA SHEET

### FOR EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION / VETERANS

Belcan Corporation considers applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is voluntary and will in no way effect the processing of your application or your consideration for employment. This is not part of your official application and is used for statistical purposes only.

**Please fill in the information required and check all items that apply to you.**  
**Your cooperation is appreciated.**

| EEO INFORMATION  |  |
|--|--|
| Applicant's Name: Evan Meshberg  | Date: 2/22/2018  |
| Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female         | Position Applied For:  |
| <input checked="" type="radio"/> Hispanic or Latino                                      | Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.   |
| <input type="radio"/> Black or African American (Not Hispanic or Latino)                 | Persons having origins in any of the black racial groups of Africa   |
| <input type="radio"/> White (Not Hispanic or Latino)                                     | Persons having origins in any of the original peoples of Europe, North Africa, or Middle East.   |
| <input type="radio"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) | Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.   |
| <input type="radio"/> Native Indian or Alaskan Native (Not Hispanic or Latino)           | Persons having origins in any of the original peoples of North and South America, (including Central America) and who maintain tribal affiliation or community recognition.  |
| <input type="radio"/> Asian (Not Hispanic or Latino)                                     | All persons having origins in any of the original people of the Far East, Southeast Asia, or India subcontinent, including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. |
| <input type="radio"/> Two or More Races (Not Hispanic or Latino)                         | All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.   |

| VEVRAA INFORMATION  |
|---|
| <p>If you believe you belong to any of the categories of protected veterans listed on page 2 of this document, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.</p> <p><input type="checkbox"/> Identify as one or more of the classifications of protected veteran listed on page two of this document</p> <p><input checked="" type="checkbox"/> I am not a Protected Veteran</p> |



Belcan Corporation is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. § 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "*disabled veteran*" is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

A "*recently separated veteran*" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "*active duty wartime or campaign badge veteran*" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "*Armed forces service medal veteran*" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service.

For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.



## INVITATION TO SELF-IDENTIFY VETERAN STATUS

Belcan, LLC is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C § 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- **"Disabled Veteran"** is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or a person who was discharged or released from active duty because of a service-connected disability.
- **"Recently Separated Veteran"** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- **"Active Duty Wartime or Campaign Badge Veteran"** means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- **"Armed Forces Service Medal Veteran"** means a veteran who, while serving on active duty in the U.S. Military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA-the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service.

For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

|   |   |
|---|---|
| <b>Applicant Name:</b> Evan Meshberg  |   |
| <b>Position Applied for:</b>  | <b>Date:</b> 2/22/2018  |
| I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS<br>(CHOOSE ALL THAT APPLY): |   |
| <input type="checkbox"/>  | Disabled Veteran  |
| <input type="checkbox"/>  | Recently Separated Veteran    Date:   |
| <input type="checkbox"/>  | Active Wartime or Campaign Badge Veteran  |
| <input type="checkbox"/>  | Armed Forces Service Medal Veteran  |
| <input type="radio"/>   | I am a Protected Veteran, but I choose not to self-identify the classification to which I belong. |
| <input checked="" type="radio"/>  | I am not a Protected Veteran  |

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☒ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Evan Meshberg  
Evan Meshberg (Feb 22, 2018)

Your Name

2/22/2018

Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

# EMPLOYEE AGREEMENT

Rev. 1.16

The Belcan logo consists of the word "Belcan" in a white, bold, sans-serif font, centered within a dark blue rectangular box.

In consideration of my original or continued employment by Belcan (hereinafter "Employer") or its parent, parent's subsidiaries, or affiliated corporations (hereinafter collectively referred to as "Affiliates") and the wages or salary paid to me by Employer for said employment, I do hereby agree as follows:

