

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>March, Andrew</i>			EMPLOYEE NAME: (Last, First)		
ESG New Hire Application	<i>1/7</i>	<i>AP</i>	CMG New Hire Application		
ESG Emergency Contact Info	<i>1/7</i>	<i>AP</i>	CMG Emergency Contact Info		
Employment Eligibility - I-9- 2 forms of ID - copies			Employment Eligibility - I-9		
(1) <i>SS</i>	<i>1/7</i>		2 forms of ID - copies		
(2) <i>BirtCert</i>	<i>1/7</i>		(1)		
W-4	<i>1/7</i>		(2)		
ESG BACKGROUND RELEASE FORM	<i>1/7</i>		W-4		
<i>CMGTime</i>	<i>1/7</i>		CMG BACKGROUND RELEASE FORM		
			E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:	<i>Starts 1/14/08</i>		EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767

01/14/08



EMPLOYEE INFORMATION SHEET

STRICTLY CONFIDENTIAL

LAST NAME: March
Apellido Nombre

FIRST NAME: Andrew MIDDLE INITIAL: R
Primero Nombre Segunda Inicial

ADDRESS: 1600 N Dr.
Direccion

CITY: Sioux Falls STATE: SD ZIP: 57117
Ciudad Estado Zona Postal

HOME PHONE #: 605-367-5195 CELL PHONE #: _____
Teléfono Leave message Celular teléfono

DATE OF BIRTH: 5-3-80
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 478986342
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

EMERGENCY CONTACT INFORMATION
INFORMACIÓN DE CONTACTO DE EMERGENCIA

NAME: Cammie Thibodeau
Nombre

PHONE #: 320-202-5941
Teléfono

FOR CMG USE ONLY:

HIRE DATE: 01/03/08 START DATE: 01/14/08

TERM DATE: _____ SALARY (Hourly): 10.60

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

DEPARTMENT: _____
SUPERVISOR: _____
BADGE #: _____
PRIMARY LANGUAGE: _____
WORKERS COMP CODE: _____

EMPLOYMENT STATUS

Agency Referral _____ CMG Recruit ✓

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 March First Name Andrew Middle Initial R
 Street Address 1600 W Dr
 City/State/Zip Sioux Falls SD 57117
 Home Phone _____ Message Phone 605-367-5195
 Company/Employer _____

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.

Andrew March

Name (Print or type)

Andrew March

Applicant's Signature

1-3-08

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 1

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 W-4 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ 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; text-align: center;">2007</div>
1 Type or print your first name and middle initial. Last name Andrew R March		2 Your social security number 478 98 6342
Home address (number and street or rural route) 1600 N Dr		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 Sioux Falls SD 57117		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 <u>1</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$
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"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7		
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.)		Date <u>1-3-08</u>
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

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

"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>March</u>	First <u>Andrew</u>	Middle Initial <u>R</u>	Maiden Name
Address (Street Name and Number) <u>1600 N Dr.</u>		Apt. #	Date of Birth (month/day/year) <u>5-3-80</u>
City <u>Sioux Falls</u>	State <u>SD</u>	Zip Code <u>57117</u>	Social Security # <u>478-98-6342</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.

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 #)

Employee's Signature
[Signature]

Date (month/day/year)
1-3-08

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>Birth Cert</u>		<u>State of SD</u>		<u>Social Security</u>
Issuing authority: <u>Iowa</u>		<u>SD</u>		<u>US Govt</u>
Document #: <u>114-80-018653</u>		<u>00047523</u>		<u>478-98-6342</u>
Expiration Date (if any): _____		<u>03/11/2008</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) 01/07/08 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>Sarah Evans</u>	Title <u>Recruiter</u>
Business or Organization Name <u>ESS6700 Metro Blvd</u>	Address (Street Name and Number, City, State, Zip Code) <u>635 Edina 55439</u>	Date (month/day/year) <u>01/07/08</u>

