

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS**

Civil Docket No.: 06 CA 1137 MLW

Christine Varad,

Plaintiff,

v.

Reed Elsevier Incorporated,
d.b.a. *LexisNexis, LexisNexis Risk &
Information Analytics Group, Inc.*,
Defendant.

**PLAINTIFF'S OPPOSITION TO
DEFENDANT'S MOTION FOR A SUMMARY JUDGMENT**

Christine Varad v. Reed Elsevier Incorporated

Doc. 73 Att. 5

TAB 5

Exhibit A

AS AN APPLICANT YOU AGREE TO AND UNDERSTAND THE FOLLOWING

I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information, significant omissions or misrepresentations may disqualify me and may be considered sufficient justification for dismissal if discovered at a later date.

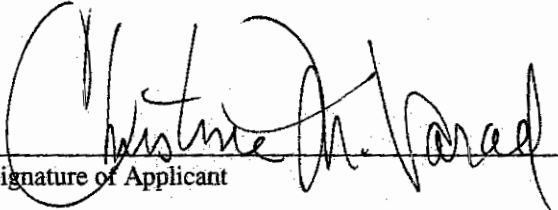
1. You must meet Minimum Age Requirements of Applicable Laws.
2. The Company may conduct investigative inquiries, which include consumer, criminal, driving and other reports. These background inquiries include information as to character, work habits, education, performance and experience along with reasons for termination of past employment from previous employers as well as verifications of current employment. By signing this application, you authorize the Company to make these investigations, and you indicate your awareness that false statements or failures to disclose information asked for on this form may be sufficient to disqualify you for employment, or if employed may result in your dismissal.

Your application will be kept on active file for one year, if at that time you wish to be reconsidered for employment; a new resume must be submitted.

3. F+W Publications, Inc. hires only those persons who are legally entitled to work in the United States. Every offer of employment made by F+W Publications, Inc. is subject to the condition that the employee complete Part 1 of Form I-9 and show documents, provided by law and acceptable to F+W Publications, Inc., to prove identity and employability. Failure to meet this condition will result in an automatic revocation of the offer of employment.
4. I understand that this employment application, any oral representations made by the Company and any other Company documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time for any reason. I understand that only the President of the Company may modify the above and that such modification must be in writing and signed by the President.

It is F+W Publications, Inc. policy that all personally identifiable applicant information provided be held in confidence and properly safeguarded, and that the use of such information is limited to valid business, regulatory, or legal requirements.

The above policies are subject to change at any time.


Signature of Applicant

11/23/06
Date



IS AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT BACKGROUND AUTHORIZATION

1. I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me and may be considered sufficient justification for dismissal if discovered at a later date. When I responded to questions on this application, I continued on a separate sheet of paper and attached it to this application when I required more space to fully answer all questions.
2. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history. Criminal history records from any criminal justice agency in any or all-federal, state, city and county jurisdictions. Included as well but not limited to State Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration. As well as Military National Personnel Record Center, Educational institutions including but not limited to transcripts or any individual, company, firm, corporation, present and/or past employers, public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I fully give my consent to and understand that F+W Publications, Inc. and /or their agent Gall & Gall Company, Inc., may be requesting information from public and private sources about any of the information noted earlier in this paragraph.
3. If applicable all medical and workers' compensation information will be requested in compliance with all Federal and State laws including the Americans with Disabilities Act (ADA). According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing that report.
4. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
5. Minnesota/California applicants only. If you want a copy of the report ordered, check this box . The report will be sent by the consumer-reporting agency to you at the address listed below your signature.
6. I hereby authorize, without reservation, any one contacted by F+W Publications, Inc. and /or their agent Gall & Gall Company, Inc., to furnish the information described in form.

APPLICANT COMPLETE THE FOLLOWING:

Signature

Today's Date

Please, print full name

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please, print other names you have used

Social Security Number

Date of Birth

Home Address

City

State

Zip

Driver's License Number and State

Name as it appears on License

Have you ever been convicted of or plead guilty to a crime? No Yes If yes, please explain: _____

A "Conviction" will not automatically disqualify you from being considered as a candidate for employment.