1. I certify that information given on my resume, application and in my employment interviews is true and totally accurate. I understand that false, misleading, or incomplete information given in my resume or interview(s) may disqualify me from further consideration or may lead to my dismissal from employment if I am hired.
2. I agree to notify Employer management immediately if I ever am indicted for or convicted of a felony or any crime involving dishonesty or of any workplace substance abuse or drug use, possession or trafficking, during my employment.
3. I agree to submit to job-related examinations, including drug or alcohol tests or screenings, from time to time during the course of my employment whenever requested by Employer or Employer's client(s). Such examinations will be performed by doctors designated and paid by Employer or Employer's client(s).
4. I acknowledge that a background check may be required by Employer, its subsidiaries or clients prior to employment or at any time in the future. I will be provided with appropriate documentation to authorize this activity and provide pertinent information if/when required.
5. I understand that Employer may request an investigative consumer report from a consumer reporting agency. I have been informed that under the Federal Fair Credit Reporting Act, I have the right to make a written request to Employer, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I can obtain a complete disclosure of the nature and scope of the investigation, if any such investigation is made for Employer.
6. Employment "At Will": I understand that my employment is for no definite period. I also understand that as an employee, I can end the employee relationship at any time and for any reason; Employer can do the same. Furthermore, I understand that no representative of Employer other than the President has the authority to enter into an agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and that any such alteration must be in writing.
7. Employee Ethics and Compliance Manual: I have received, read, understand, and will comply with the current and future rules governing my employment with Employer. I understand that the Employee Ethics and Compliance Manual updates will be available on the Employer's intranet. I understand that Employer may revise the information contained in the Employee Ethics and Compliance Manual at any time with or without notice. I acknowledge that the Employee Ethics and Compliance Manual supersedes all prior versions. Employee expectations included in the Employee Ethics and Compliance Manual include but are not limited to the following topics which I have read:
  - a. Confidential and Intellectual Property
    - i. I agree to hold each item of "Confidentiality Information" or "Proprietary Information" so received in confidence. This covenant has no time or geographic limitations.
  - b. Account and Access Security Policy
  - c. Code of Conduct
  - d. Harassment Policy
  - e. Social Media Policy
  - f. Drug and Alcohol Policy
    - i. In return for Employer or Client permitting access to a work location, including project sites, office or vehicles, Employer and every Client Company reserve the right to search the entrant and his or her personal effects and vehicle for prohibited drugs and paraphernalia, alcoholic beverages or possession of firearms or unauthorized Employer property or equipment. Prohibited drugs and paraphernalia, alcoholic beverages, firearms or unauthorized property or equipment discovered through searches may be seized or confiscated and turned over to the proper law enforcement authorities.
    - ii. Employer may use drug and alcohol screening programs at any Employer or Client location consistent with the laws of that state.



g. Conflict of Interest

- i. Employer's policy regarding possible conflict of interest is based on the principle that a person's decisions in the business must be made in the best interest of Employer and aligned with the interests of our client(s). This applies to direct, part-time, contract and temporary personnel.
- ii. While this statement cites examples of conflicting interest and relevant procedures for disclosure of such conflicts, the emphasis is placed on the behavior and the conduct of personnel in activities, which represent or might be considered detraction from serving the best interests of Employer. Such detrimental behavior and/or conduct will be considered as grounds for disciplinary action up to and including termination.
- iii. Potential Conflicts include but are not limited to Financial interests; Entertainment, Gifts and Favors; Negotiations or Transactions; Employment & Business Activity; Outside Director/Officerships; Relatives/relationships; Use of Employer and Client Property; and Political Activities.
- iv. I am providing the below information that is true and correct to the best of my knowledge. I also understand that the scope of this policy is broader than the specific questions that I am answering below.

- a. Do you or any members of your immediate family have financial interest in any Employer Supplier? ☐ Yes ☒ No  
If yes, supplier's name(s): \_\_\_\_\_
- b. Do you currently serve as a director or officer of any company? ☐ Yes ☒ No  
If yes, company's name(s) and position(s) held: \_\_\_\_\_
- c. Do you have any relatives working at Employer, or is anyone with whom you are living now employed by Employer? ☐ Yes ☒ No  
If yes, individual's name(s): \_\_\_\_\_
- d. Do you have any close personal friends working at Employer? ☐ Yes ☒ No  
If yes, individual's name(s): \_\_\_\_\_
- e. Do you have secondary employment outside of Employer working hours? ☐ Yes ☒ No  
If yes, where? \_\_\_\_\_
- f. Do you have outside business interests that may prevent you from performing your duties and responsibilities for Employer? ☐ Yes ☒ No  
If yes, where? \_\_\_\_\_
- g. Do you currently live with, or are you related to, anyone who works for a company that makes products similar to those marketed by Employer's client(s), (i.e., household and industrial cleaning products, beauty and personal care products, paper and cellulose products, industrial chemicals or pharmaceuticals, foods or beverages, or aircraft / jet engines)? ☐ Yes ☒ No  
If yes, names of individuals and companies: \_\_\_\_\_

8. To protect Employer's confidential proprietary information concerning Employer and Employer's clients and prospects, it is a condition of my employment to agree to the following:

- a. If I was last employed at Belcan as an employee of Belcan Engineering Group, LLC. (the outsourced engineering arm of Employer), for one year after my employment with Employer ends for any reason, I will not, directly or indirectly, solicit work from, perform competitive services for, or have any business communications with, any Employer customer on behalf of a competitor of Employer where such activities pertain to either specific work already contracted to Employer, or specific work already in Employer's proposal process. "Employer customer" for the purposes of this paragraph shall include any customer who I worked with on behalf of Employer during the twelve (12) months immediately before my employment with Employer ended.