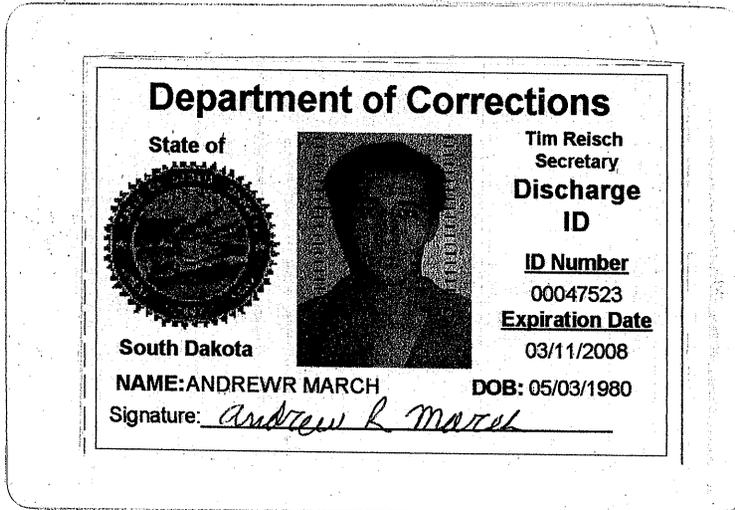
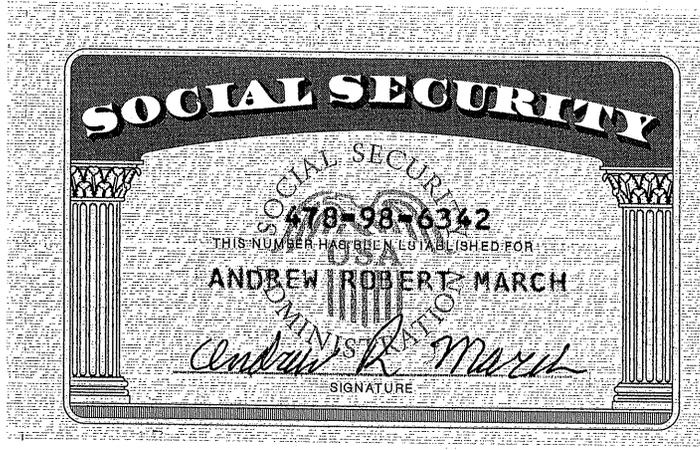
Section 3. Updating and Reverification. To be completed and signed by employer.

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)
--	-----------------------

Do not laminate your card.



CERTIFICATE OF VITAL RECORD

STATE OF IOWA

STATE OF IOWA
DEPARTMENT OF HEALTH
CERTIFICATE OF LIVE BIRTH

114 80-018653

STATE FILE NUMBER

1 CHILD'S NAME			STATE FILE NUMBER			
FIRST		MIDDLE		LAST		
ANDREW		ROBERT		MARCH		
2 SEX		3 DATE OF BIRTH (Mo., Day, Yr.)		4 HOUR		
Male		May 3, 1980		11:42 A.		
5 HOSPITAL			6 CITY, TOWN OR LOCATION OF BIRTH		7 COUNTY OF BIRTH	
Hawarden Community Hospital			Hawarden		Sioux	
8 I certify that the stated information concerning this child is true to the best of my knowledge and belief.			9 DATE SIGNED (Mo., Day, Yr.)		10 NAME AND TITLE OF ATTENDANT AT BIRTH (If other than certifier, (Type or print))	
11 (Signature) /s/ M. J. Harvey, D. O.			May 5, 1980			
12 CERTIFIER, NAME AND TITLE (Type or print)			13 MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
M. J. Harvey, D. O.			1122 Ave L, Hawarden, Iowa			
14 (Signature) /s/ Don R. Coughenour			15 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			
			May 7, 1980			
16 MOTHER, MAIDEN NAME		17 FIRST		18 MIDDLE		
		Cammie		Jean		
				Thibodeau		
19 RESIDENCE STATE		20 COUNTY		21 CITY, TOWN OR LOCATION		
Iowa		Sioux		Hawarden		
22 MOTHER'S MAILING ADDRESS (If same as above, enter Zip Code only)			23 AGE (At time of birth)		24 STATE OF BIRTH (If not in U.S.A. Name country)	
			16		So. Dakota	
			25 STREET AND NUMBER OF RESIDENCE		26 INSIDE CITY LIMITS	
			600 3rd St.		City	
27 FATHER NAME			28 FIRST		29 MIDDLE	
			Donald		Robert	
					March	
30 I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.			31 AGE (At time of birth)		32 STATE OF BIRTH (If not in U.S.A. Name country)	
33 (Signature of Parent or other informant) Mother			23		Iowa	
			34 RELATION TO CHILD			
			Mother			

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.

