

ESG NEW HIRE PAPERWORK	Date received & initials completed	DATE FAXED & INITIALS	CMG NEW HIRE PAPERWORK	Date received & initials completed	DATE FAXED & INITIALS
EMPLOYEE NAME: (Last, First) <i>Kaspowicz, Aaron</i>	<i>01/18/08 SE</i>		EMPLOYEE NAME: (Last, First)		
ESG New Hire Application	<i>7</i>	<i>AD 1/18</i>	CMG New Hire Application		
ESG Emergency Contact Info			CMG Emergency Contact Info		
Employment Eligibility – I-9- 2 forms of ID - copies			Employment Eligibility – I-9 2 forms of ID - copies		
(1) <i>DL</i>			(1)		
(2) <i>SS card</i>			(2)		
W-4			W-4		
ESG BACKGROUND RELEASE FORM			CMG BACKGROUND RELEASE FORM		
<i>CMG Time</i>	E-VERIFY				
	CMG HANDBOOK-date reviewed and distributed with new employee				
Additional information:	<i>starts 1/21/08</i>		EMPLOYEE CONFIDENTIALITY AGREEMENT		

**CMG CORPORATE FAX NUMBER: 303-736-7767**

*01/21/08  
Days*



# EMPLOYEE INFORMATION SHEET

STRICTLY CONFIDENTIAL

LAST NAME: Kasprawicz  
Apellido Nombre

FIRST NAME: Aaron MIDDLE INITIAL: L  
Primero Nombre Segunda Inicial

ADDRESS: 304 7th Ave SW  
Direccion

CITY: Pilestone STATE: MN ZIP: 56164  
Ciudad Estado Zona Postal

HOME PHONE #: (507)-825-2724 CELL PHONE #: \_\_\_\_\_  
Teléfono Celular teléfono

DATE OF BIRTH: 4-1-83  
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 476-08-8424  
Numero de Seguro Social

GENDER: FEMALE \_\_\_\_\_ MALE X MARITAL STATUS: MARRIED \_\_\_\_\_ SINGLE X  
Género Mujer Masculino Estado Civil Casado Soltero

ETHNIC ID: (WHITE, BLACK, HISPANIC, ASIAN, INDIAN) white  
origen étnia

<b>EMERGENCY CONTACT INFORMATION</b> INFORMACIÓN DE CONTACTO DE EMERGENCIA
NAME: <u>Jasmine Johansson</u> Nombre
PHONE #: <u>825-2724</u> Teléfono

**FOR CMG USE ONLY:**

HIRE DATE: 1/18/08 START DATE: 1/21/08

TERM DATE: \_\_\_\_\_ SALARY (Hourly): 10.00

SHIFT: 1-DAY 2-NIGHT 3-OVERNIGHT  
1-DAY BUSSER 2-NIGHT BUSSER

DEPARTMENT: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
BADGE #: \_\_\_\_\_  
PRIMARY LANGUAGE: \_\_\_\_\_  
WORKERS COMP CODE: \_\_\_\_\_

<b>EMPLOYMENT STATUS</b>
Agency Referral _____ CMG Recruit <u>✓</u>
CMG Rollover Date: _____
Client Rollover Date: _____

# Employer Solutions Staffing Group LLC

## New Hire Application

7300 Metro Blvd, Suite 635  
Edina, MN 55439  
Tel. 952.835.1288

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Kasprowicz First Name Aaron Middle Initial L  
 Street Address 304 7th Ave SW  
 City/State/Zip Pipestone, MN, 56164  
 Home Phone 875-2724 Message Phone \_\_\_\_\_  
 Company/Employer Suzlon

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Are you legally authorized to work in the United States of America?  YES  NO

### Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group LLC (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

Aaron Kasprowicz Name (Print or type) Aaron Kasprowicz Applicant's Signature 1-19-08 Date

A copy or facsimile will be considered the same as an original signature.

For ESSG Office Use Only				
BQ _____	NHW _____	I-9 _____	Direct Deposit _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Proof of Insurance _____	Drug Tests _____

# Form W-4 (2007)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax

for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners/Multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A \_\_\_\_\_

B Enter "1" if: B \_\_\_\_\_

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C \_\_\_\_\_

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D \_\_\_\_\_

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E \_\_\_\_\_

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F \_\_\_\_\_

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub 972, Child Tax Credit, for more information. G \_\_\_\_\_

- If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child.
- If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H \_\_\_\_\_

