

Exhibit 1

**UNEMPLOYMENT COMPENSATION SERVICES MODEL AGREEMENT
PARTICIPATION AGREEMENT**

County of Monterey, a political subdivision of the State of California, (“**Participating County**”) and TALX Corporation (a provider of Equifax Workforce Solutions), a Missouri corporation, (“EWS”) agree that Participating County shall receive Services under the provisions of the Unemployment Compensation Services Model Agreement with an Effective Date of July 1, 2016, by and between TALX Corporation and the County of Personnel Administrators Association of California (“CPAAC”), (the “**Agreement**”) which provisions are incorporated herein by reference and set forth in full. Additionally, Participating County and EWS agree that, as it pertains to the Services provided to Participating County, the Agreement shall be governed by the laws of the State of California, without regard to applicable conflict of law rules. The applicable provisions of the Government Claims Act (California Government Code Section 900, et seq.) must be followed first for any disputes under this Agreement.

Effective Date: July 1, 2016

- 1) **Term.** This Participation Agreement shall be for an initial term of three (3) years from the Effective Date hereof. This Participation Agreement shall automatically renew for successive one (1) year terms (“Successive Terms”) unless either party provides the other with written notice of termination at least ninety (90) days prior to the end of the then current term before terminating the Participation Agreement.
- 2) **Termination.** Either party may terminate this Participation Agreement if the other party has materially breached the Agreement, provided that the party claiming breach must give the other party at least thirty (30) days prior written notice in which to cure the breach before terminating this Participation Agreement.

Participating County Information:

Location ID:	CG7V
Location Name:	County of Monterey
Main Contact:	
Main Contact Email Address:	
Main Contact Phone Number:	
Main Contact Fax Number:	
Main Contact Address:	
Main Contact City:	
Main Contact State:	
Main Contact Zip:	
Billing Contact Email Address:	
Billing Contact Phone Number:	
Billing Contact Fax Number:	
Billing Contact Address:	
Billing Contact City:	
Billing Contact State:	
Billing Contact Zip:	

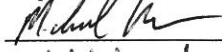
By signing below, Participating County agrees to the terms and conditions of the Agreement. Each person signing below represents and warrants that he or she has the necessary authority to bind the respective party set forth below.

Agreed:

Participating County

By (signature): _____
 Name (print): _____
 Title: _____
 Date: _____

**TALX Corporation, a Missouri Corporation,
and provider of Equifax Verification Services**

By (signature):  _____
 Name (print): **Michael Mohr**
 Title: **Vice President**
 Date: **4-4-17**

By (signature): _____
Name (print): _____
Title: _____
Date: _____

By (signature): _____
Name (print): _____
Title: _____
Date: _____

By (signature): _____
Name (print): _____
Title: _____
Date: _____