

7/20/06



Corporate Management Group, Inc.

APPLICATION FOR EMPLOYMENT

DATE 7/19/2006

Name \* Marquez Rose

Address 210 Jane NW Seawville 55976

Telephone (504) 380-0517 Social Security No. 584-92-1936

Are you under age 18  YES  NO, if "YES", can you provide proof of your eligibility to work?  YES  NO

Are you currently authorized to work in the United States?  YES  NO. Proof of eligibility will be required if hired.

Current Position \_\_\_\_\_ Are you available to work overtime?  Yes  No

Current Wage \_\_\_\_\_

Shift \_\_\_\_\_

| TYPE OF SCHOOL       | NAME OF SCHOOL         | MAJOR & DEGREE     |
|----------------------|------------------------|--------------------|
| High School          | <u>Examenes Libres</u> | <u>Puerto Rico</u> |
| College              | <u>GED</u>             |                    |
| Bus. or Trade School | <u>Welding</u>         | <u>D.C.T.C.</u>    |
| Professional School  |                        | <u>experience</u>  |

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying?  No  Yes (a Conviction record will not necessarily disqualify you from employment).

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation.

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

Please list two Emergency Contacts other than relatives.

Name Yahaira Castro Name \_\_\_\_\_

Address 2732 Charles Ct. NW Address \_\_\_\_\_

Rochester, MN 55901

Telephone (504) 358-8205 Telephone ( ) \_\_\_\_\_

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer SEMCIL Phone (507)  
Address \_\_\_\_\_ Supervisor Lou  
Reason for leaving (be specific) Job Ended (Insurance Program)  
Position/Duties:  
Give care to elderly person and child  
w/ special needs. PCA certified for  
homehealth aid.

Name of employer Country Inn Phone (507)  
Address \_\_\_\_\_ Supervisor Datasha  
Reason for leaving (be specific) not enough hours -  
Position/Duties:  
Were 35 rooms and lobby area to clean  
and support guest w/ needs.

Name of employer Hilda Daly Phone (507) 288 - 0022  
Address 710 11/2 st SW Supervisor Adeb  
Reason for leaving (be specific) better employment  
Position/Duties:  
Housekeeping and child care -

References available -

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc., (hereinafter called "the Company"), I agree that:

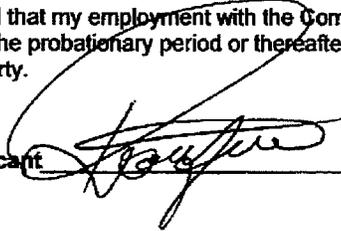
Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee Corporate Management Group, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and Corporate Management Group, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant



Date:

7/19/2006

Corporate Management Group, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Corporate Management Group, Inc. depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

FAXED



CLASS: D - VALID SINGLE UNIT AND COMBINATIONS UP TO 26000  
LBS GVWR. ALL RECREATIONAL & FARM VEH. (M.S. 171.02)

ENDORSEMENTS: NONE

RESTRICTIONS: NONE

97-09-1007



printing with Social Security Administration and post office return  
card 2011.

line a and that you agree, please return it to:

Social Security Administration

1400 ... Baltimore, MD 21204

any use of the card is made by anyone is punishable by fine  
or imprisonment.

2. Great benefits and choices for you. That's why we

offer you and your family a choice of plans in one place.

SSN card with you.

For more Social Security business information, contact your local Social

Security office. If you write to this above address for any business other than

to a hand card, it will not be longer for us to answer your letter.

Social Security Administration  
888-555-7777

259995460

Copies —  
1 identification  
SS card

MINNESOTA  
DRIVER'S LICENSE



ROSA MARIA MARQUEZ ROSADO  
210 2ND AVE NW #5  
STEWARTVILLE, MN 55976

Date of Birth 03-15-1957  
Sex F Eyes BRN  
Height 5-6 Weight 170  
ISSUED 05-2006 EXPIRES 03-15-2010

E06569810E210

SOCIAL SECURITY

584-02-1936

THIS NUMBER HAS BEEN ESTABLISHED FOR

ROSA M MARQUEZ ROSADO

SIGNATURE

# CMG

Corporate Management Group, Inc.