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="margin:0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2007</div>
1 Type or print your first name and middle initial. Last name <i>Aaron L Kasprowitz</i>		2 Your social security number <i>476 98 8424</i>
Home address (number and street or rural route) <i>304 7th Ave SW</i>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code <i>Pipestone, MN, 56164</i>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <input type="text" value="0"/>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <input type="text"/>
7 I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here <span style="float:right">▶ <input type="text" value="7"/></span>		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶ <i>Aaron Kasprowitz</i>		Date ▶ <i>1-19-08</i>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)



**Employer  
Solutions  
Staffing  
Group LLC**

7300 Metro Blvd, Suite 635  
Edina, MN 55439  
Tel. 952.835.1288  
Fax 952.835.1255

Website: [www.employersolutionsgroup.com](http://www.employersolutionsgroup.com)

## EMPLOYMENT ELIGIBILITY VERIFICATION

After you are hired and before you start work, you are required by law to provide certain documents that verify you are eligible to work and establish your identity. The following is a list of acceptable documents.

One from this column	OR	One from each of these two columns	
<p><b>Documents that establish both Identity and Employment Eligibility</b></p> <ul style="list-style-type: none"> <li>○ U.S. Passport (unexpired or expired)</li> <li>○ Certificate of U.S. Citizenship (INS Form N-560 or 5-570)</li> <li>○ Unexpired foreign with attached I-551 stamp or attached INS form I-94 indicating unexpired employment authorization</li> <li>○ Alien Registration Receipt Card (INS form I-688)</li> <li>○ Unexpired Employment Authorization Card (INS form I-688A)</li> <li>○ Unexpired Reentry Permit (INS form I-327)</li> <li>○ Unexpired Refugee Travel Document (INS form I-571)</li> <li>○ Unexpired Employment Authorization Document issued by the INS, which contains a photograph (INS form I-688B)</li> </ul>		<p><b>Documents that establish Identity</b></p> <ul style="list-style-type: none"> <li>○ Drivers License or ID card issued by a state or outlying possession of the U.S. provided it contains a photograph or information such as name, date or birth, sex, height, eye color, and address</li> <li>○ 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, sex, height, eye color, and address</li> <li>○ School ID with photograph</li> <li>○ Voter's registration card</li> <li>○ U.S. Military dependent's card</li> <li>○ Military dependent's card</li> <li>○ U.S. Coast Guard Merchant Mariner card</li> <li>○ Native American tribal document</li> <li>○ Driver's license issued by a Canadian government authority</li> </ul> <p><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ul style="list-style-type: none"> <li>○ School record or report card</li> <li>○ Clinic, doctor, or hospital record</li> <li>○ Day-care or nursery school card</li> </ul>	<p><b>Documents that establish Employment Eligibility</b></p> <ul style="list-style-type: none"> <li>○ U.S. Social Security Card issued by the Social Security administration (other than a card stating it is not valid for employment)</li> <li>○ Certification of Birth Abroad issued by the Department of State (form FS-545 or DS-1350)</li> <li>○ Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the U.S., bearing an official seal</li> <li>○ Native American Tribal document</li> <li>○ U.S. Citizen ID card (INS form I-197)</li> <li>○ ID card for use of Resident Citizen in the U.S. (INS form I-179)</li> <li>○ Unexpired employment authorization document issued by the INS (other than those listed in the first column)</li> </ul>

*"You have the employees, we have the solutions."*

# Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

## Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last <u>Kasprowitz</u>	First <u>Aaron</u>	Middle Initial <u>L</u>	Maiden Name
Address (Street Name and Number) <u>304 7th Ave SW</u>		Apt. #	Date of Birth (month/day/year) <u>4-1-83</u>
City <u>Pikestone</u>	State <u>MN</u>	Zip Code <u>56164</u>	Social Security # <u>476-98-8424</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

Aaron Kasprowitz  
Employee's Signature

I attest, under penalty of perjury, that I am (check one of the following):

A citizen or national of the United States

A Lawful Permanent Resident (Alien #) A \_\_\_\_\_

An alien authorized to work until \_\_\_\_\_

(Alien # or Admission #)

Date (month/day/year)  
1/18/08

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

## Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		<u>ID Card</u>		<u>SS card</u>
Issuing authority: _____		<u>MN</u>		<u>US GOV</u>
Document #: _____		<u>W033289521106</u>		<u>476-98-8424</u>
Expiration Date (if any): _____		<u>4-1-2010</u>		
Document #: _____				
Expiration Date (if any): _____				

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 1/18/08 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Print Name <u>Ashley Postma</u>	Title <u>Admin Assistant</u>
Business or Organization Name <u>ESSG 7300 Metro Blvd</u>	Address (Street Name and Number, City, State, Zip Code) <u>635 Edina MN 55439</u>	Date (month/day/year) <u>1/18/08</u>

## Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable) \_\_\_\_\_ B. Date of rehire (month/day/year) (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

MINNESOTA  
**IDENTIFICATION CARD**  
**NOT A DRIVER'S LICENSE**



AARON LESILE KASPROWICZ  
818 W MAIN ST  
PIPESTONE, MN 56164

Date of Birth 04-01-1983  
Sex Eyes Class  
M BLU ID  
Height Weight  
6-4 192

ISSUED 10-2006 EXPIRES 04-01-2010

W033289521106



**SOCIAL SECURITY**

476-98-8424

THIS NUMBER HAS BEEN ESTABLISHED FOR

AARON L KASPROWICZ

*Aaron L Kasprowicz*

SIGNATURE

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 01/18/2008  
Page: 1 of 1

Case Verification Number: 2008018140908PA

**Initial Verification:**

Last Name:	Kasprowicz	First Name:	Aaron
Middle Initial:		Maiden Name:	
Social Security Number:	476-98-8424	Date of Birth:	01/01/1983
Hire Date:	01/18/2008	Citizenship Status:	Citizen or National of the United States
Alien Number:		I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	
Initiated By:	SEVA4775	Initiated On:	01/18/2008

**Initial Verification Results:**

Initial Eligibility: EMPLOYMENT AUTHORIZED

**SSA Referral:**

Referral By: Referral Date:

**Verification Response:**

Eligibility: Response Date:

**SSA Resubmittal:**

Last Name:		First Name:	
Middle Initial:		Maiden Name:	
Social Security Number:		Date of Birth:	
Initiated By:		Initiated On:	

**Resubmittal Verification Results:**

Eligibility:

**Additional Verification:**

Comments:  
Initiated By: Initiated On:

**Verification Response:**

Eligibility: Response Date:

**DHS Referral:**

Referral By: Referral Date:

**DHS Referral Results:**

Eligibility: Response Date:

**Case Resolution:**

Resolve Option:  
Resolved By: Resolved On:

SENSITIVE BUT UNCLASSIFIED



It is necessary for us to have current information readily available to the supervisor where you are working and also in your employee file. Thank you for your cooperation. We appreciate you!

Aaron Kaspravic  
Your Name

304 7th Ave SW Apt# \_\_\_\_\_  
Your Address

Pipestone, MN, 56164  
Your City, State, Zip Code

(507) - 825-2724  
Your Telephone Number

---

---

### EMERGENCY CONTACT INFORMATION

Jasmine Johansson  
Name

Girlfriend  
Relationship

304 7th Ave SW  
Address

Pipestone, MN, 56164  
City, State, Zip Code

(507) - 825-2724  
Telephone Number

( )  
Alternate Telephone Number

## Background Investigation Information Release Form

*Please read this form carefully and be aware that by allowing Employer Solutions Staffing Group LLC to investigate your background with state and federal agencies, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal and driving record background check and review.*

I understand that a successful criminal and driving record background investigation is a condition of my employment by Employer Solutions Staffing Group LLC to work at facilities of

and, further, that Employer Solutions Staffing Group may, at its discretion, conduct periodic criminal and driving record background investigations on me during the course of my employment with Employer Solutions Staffing Group.

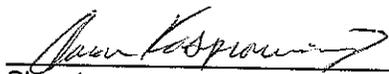
I agree to waive and relinquish all claims I may have against Employer Solutions Staffing Group LLC and its officers, agents, servants and employees as a result of my participation in any criminal and driving record background investigation.

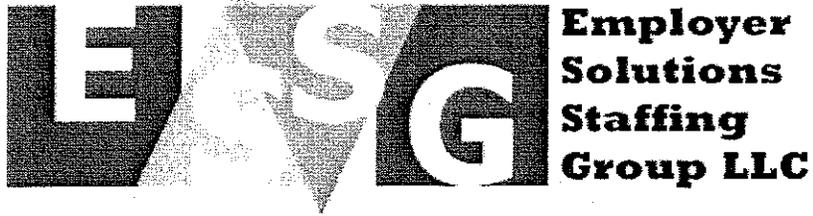
I do hereby fully release and discharge Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims from damages that I may have or that may accrue to me on account of the results of any aspect of any criminal and driving record background investigation.

I further agree to indemnify and hold harmless and defend Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims resulting from damages sustained by me or arising out of, connected with, or in any way associated with, any of the activities of any criminal and driving record background investigation and review.