**NOTE:** The paragraph above (if it applies to me) does not necessarily restrict me from going to work for a competitor. However, it is intended to prevent me from going to work for a competitor and taking either projects which have already been awarded to Employer, or potential projects for which Employer has expended sales efforts, with me and providing services on either to the customer.

- b. On the other hand, if I was last employed as an employee of Belcan Services Group, L.P. (the staffing augmentation arm of Employer), in any other role other than as a contractor, for a period of one year after my employment with Employer ends for any reason, I will not engage as an employee, manager, or owner in a business which competes directly or indirectly with Employer within a radius of 100 miles from any Employer location if such role will require involvement in the same type of category of staff augmentation that I worked in with Employer or involves contact with actual or prospective Employer customers that I interacted with while employed by Employer.
  - c. Upon leaving Employer, I will immediately return all Employer property including training manuals, laptop, sales materials, data, drawings, etc. in my possession. I will not misuse or disclose any proprietary and/or confidential information known by me to persons who are not Employer team members.
  - d. Upon termination of my employment for any reason, and then for a period of one (1) year after such termination, I shall not, directly or indirectly, (i) induce or attempt to induce or influence any employee of Employer to terminate employment with Employer, (ii) interfere with the relationship between Employer and any employee of Employer; or (iii) employ, or otherwise engage as an employee, independent contractor or consultant, any employee of Employer or any person who was employed by Employer within the prior 12 months, without the prior written consent of Employer.
  - e. I confirm that I am not subject to any restrictions via any agreement with any prior employers that would impact my ability to work for Employer.
  - f. Employer reserves the right to waive the non-compete provisions set forth in paragraph "a" and "b" above if the circumstances warrant such a waiver. I understand that, if I am faced with a situation which could possibly violate those provisions, I am encouraged by Employer to prospectively come forward and disclose and discuss the situation. If a waiver is not granted and a court determines that either non-compete provision has been violated, the time period referenced shall not begin running until the violation has ceased.
9. In consideration of my being placed on temporary help assignments by Employer, I hereby acknowledge and agree that for the duration of any such assignments, Employer will at all times be my "general employer" for purposes of the Occupational Safety and Health Act, the applicable State and Federal Anti-discrimination Statutes, and substantially equivalent provisions, and for workers' compensation coverage.
  10. Regardless of the nature or duration of any assignment to a customer, I understand and agree that under no circumstances will I be eligible for, or entitled to participate in, any of the employee benefit plans, programs, policies, or practices which may be in effect for the regular full-time employees of those Employer customers to which I may be assigned, including, without limitation, any pension, retirement, or 401(k) plan; any profit-sharing, stock option, bonus, or incentive compensation plan, any life or health insurance plan; any vacation or holiday pay plan; or any separation payment plan.
  11. I further understand and agree that none of the Employer customers to which I may be assigned is under any obligation to employ me as a regular full-time employee either during or upon completion of any assignment.
  12. I do hereby declare and admit that in view of the scope of Employer's or its Affiliates' business the foregoing covenants are reasonable in all respects and are necessary to protect Employer or its Affiliates.
  13. I understand that compliance with the policies/statements outlined in this agreement is a condition of employment or continued employment with Employer.
  14. This agreement is made in the State of Ohio and shall at all times and in all jurisdictions be governed and construed by the laws of Ohio, which are intended to be transported into and made a part of this Agreement as fully as though here recited at length.
  15. The provisions hereof shall be binding upon my heirs, executors, administrators, legal representatives, and assigns insofar as they are applicable hereto.