## PRUEBA DE DROGA Y ALCOHOL REGLAMIENTO Y FORMATO DE CONSENTIMIENTO

CMG está comprometido a mantener un ambiente de trabajo seguro y productivo, en todas las instalaciones y lugares en los cuales asigne asociados y se compromete a proteger toda propiedad conectada con dicho empleo. El acuerdo y cooperación de esta política y la firma de este formato es requerido a todas las personas como una condición de trabajo o para continuar trabajando en CMG. Es política de CMG no contratar a ninguna persona que obtenga una prueba positiva por consumo de cualquier droga ilegal o por el uso de drogas ilegales o una droga controlada, en cualquier cantidad, sin tener en cuenta la frecuencia y sin una prescripción médica. Por lo tanto, y de acuerdo con la ley, asociados de CMG pueden ser requeridos para que se sometan a una prueba de anti-droga por cualquiera de las siguientes razones:

- Continuación de trabajo.
- Por sospecha razonable de un gerente de CMG o cualquier gerente de algún cliente de CMG.
- Después de un accidente (relacionado con accidentes de trabajo).
- Al azar para asegurar consistencia y continuidad de la política ( al azar para los empleados en trabajos de seguridad-sensibles)
- Carta recordativa que prueba durante y después del tratamiento químico de la dependencia.

Yo comprendo, que de acuerdo con esta política, puedo ser solicitado para ir a un centro profesional de prueba de droga y suministrar una muestra de mi orina y/o fluidos corporales, tejidos o filamentos para análisis químicos.

Yo accedo, libre y voluntariamente, a este pedido de muestra o muestras de orina y/o fluidos corporales, tejidos o filamentos. Por este medio yo concedo a CMG, al especialista médico obtener las muestras y que el laboratorio realice los análisis (incluyendo sus empleados, agentes y contratistas) y por cualquier responsabilidad que surge del mismo, por el suministro de mi orina y/o fluidos corporales, tejidos o filamentos. Las decisiones de mi empleo serán basadas en los resultados de estos análisis.

Yo comprendo, que cualquier persona que rechaza tomar la prueba puede ser descalificada para el empleo con la compañía, constante con la ley del estado. Cualquiera persona que falla en la prueba recibirá oportunidades proporcionadas del tratamiento según lo indicado de acuerdo con ley del empleo de Minnesota. La prueba inicial y las pruebas confirmativas para los resultados positivos están a expensas de la compañía. El reexaminar está a mi costo.

Yo comprendo que tengo el derecho de explicar una prueba positiva o de solicitarla y de pagar una contra-prueba confirmativa.

He leído el presente reglamento y el formato de consentimiento y estoy de acuerdo en someterme a la prueba de droga y alcohol como parte de los terminos y condiciones de empleo de CMG.

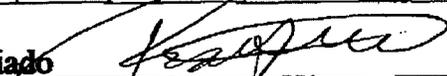
NOMBRE ROSA M. MARQUEZ (letra de molde)  
NUMERO DE SEGURO SOCIAL 584-92-1936  
FIRMA [Signature] FECHA 07-20-06  
TESTIGO M. Sage FECHA 7-20-06  
*my signature*

## RECONOCIMIENTO

El manual del asociado fue repasado conmigo y he recibido mi copia personal. También reconozco que me han dado la oportunidad de hacer preguntas durante mi orientación. Entiendo y apoyo además lo siguiente:

1. Este manual se piensa como una guía y no como acuerdo del empleo en que crea una relación contractual, y que se puede terminar la relación del empleo con la voluntad de cualquiera en cualquier momento.
2. Las necesidades que cambian del negocio requerirán la alteración del método, las prácticas y las políticas y la compañía las revisará unilateral, como sea necesario, para resolver estas necesidades que cambien.
3. Estoy de acuerdo de notificar a mi consultor inmediatamente de cualquier cambio en mis datos personales tales como el número de teléfono, dirección, notificación de emergencia, etc.
4. Soy responsable de la información proporcionada aquí y sobre mi separación, devolveré este manual a mi consultor de CMG.

Fecha: 07-19-06

Firma de asociado 

Nombre de asociado) ROSA M. MARQUEZ  
(en letra de molde)

Número de seguro social 584-92-1936

Orientación dada por M. Jara



U.S. Citizenship and Immigration Services

# Employment Eligibility Verification

[On-line Resources](#) | [Tutorial](#) | [Home](#) | [About](#) | [Exit](#)



Case Verification Number: 2007199114651DB

## Case Administration

[Initial Verification](#)

[View Cases](#)

## User Administration

[Change Password](#)

[Pwd Challenge Q&A](#)

[Change Profile](#)

## Site Administration

[Add User](#)

[View Users](#)

[Maintain Company](#)

[Request Termination](#)

## Reports

[View Reports](#)