**I have read and fully understand this Waiver and Release of All Claims.**

<b>Employee Full Legal Name (Printed)</b>	Last	First	Middle	<b>Social Security #</b>	<b>Birthdate</b>
	Kasprawicz	Aaron	L	476   98   8424	9   1   83
<b>Minnesota Driver's License Number</b>				<b>Date Signed</b>	
W033289521106				1-19-08	

  
 \_\_\_\_\_  
 Signature



**STATEMENT OF CONFIDENTIALITY**

This agreement made this 19 day of January, 200~~7~~<sup>8</sup>, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and hereafter referred to as "employee".

**WITNESSETH:**

For the duration of my employment and after resignation or termination of this employment with employer, for any reason whatsoever, the employee shall not use or disclose to any other person or company, and confidential or proprietary information or know-how related to the business of the employer.

In view of the difficulty of determining the amount of damages that may result to the employer from a violation of any of the provisions hereof, the employee agrees to pay to the employer the sum of \$10,000 as liquidated damages for every such violation; provided, however, that the payment of such amount as liquidated damages shall not be construed as a release or waiver by the employer of the right to prevent any such violation in equity or otherwise.

\_\_\_\_\_  
Employee Signature

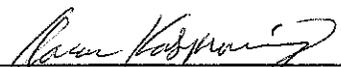
\_\_\_\_\_  
Employer Solutions Staffing Group LLC, Representative

**DRUG AND ALCOHOL  
TESTING CONSENT FORM**

1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.

2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with ESSG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.

4. I hereby voluntarily consent to ESSG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by ESSG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to ESSG of the results of my drug and/or alcohol test and other information related to the test.

  
\_\_\_\_\_  
Individual's Name  
  
1-19-08  
\_\_\_\_\_  
Date

**SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6**

1st shift

Monday 14th

ENTERED

# CMG

Corporate Management Group, Inc.

## APPLICATION FOR EMPLOYMENT

DATE 1-9-08

Name Kasprowicz Aaron Leslie  
Last First Middle Maiden

Address 304 7th Ave SW Pikestone, MN 56164  
Number Street City State Zip

Telephone (507) 825-2724 Social Security No. 476 - 98 - 5424

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

Are you available to work overtime?  Yes  
 No

TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR & DEGREE
High School	<u>P-J Alternative school</u>	<u>G.E.D.</u>
College		
Bus. or Trade School		
Professional School		

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 Jasmine Johansen

Name \_\_\_\_\_

Address 304 7th Ave SW

Address \_\_\_\_\_

Pikestone, MN

Telephone (507) 825-2724

Telephone ( ) \_\_\_\_\_

CMG INTERVIEW GUIDE FOR SUZLON ROTOR CORPORATION

PLEASE ANSWER THE FOLLOWING QUESTIONS

(IF YOU ARE UNSURE HOW TO ANSWER, YOU MAY LEAVE THE QUESTION BLANK)

- 1.) APPLICANT NAME: Aaron Kasprovicz DATE: 1-9-08  
(PLEASE PRINT)
- 2.) Are you willing to consent to a post job offered drug screen?  Yes - No If no, why? \_\_\_\_\_  
(CIRCLE)
- 3.) Are you willing to consent to a post job offered health assessment?  Yes - No If no, why? \_\_\_\_\_  
(CIRCLE)
- 4.) Can you legally work in this country?  Yes - No If yes, by what means? US Citizen - Resident Alien - Other? \_\_\_\_\_  
(CIRCLE) (CIRCLE)
- 5.) Do you have reliable transportation to get to work?  Yes - No How far will you travel in miles? 1 Will you need a ride Yes -  No  
(CIRCLE) (CIRCLE)
- 6.) How far away do you live from Suzlon Rotor Corporation?  0-10 10-25 25-50 50-75 75-100 100+ Miles  
(CIRCLE)
- 7.) Which shift works better with your schedule,  1st (5am-3:30pm) or 2nd (3pm-1am)? Will you work any shift? Yes  No  
(CIRCLE) (CIRCLE)
- 8.) Are you willing to work a Fixed Rotating Shift (4 days on & 4 days off) including weekends & Holiday?  Yes - No Overtime?  Yes - No  
(CIRCLE) (CIRCLE)
- 9.) Is the starting pay of \$9 per hour acceptable?  Yes - No If no, starting pay desired \$ \_\_\_\_\_ per hour  
(CIRCLE)
- 10.) Have you ever been convicted of a felony? Yes  No If so, when? \_\_\_\_\_  
(CIRCLE)
- 11.) Have you ever been terminated from a job?  Yes - No If "yes", explain: IX up North problems with foot  
(CIRCLE)
- 12.) On average how often are you absent from work per month?  Never 1-2 times 3+ times Reason? \_\_\_\_\_  
(CIRCLE)