FAIR CREDIT REPORTING ACT NOTICE: In accordance with the Fair Credit Reporting Act, this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. Status of updates is available on request. Although every effort has been made to assure accuracy, Gall & Gall Company, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement and maintain original release forms of the applicant for those numbers of years to comply with the F.C.R.A. This assures Gall & Gall Company, Inc. that users are familiar with and will

AUTHORIZATION TO OBTAIN A CONSUMER REPORT

By signing below, I, Christine M. Varad, acknowledge that I have read the attached document entitled "Fair Credit Reporting Act Disclosure." I hereby voluntarily authorize F+W Publications, Inc. to obtain a "consumer report" about me from a "consumer reporting agency," which may include information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and mode of living. I also authorize F+W Publications, Inc. to consider the report when making decisions regarding my employment at F+W Publications, Inc. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed in the attached "Fair Credit Reporting Act Disclosure."

I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original.

Christine M. Varad
Signature of Applicant

1/23/06
Date

STATE OF MAINE BOARD OF BAR EXAMINERS

AUTHORIZATION AND RELEASE

I, (Name) Christine M. Varad, born (Date of Birth) 4/30/55
at (City) Worcester, (State) MA, (Country) USA

having filed an application for admission to the bar of Maine, hereby consent to have an investigation made as to my moral character, credit record, college and law school records, criminal records, medical records, professional reputation and fitness for the practice of law and such other information as may be received, all of which will be reported only to the admitting authority. I agree to give any further information that may be required concerning my past record. I understand that the contents of my character report are confidential.

I also authorize and request every person, firm, company, corporation, governmental agency, law enforcement agency, court, association or institution having control of any documents, records or other information pertaining to me, to furnish to the Maine Board of Bar Examiners any such information, including documents, records, bar association files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data; and to permit the Maine Board of Bar Examiners or any of its agents or representatives to inspect and make copies of such documents, records or other information, excepting any information with respect to a juvenile offense.

I also authorize the Maine Board of Bar Examiners to obtain any information from my official record on file with the United States Selective Service System. I further authorize the National Personnel Records Center, in St. Louis, MO or other custodian of my military record to release and furnish to the Maine Board of Bar Examiners information or photocopies of my military personnel and related medical records, including but not limited to a copy of my DD Form 214, Report of Separation, and I do hereby consent to the release of such information.

I hereby release, discharge and exonerate the Maine Board of Bar Examiners, its agents and representatives, including but not limited to expert witnesses or evaluators consulted or used by the Board or its staff, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information as authorized herein or the investigation made by the Maine Board of Bar Examiners to which I hereby consent.

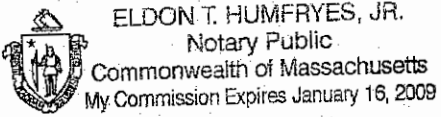
STATE OF MA.
COUNTY OF Plymouth

Christine M. Varad 4/6/05
Signature of Applicant (sign in black ink)

Subscribed and sworn to or affirmed before me this 6th day of APRIL, 2005

Eldon T. Humfries, Jr.
Notary Public (Sign in black ink)

My commission expires 1/16/09



Seal or stamp must be affixed to each original.

STATE OF MAINE BOARD OF BAR EXAMINERS

AUTHORIZATION AND RELEASE

I, (Name) Christine M. Varad, born (Date of Birth) 4/30/55,
at (City) Worcester, (State) MA, (Country) USA

having filed an application for admission to the bar of Maine, hereby consent to have an investigation made as to my moral character, credit record, college and law school records, criminal records, medical records, professional reputation and fitness for the practice of law and such other information as may be received, all of which will be reported only to the admitting authority. I agree to give any further information that may be required concerning my past record. I understand that the contents of my character report are confidential.

I also authorize and request every person, firm, company, corporation, governmental agency, law enforcement agency, court, association or institution having control of any documents, records or other information pertaining to me, to furnish to the Maine Board of Bar Examiners any such information, including documents, records, bar association files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data; and to permit the Maine Board of Bar Examiners or any of its agents or representatives to inspect and make copies of such documents, records or other information, excepting any information with respect to a juvenile offense.

