

INFORMATION VERIFICATION FORM

You must complete this form in order to be eligible for the monetary payment and/or employment opportunities under the terms of the Conciliation Agreement (“Agreement”) between Midwest Canvas and the U.S. Department of Labor’s Office of Federal Contract Compliance Programs. Please print legibly, except for the signature.

First Name: _____

Last Name: _____

Any other names you have used: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Address: _____

Notify Midwest Canvas at the address below if your address, email address or phone number changes within the next twelve months.

Settlement Administrator
OFCCP-Midwest Canvas Corporation
CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606
MWCanvasSettlement@CPTGroup.com

Please provide your social security number: _____

Your Social Security Number is required in order to process your payment for tax purposes. Your Social Security Number will not be used for any other purpose.

Please indicate below whether you are currently interested in employment in a Laborer position with Midwest Canvas. If you complete, sign, and return this Information Verification Form, you remain eligible for the monetary payment whether or not you are interested in employment at this time.

Yes, I am still interested in employment with Midwest Canvas in a Laborer position.

No, I am not currently interested in employment with Midwest Canvas in a Laborer position.

IF YOU FAIL TO COMPLETE AND RETURN THE ENCLOSED DOCUMENTS TO THE ADDRESS BELOW BY JANUARY 18, 2023, YOU WILL NOT BE ELIGIBLE TO RECEIVE A PAYMENT OR TO BE CONSIDERED FOR A JOB OFFER.

I, (print name) _____, certify the above is true and correct.

Signature Date