Evan Meshberg  
Evan Meshberg (Feb 22, 2018)

Evan Meshberg

2/22/2018

Signature

Name

Date

Employer Representative Signature

Name

Date

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

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

OMB No. 1545-1500  
BCN

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

Your name Evan Meshberg Social security number ► 038-62-4354

Street address where you live 65 Tillinghast Rd N/A

City or town, state, and ZIP code Danielson CT 06239

County Windham Telephone number (401) 699-5315

If you are under age 40, enter your date of birth (month, day, year) 05/20/1993

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ 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 unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ 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.
- 7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

## 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 ► Evan Meshberg  
Evan Meshberg (Feb 22, 2018)

Date 2/22/2018

# TO BE COMPLETED BY EMPLOYER

|                                      |  |                   |                   |
|--------------------------------------|--|-------------------|-------------------|
| Company Name<br>72308<br>Belcan, LLC | Location Number (If Applicable)<br>BCN | Offer Date<br>/ / | Start Date<br>/ / |
|--------------------------------------|--|-------------------|-------------------|

## TAX CREDIT QUESTIONNAIRE

This form is used to identify federal tax credits and is **NOT** intended to determine your work eligibility.

### TO BE COMPLETED BY EMPLOYEE (Please Print Clearly)

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| First Name<br>Evan                                     |  | Last Name<br>Meshberg  |  | SSN<br>038-62-4354  |  |
| Home Address<br>65 Tillinghast Rd<br>City<br>Danielson |  |  |  | N/A<br>Date of Birth (if under 40)<br>05 / 20 / 1993            |  |
| State<br>CT  |  | Zip Code<br>06239  |  | County<br>Windham   |  |
| Position Applying For                                  |  | Have You Worked for this Company Before?<br><input type="radio"/> YES <input type="radio"/> NO |  | Driver's License or State ID Number<br>058745615<br>State<br>CT |  |

**1. Within the past 2 years, have you or a member of your household received any form of cash or voucher assistance, such as Aid to Families with Dependent Children (AFDC), Temporary Assistance for Needy Families (TANF), Child Care or Transportation Assistance (CCT) or Food Stamps (FS)?** ☐ YES ☐ Not Sure ☒ NO  
If YES or Not Sure, please provide the following information:

|   |                             |                            |
|---|-----------------------------|----------------------------|
| Primary Recipient (Name and Social Security Number)   | Relation to Yourself        | City/ State Where Received |
| Assistance Type: (Check all that apply)<br><input type="checkbox"/> AFDC <input type="checkbox"/> TANF <input type="checkbox"/> CCT <input type="checkbox"/> FS | Date First Received (MM/YY) | Date Last Received (MM/YY) |

**2. Have you ever served on active duty in the US Military?** ☐ YES ☐ Not Sure ☒ NO  
If YES or Not Sure, please provide the following information:

|  |                        |
|--|------------------------|
| 2b. Are you eligible to receive compensation for a service connected disability? <input type="radio"/> Yes <input type="radio"/> No  | Date Entered (MM/YY)   |
| Branch of Service:<br><input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard | Discharge Date (MM/YY) |

**3. Have you ever been convicted of a felony? (Do NOT include misdemeanors)** ☐ YES ☐ Not Sure ☒ NO  
If YES or Not Sure, please provide the following information:

|  |  |                        |                       |
|--|--|------------------------|-----------------------|
| Parole/ Probation Officer Name   | Parole/ Probation Officer Phone Number | Date Convicted (MM/YY) | Date Released (MM/YY) |
| Offense Type:<br><input type="radio"/> State <input type="radio"/> Federal | City/State of Conviction               | County of Conviction   |                       |

**4. Have you ever participated in a State or Veterans Affairs Vocational Rehabilitation Program or have you participated in the Ticket to Work program?** ☐ YES ☐ Not Sure ☒ NO  
If YES or Not Sure, please provide the following information:

|   |                        |
|---|------------------------|
| Agency Name/Rehabilitation Program/Employment Network | Date Completed (MM/YY) |
| Agency City   | Agency State           |
| Agency Phone Number                                   |                        |

Program type: ☐ Vocational Rehabilitation ☐ Veterans Affairs ☐ Ticket to Work

**5. Have you received Supplemental Security Income (SSI) benefits for yourself within the last 3 months? Do NOT include Social Security Disability Income (SSDI).** ☐ YES ☐ Not Sure ☒ NO  
If YES or Not Sure, please provide the following information: Date Last Received (MM/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

**6. Have you been unemployed, received Unemployment Benefits or been eligible to receive Unemployment Benefits during the past year?** ☒ YES ☐ Not Sure ☐ NO  
If YES or Not Sure, please provide the following information:  
How many months in the past year were you unemployed? 8  
What was your last day of work with your previous employer? (MM/DD/YY) 09 / 07 / 2016  
Did you receive unemployment compensation? ☒ Yes ☐ No

**EMPLOYEE DECLARATION AND RELEASE**

By signing this voluntary form, I hereby authorize the release to Equifax Workforce Solutions or its agents information held by any parties needed to determine my eligibility for federal and/or state tax credit programs. This includes, but is not limited to, information regarding my criminal history, driver records, military service, SSI benefits, vocational rehabilitation services, unemployment benefits, AFDC/TANF benefits or Food Stamp benefits. I further authorize Equifax Workforce Solutions or its agents to complete on my behalf any forms required to obtain this information, including SSA Form 3288.