I also authorize the Maine Board of Bar Examiners to obtain any information from my official record on file with the United States Selective Service System. I further authorize the National Personnel Records Center, in St. Louis, MO or other custodian of my military record to release and furnish to the Maine Board of Bar Examiners information or photocopies of my military personnel and related medical records, including but not limited to a copy of my DD Form 214, Report of Separation, and I do hereby consent to the release of such information.

I hereby release, discharge and exonerate the Maine Board of Bar Examiners, its agents and representatives, including but not limited to expert witnesses or evaluators consulted or used by the Board or its staff, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information as authorized herein or the investigation made by the Maine Board of Bar Examiners to which I hereby consent.

STATE OF MA
COUNTY OF Plymouth

Christine M. Varad 4/6/05
Signature of Applicant (sign in black ink)

Subscribed and sworn to or affirmed before me this 6 day of April, 2005



ELDON T. HUMFRYES, JR.
Notary Public
Commonwealth of Massachusetts
My Commission Expires January 16, 2009

Eldon T. Humfries, Jr. (Sign in black ink)
Notary Public
My commission expires 1/16/09

Seal or stamp must be affixed to each original.

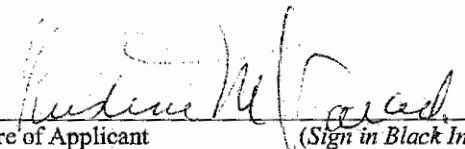
STATE OF MAINE BOARD OF BAR EXAMINERS
SIGNATURES AND AUTHORIZATIONS

29. Insert three original notarized copies of the Authorization and Release Form.

CONTINUING APPLICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

I understand this application for admission to the practice of law in the State of Maine is a continuing application and must show correctly and fully the information herein sought as of the date of my taking the oath of an attorney at law. I will, therefore, before such time and not later than thirty (30) days (whichever is earlier) after the happening of any events which change any response to the requests for information sought herein, notify the Board by filing an amendment to this application as to any such change.

I further understand that the Board may release sample essay answers to applicants pursuant to Maine Bar Admission Rule 10(i). I hereby authorize the Board of Bar Examiners to utilize any of my essay answers, without identifying me by name, for this purpose without requiring any advance notice of same.


Signature of Applicant (Sign in Black Ink)
4/6/05

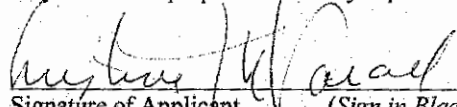
VERIFICATION

STATE OF Massachusetts
COUNTY OF PLYMOUTH

by Christine M. Varad, being first duly sworn, says:

I hereby certify that I have read Maine Bar Rule 3 (the Code of Professional Responsibility), the Code of Judicial Conduct and the Maine Bar Admission Rules and intend to devote the necessary time toward acquainting myself, prior to the Bar Examination, with these standards, ideals and rules.

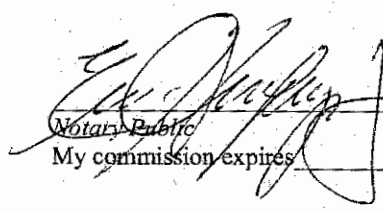
I have read the foregoing questions, and have answered the same fully and frankly. The answers are complete and true to my own knowledge. I have personally handwritten or typed the answers or they have been prepared under my supervision.


Signature of Applicant (Sign in Black Ink)
4/6/05

Subscribed and sworn to or affirmed before me this 6th day of APRIL, 2005



ELDON T. HUMFRIES, JR.
Notary Public
Commonwealth of Massachusetts
My Commission Expires January 16, 2009


Notary Public (Sign in black ink)
My commission expires 1/16/09

Seal or stamp must be affixed to each original.