\*\*\* APPLICANT PLEASE DO NOT WRITE BELOW THIS LINE

Is the application signed Yes - No Are both the application and questions above completed? Yes - No  
 Was the applicant on time for their interview? Yes - No How did the applicant hear about CMG/Suzlon? \_\_\_\_\_

PHYSICAL JOB REQUIREMENTS. ASK THE APPLICANT IF THEY CAN PERFORM THE FOLLOWING:

- Do you have full range of motion with your head, neck, & upper body?  Yes - No Can you lift & carry up to 50lbs if needed?  Yes - No
- Can you work in a kneeling position?  Yes - No Can you work in a standing position (on your feet) for a 10 hour shift?  Yes - No
- Can you work near fumes & dust for a 10 hour shift?  Yes - No Have you ever worn a respirator?  Yes - No Where? \_\_\_\_\_

BASIC INTERVIEW QUESTIONS

- Have you ever worked in a mfg environment before?  Yes - No If "yes", where? And tell me about your job responsibilities/duties: \_\_\_\_\_
- Are you currently working right now?  Yes - No If "yes", why are you looking to leave your employer? Monday 1/9/08
- If "no", how long have you been looking for employment? \_\_\_\_\_
- Are you on layoff subject to recall? Yes - No Where have you had interviews or filled out applications at? \_\_\_\_\_
- Are you available for employment? Do you need to give a 2 week notice with your employer?  Yes - No

REFERENCE CHECKS

CMG requires two work related reference checks from past employers. Who should we contact?

Name and title of reference/company: \_\_\_\_\_  
 Phone numbers: \_\_\_\_\_  
 Name and title of reference/company: \_\_\_\_\_  
 Phone numbers: \_\_\_\_\_

NOTES

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Employee Referral Form

Ed Johnson

I, Aaron Kasprowicz was referred to work at Suzlon Rotor  
(Your Name)

Corporation by Ed Johnson an employee of Suzlon Rotor  
(Name of current SRC employee)  
Corporation.

Aaron Kasprowicz  
Signature

1-16-07  
Date

Employee referral form must be submitted at the time of application. After the applicant's completion of 90 days as an employee the referring employee will receive a \$200 referral bonus on their next payroll check.



CMG, 1711 S Highway 75  
Pipestone, MN 56164

ACCT#: H0248927 HR#: H042325  
KASPROWICZ, AARON L  
REF 04/01/83 W 24 LAB  
01/16/08 OTHER PHYSICIAN  
INS:

**STEP 1 – PRE-EMPLOYMENT HEALTH ASSESSMENTS – Pipestone Medical Group**

ADDRESS: 920 4<sup>th</sup> Avenue SW, Pipestone, MN 56164

CALL IMMEDIATELY to schedule your Health Assessment and Drug Screen: 507-825-5700, Ask for Heidi, the Clinic Manager. Be sure to say you are with SUZLON. Please arrive early enough to allow time to complete your Health Questionnaire. Allow up to 1 hour for your exam.

**STEP 2 – AUTHORIZATION FOR COLLECTION**

DATE OF TEST: \_\_\_\_\_

In order to process a laboratory procedure in our facility we are required to obtain a written request signed by a representative from your company for our records. Please complete the company Name and Address and fill in the Employee Name, Date of Birth, Social Security #, Date of Test, Test Requested, and Reason requested and sign the area for company representative.

Name of Employee Aaron Kasproicz

DOB 4/1/83  
(Month/day/year)

Social Security # 476-98-8409

Test Requested:  Urine Drug Screen (DOT)  
 Urine Drug Screen (NON-DOT)  
 Breath Alcohol (DOT)  
 Breath Alcohol (NON-DOT)

Reason Requested:  Random  **PREEMPLOYMENT**  Post-accident  Other  
 Reasonable Suspicion  Follow UP  Return to Duty

Signature of company Representative Sarah G...

If donor does not have a driver's license or acceptable picture ID, a company rep must accompany the donor to our lab for identification purposes. The donor and the authorized representative must then sign the request to witness the identification of the donor.

**INSTRUCTIONS FOR URINE DRUG SCREEN:**

1. Donor must bring valid photo ID (Drivers License). If no valid photo ID or acceptable picture available, an authorized representative from company must verify ID of donor.
2. For Drug Screen – Donor must be prepared to give a urine sample for testing.
3. If donor is unable to give urine sample or other sampling issues arise, the donor may be required to remain at the clinic for up to 3 hours.
4. If confirmation testing is necessary, it may take up to one hour to complete testing.
5. A refusal to test, or a positive test, will subject donor to disciplinary action as authorized by DOT regulations or facility drug and alcohol policy.