## Initial Verification

|                                |                     |                              |  |
|--------------------------------|---------------------|------------------------------|--|
| <b>Last Name:</b>              | marquez             | <b>First Name:</b>           | rosa                                     |
| <b>Middle Initial:</b>         |                     | <b>Maiden Name:</b>          |  |
| <b>Social Security Number:</b> | 584-92-1936         | <b>Date of Birth:</b>        | 03/15/1957                               |
| <b>Hire Date:</b>              | 07/17/2007          | <b>Citizenship Status:</b>   | Citizen or National of the United States |
| <b>Alien Number:</b>           |                     | <b>I-94 Number:</b>          |  |
| <b>Document Type:</b>          | List B, C Documents | <b>Doc. Expiration Date:</b> |  |
| <b>Initiated By:</b>           | PSMI3297            | <b>Initiated On:</b>         | 07/18/2007                               |

## Initial Verification Results

**Initial Eligibility**      EMPLOYMENT AUTHORIZED



# Certificate of Achievement

Rochester Community & Technical College  
Department of Business & Workforce Education

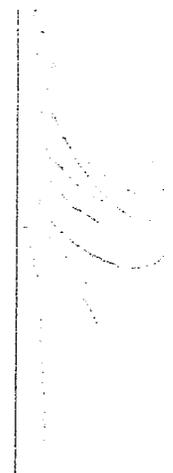
*This is to certify that*

*Rosa Marquay*

*has completed*

46-Hour Entry Level Welder Training Course  
- Achievement Level 5 -

*Dated this 14th day of December 2004*



Facilitator



**Rochester**  
COMMUNITY AND TECHNICAL  
College



Michelle Pyfferoen,  
Director of Business  
and Workforce Education

# Certificate of Achievement

*This is to acknowledge that*

**Rosa Marquez**

*Successfully achieved Level 5 of the Rochester Community and Technical College, 46-hour, GMA (Mig) Welder Training Program  
Certificate definitions are listed on the back of this certificate.*



*Presented on this day, December 12, 2004*

A handwritten signature in ink, appearing to read "Paul W. Cameron", is written over a horizontal line.

Paul W. Cameron – AWS, Certified Welding Educator

ESTADO LIBRE ASOCIADO DE PUERTO RICO  
(COMMONWEALTH OF PUERTO RICO)

DEPARTAMENTO DE SALUD  
(DEPARTMENT OF HEALTH)

REGISTRO DEMOGRAFICO  
(DEMOGRAPHIC REGISTRY)

CERTIFICACION DE NACIMIENTO  
(CERTIFICATION OF BIRTH)

NUMERO  
D1940438

NUMERO DE CERTIFICADO (CERTIFICATE NUMBER)  
152-1957-00971-000000-274243

NOMBRE DEL INSCRITO (NAME OF REGISTRANT)

ROSA MARIA MARQUEZ ROSADO

DOMICILIO (DWELLING HOUSE)  
RIO PIEDRAS, PUERTO RICO

FECHA NACIMIENTO (BIRTHDATE)      FECHA INSCRIPCION (REGISTRATION DATE)  
15 MAR 1957      20 MAR 1957

LUGAR NACIMIENTO (BIRTHPLACE)      SEXO (SEX)  
RIO PIEDRAS, PUERTO RICO      F

NOMBRE DEL PADRE (FATHER'S NAME)      EDAD (AGE)  
MIGUEL MARQUEZ      32

LUGAR NACIMIENTO DEL PADRE (FATHER'S BIRTHPLACE)  
CAGUAS, PUERTO RICO

NOMBRE DE LA MADRE (MOTHER'S NAME)      EDAD (AGE)  
NICOLASA ROSADO      25

LUGAR NACIMIENTO DE LA MADRE (MOTHER'S BIRTHPLACE)  
RIO PIEDRAS, PUERTO RICO

FECHA EXPEDICION (DATE ISSUED)  
30 SEP 2003

\*\*\*\*\*

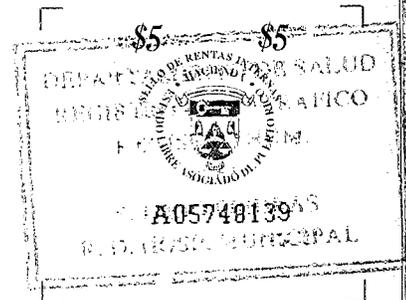
ESTE ES UN ABSTRACTO DEL CERTIFICADO DE NACIMIENTO OFICIALMENTE INSCRITO EN EL REGISTRO DEMOGRAFICO DE PUERTO RICO BAJO LA AUTORIDAD CONFERIDA POR LA LEY 24 DEL 22 DE ABRIL DE 1931

THIS IS AN ABSTRACT OF THE RECORDS FILED IN THE DEMOGRAPHIC REGISTRY OF PUERTO RICO ISSUED UNDER THE AUTHORITY OF LAW 24, APRIL 22, 1931

SECRETARIO DE SALUD  
(SECRETARY OF HEALTH)

DIRECTOR REGISTRO DEMOGRAFICO  
(STATE REGISTRAR)

DEPARTAMENTO DE  
**SALUD**  
GOBIERNO DE PUERTO RICO



Dando Salud... a tu Vida.