STATE OF MAINE BOARD OF EXAMINERS

CONSENT TO DISCLOSURE OF SOCIAL SECURITY NUMBER

Pursuant to 5 U.S.C. § 552a (the Federal Privacy Act of 1974) and 42 U.S.C. § 405(c)(2)(C)(i), disclosure of your Social Security number for State tax administration purposes is mandatory. Section 175 of Title 36 of the Maine Revised Statutes requires the Maine Board of Bar Examiners to report the Social Security number of each applicant seeking admission to the Maine bar to the Maine State Tax Assessor in order that the Tax Assessor may make a determination of failure to fulfill tax return or payment obligations. An unfulfilled tax obligation may result in denial of admission to the Maine bar. The Maine Board of Bar Examiners will treat your Social Security number as confidential tax information pursuant to Section 191 of Title 36 of the Maine Revised Statutes.

Disclosure of your Social Security number is voluntary for the purposes of expediting completion of the character review required by Rule 9 of the Maine Bar Admission Rules. Your written authorization of the disclosure of your Social Security number for character review purposes helps the Maine Board of Bar Examiners and its employees and agents, including the National Conference of Bar Examiners, avoid errors of identity that may cause problems and delay in Maine bar certification and licensing. If you authorize disclosure of your Social Security number for character review purposes, no other disclosure will be made of your Social Security number except for State tax administration purposes as required by statute.


AUTHORIZATION AND CONSENT

I, (Name) Christine M. Varad, born (Date of Birth) Worcester 7/30/55
at (City) Worcester, (State) MA, (Country) USA

hereby acknowledge and understand that disclosure of my Social Security number to the Maine State Tax Assessor for tax administration purposes as required by Maine statute and authorized by Federal statute is mandatory. I acknowledge and understand that disclosure of my Social Security number for purposes of expediting the character review process required for Maine bar admission is voluntary. I hereby authorize the Maine Board of Bar Examiners, its employees, and its agents, including the National Conference of Bar Examiners, to disclose my Social Security number to every person, agency, and entity having control of any documents, records, or other information, including credit records, pertaining to me; and I hereby consent to the use of my Social Security number for purposes of the investigation and verification necessary to complete the character review required for admission to the Maine bar. I understand that except for disclosure for character review purposes as authorized by me, no other disclosure shall be made of my Social Security number by the Maine Board of Bar Examiners except as authorized by Maine statute for tax administration purposes.

Christine Varad 4/6/05
Signature of Applicant (Sign in black ink)

Subscribed and sworn to or affirmed before me this 6 day of April, 2005

 **ELDON T. HUMFRYES, JR.**
Notary Public
Commonwealth of Massachusetts
My Commission Expires January 16, 2009

E. Humfries
Notary Public (Sign in black ink)
My commission expires 1/16/09

Seal or stamp must be affixed to each original.

THE COMMONWEALTH OF MASSACHUSETTS

Suffolk, SS.

Supreme Judicial Court
For Suffolk County

FORM 1

PETITION FOR ADMISSION TO THE BAR OF THE COMMONWEALTH OF MASSACHUSETTS

I, Christine Varad, hereby petition for admission to the bar of the
Type or Legibly Print Full Name

Commonwealth. I represent that I am of good moral character and over the age of eighteen years, having been born on 4/30/55. I request that I be examined for admission as an attorney and, if found qualified, be admitted as such.

Signed: Christine Varad
Applicant's Signature

Address: 88 Greenfield Lane
Sutton MA 02066
City State Zip

Email address (if applicable)

Date: Dec 1, 2002

RECOMMENDATION OF A MEMBER OF THE BAR OF THE COMMONWEALTH OF MASSACHUSETTS OR OF ANY STATE, DISTRICT OR TERRITORY OF THE UNITED STATES

(Supreme Judicial Court Rule 3:01, subsection 1.2)

I, Timothy J. Smyth, an attorney of the bar of Mass.,
Type or Legibly Print Full Name

respectfully recommend that the foregoing petition be granted, and certify that the petitioner is of good moral character.

Attorney's Signature: Timothy J. Smyth
Business Address: Office of the District Attorney
Worcester, MA 01608

Telephone Number: 508. 757. 2786

Date: 12/1/02

Attorney's State Registration No.: 644666