Employee Signature: Evan Meshberg  
Evan Meshberg (Feb 22, 2018)

Date: 2/22/2018

Review for completeness and mail to:

**Equifax Workforce Solutions PO BOX 4920 GREENVILLE, SC 29608**

(Ver. 05/16) TCQ



U.S. Department of Labor  
Employment and Training Administration

OMB Control No. 1205-0371  
Expiration Date: August 31, 2018

## LONG-TERM UNEMPLOYMENT RECIPIENT SELF-ATTESTATION FORM Work Opportunity Tax Credit (WOTC) 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 IRS Form 8850 or if filed separately, with ETA Form 9061 (or ETA Form 9062) for each certification request filed for the new target group.

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

New Hire's Signature: Evan Meshberg Date 2/22/2018  
Evan Meshberg (Feb 22, 2018)

New Hire Name: Evan Meshberg

Social Security Number: 038-62-4354 Date of Birth: 05/20/1993 /      /       
(Enter date)

Employer Name: Belcan Service Group

Employer Federal ID (EIN) Number: 31- 1312685

**Please check all the statements that apply to you and provide all requested dates. Sign and date this form where indicated.**

☐ I declare that I was in a period of unemployment that is at least 27 consecutive weeks the day before I began to work for this employer, or, if earlier, the day I completed IRS Form 8850. I have been in a period of unemployment of not less than 27 consecutive weeks, from      /      /      to      /      /     .  
(Enter start date) (Enter end date)  
I make this declaration on the day I completed IRS Form 8850      /      /     .  
(Enter date)

☒ I declare I have received unemployment compensation/benefits under State or Federal law during a period of unemployment.

**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 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 10 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 National Programs Tools Technical Assistance, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.

Review for completeness and mail to:  
**Equifax Workforce Solutions PO BOX 4920 GREENVILLE, SC 29608**

ETA Form 9175 (May 2016)



## I-9 Instructions

Your federally mandated Employment Eligibility Verification I-9 form will be completed in 2 steps.



**Step 1:** On the next page you will upload your identification documents by clicking on the attach file icon at the bottom of the page. The documents should include one Item from List A or one item from List B and C. *Remember that your document from List A or List B must have a picture.*

**Step 2:** After you complete your onboarding forms and click on the [CLICK TO SIGN](#) button at the bottom of the final page, you will receive instructions to complete the I-9 itself through I-9 Express which will also initiate your E-Verify.

## 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.

|  <b>LIST A</b><br><b>Documents that Establish Both Identity and Employment Authorization</b>  | OR |  <b>LIST B</b><br><b>Documents that Establish Identity</b>   | AND | <b>LIST C</b><br><b>Documents that Establish Employment Authorization</b>  |
|--|----|---|-----|--|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol> |    | <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> |     | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol> |

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**

**You can view images of acceptable documents at <https://www.uscis.gov/i-9-central/acceptable-documents>**

**List A Document**



Document from list A

**OR**

**+**

**Document from List B + Document from List C**



*Of the United States,  
in Order to form a more perfect Union,  
establish Justice, insure domestic Tranquility,  
provide for the common defence,  
promote the general Welfare, and secure  
the Blessings of Liberty to ourselves and  
our Posterity, do ordain and establish this  
Constitution for the United States of America.*



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

3

PASSPORT  
PASSEPORT  
PASAPORTE

# UNITED STATES OF AMERICA

Type / Type / Tipo Code / Code / Código Passport No. / No. du Passeport / No. de Pasaporte

日

USA

543401961

Surname / Nom / Apellidos

MESHBERG

Given Names / Prénoms / Nombres

EVAN ANDREW

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

20 May 1993

Place of birth / Lieu de naissance / Lugar de nacimiento

**RHODE ISLAND, U.S.A.**

Date of issue / Date de délivrance / Fecha de expedición

10 Mar 2016

Date of expiration / Date d'expiration / Fecha de caducidad

09 Mar 2026

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

M

Authority / Autorité / Autoridad

United States

Department of State

USA



P<USAMESHBURG<<EVAN<ANDREW<<<<<<<<<<<<<<<<<<

5434019611USA9305203M2603092143570229<872862