ADVERTENCIA: Cualquier alteración o borradura cancela esta certificación.

WARNING: Any alteration or erasure voids this certification.

# PWC Inspection Service

## Standard welder and Welding Operator Qualification Test Record (WQTR)

Welder's Name: Rosa Marquez Welder's Clock No.: N/A Welder's Stamp No.: N/A

WPS Number: Course C - Learning Objective #6 Supported by PQR No.(s): Pre-Qualified AWS D1.3

### Base Metal

|                                     | Qualification Range      |
|-------------------------------------|--------------------------|
| *Type/Description: Low Carbon Steel | All Qualified            |
| *Material Thickness: 1/8 in (6mm)   | 1/4 inch (6mm) and under |
| Other Information:                  |                          |

### Welding Process

|                                 |                                  |   |                                     |                                  |
|---------------------------------|----------------------------------|---|-------------------------------------|----------------------------------|
| Characteristics:                | ac: <input type="checkbox"/>     | dcep: <input checked="" type="checkbox"/>           | dcen: <input type="checkbox"/>      | pulsed: <input type="checkbox"/> |
| Method of Application:          | manual: <input type="checkbox"/> | semi-automatic: <input checked="" type="checkbox"/> | automatic: <input type="checkbox"/> |                                  |
| Process: GMAW                   | Mode of Metal Transfer:          | Short-Circuiting                                    |                                     |                                  |
| Tungsten Electrode Dia.: -- in. | Tungsten Electrode Type:         | --  |                                     |                                  |

### Filler Metal

|                              | Qualification Range |
|------------------------------|---------------------|
| AWS Specification: A5.18     | A5.18               |
| AWS Classification: ER 70S-6 | Any Qualified       |
| Filler Metal Size: 0.035 in. | -- in.              |
| Consumable Insert:           |                     |
| Other:                       |                     |

### Shielding

|                                |               |          |      |
|--------------------------------|---------------|----------|------|
| Shielding Gas and Gas mixture: | Argon 90 %    | CO2 10 % | -- % |
| Gas Flow (CFH): 35             | Gas Cup Size: |          |      |
| Electrode-Flux:                | Other:        |          |      |

### Joint Details and Technique

|   | Qualification Range  |
|---|--|
| *Joint Design: Square Groove  | Groove and Fillets   |
| *Weld Progression: Up <input type="checkbox"/> Down <input checked="" type="checkbox"/> | Up <input type="checkbox"/> Down <input checked="" type="checkbox"/> |
| *Backing Material: none   | with or without  |
| Stringer or Weave Bead: Stringer  |  |
| *Number of Electrodes: 1  | 1  |
| *Position: Vertical   | Flat      Horizontal      Vertical      --                           |
| Electrode Position: --  |  |
| Other:  |  |

### Guided Bend Test

| Specimen No. | Type of bend | Results | Remarks |
|--------------|--------------|---------|---------|
| 05-1         | Root         | pass    |         |
| 05-2         | Root         | pass    |         |
|              | --           | --      |         |
|              | --           | --      |         |

### Visual Inspection

|                  |            |
|------------------|------------|
| Appearance:      | acceptable |
| Undercut:        | none       |
| Piping Porosity: | none       |
| Convexity:       | acceptable |

### Fillet Weld Test

| Minimum size multiple pass |    | Maximum size single pass |    |
|----------------------------|----|--------------------------|----|
| 1                          | -- | 1                        | -- |
| 2                          | -- | 2                        | -- |
| 3                          | -- | 3                        | -- |

### Macroetch Test (if more space required use additional form)

| Specimen No. | Results | Remarks |
|--------------|---------|---------|
|              | --      |         |
|              | --      |         |
|              | --      |         |

Test conducted by PWC Inspection Service Welding witnessed by Paul W Cameron

Macroetch test and visual inspection conducted by Paul W Cameron

I certify that the statements in this record are correct and that the test specimens were prepared, joined, and examined in accordance with the requirements of section 7 of ANSI/AWS D1.3, (1998).

Authorized by Paul W. Cameron Date December 12, 2004

Signed: 