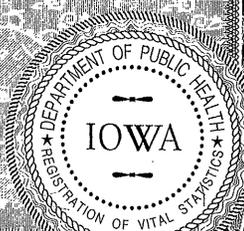


FEB 07 2005

DATE ISSUED
50704378
FORM #568-03285 (2002)

Thomas J. Vilsack
GOVERNOR, STATE OF IOWA
Sally J. Pederson, Lt. Governor

Joe S. France, Deputy
STATE REGISTRAR OF VITAL RECORDS



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 01/08/2008
Page: 1 of 1

Case Verification Number: 2008008092759JQ

Initial Verification:

Last Name:	March	First Name:	Andrew
Middle Initial:		Maiden Name:	
Social Security Number:	478-98-6342	Date of Birth:	05/03/1980
Hire Date:	01/03/2008	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:	01/08/2008

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!

Andrew R March
Your Name

1600 N Dr. Apt# _____
Your Address

Sioux Falls SD 57117
Your City, State, Zip Code

(605) 367-5195 - Leave Message
Your Telephone Number

EMERGENCY CONTACT INFORMATION

Cammie ThiBodeau
Name

MOM
Relationship

3011 8th St. N
Address

St. Cloud MN, 56303
City, State, Zip Code

(320) 202-5941
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.

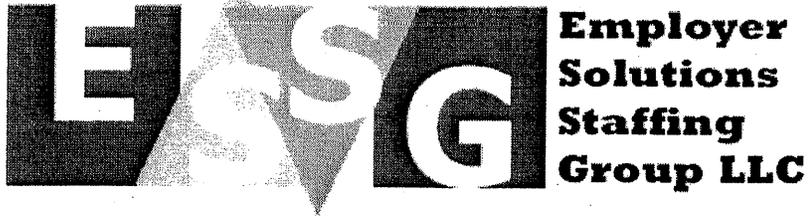
I further agree to indemnify and hold harmless and defend Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims resulting from damages sustained by me or arising out of, connected with, or in any way associated with, any of the activities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

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

Employee Full Legal Name (Printed)	Last	First	Middle	Social Security #	Birthdate
	March	Andrew	Robert	478 98 6342	05/03/80
Minnesota Driver's License Number				Date Signed	
				1-3-08	



 Signature



STATEMENT OF CONFIDENTIALITY

This agreement made this 3 day of January, 2008 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.

Andrew R. March
Individual's Name

1-3-08
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6



*14th

CTP
2nd shift

mould

APPLICATION FOR EMPLOYMENT

DATE 1-3-08

Name March Andrew Robert
Last First Middle Maiden

Address 1600 N Dr Sioux Falls SD 57117
Number Street City State Zip

Telephone 605 367-5195 Leave message Social Security No. 478 - 98 - 6342

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>Mike Murphy</u>	
College	<u>GED</u>	
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.

Possession of controlled substance 7 yrs ago

DO YOU HAVE A DRIVER'S LICENSE? Yes No

Please list two Emergency Contacts other than relatives.

Name Cammie Schroeszler
 Address 3011 8th St. N
St. Cloud MN 56303
 Telephone 320 262-5941

Name Donny March
 Address Hudson SD
 Telephone 605-8984-2002

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	<u>Bishop's truckcare</u>	Phone	<u>(573) 539-6479</u>
Address	<u>231 Senate Dr Monlogon</u>	Supervisor	<u>Brent Bishop</u>
Reason for leaving (be specific) <u>Quit family emergency</u>			
Position/Duties: <u>Mechanic, tire changer, welder, crane operator, wrecker</u> <u>driver, parts runner, general laborer</u>			

HHS

Name of employer	<u>Labor Ready</u>	Phone ()	_____
Address	<u>Souxcity</u>	Supervisor	_____
Reason for leaving (be specific) <u>found better job</u>			
Position/Duties: <u>General Laborer</u>			

Name of employer	_____	Phone ()	_____
Address	_____	Supervisor	_____
Reason for leaving (be specific) _____			
Position/Duties: _____ _____ _____ _____			

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

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

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: Andrew March DATE: 1-3-08
(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? _____ 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 best for your schedule: 7am-3:30pm 3pm-11:30pm 11pm-7:30am Will you work any shift? Yes - No
(CIRCLE) (CIRCLE)
- 8.) Is the starting pay of \$10 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? 9-15-06 JE
(CIRCLE)
- 11.) Have you ever been terminated from a job? Yes - No If "yes", explain: _____
(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 8 hour shift? Yes - No
 Can you work near fumes & dust for a 8 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? 1 week
 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? _____

When 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: _____
 Comments: _____

Name and title of reference/company: _____
 Comments: _____

NOTES

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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:

1-3-08

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.

Employee Referral Form

I, _____ was referred to work at Suzlon Rotor Corporation
(Your Name)

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

Signature

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.

1. Please convince me that you can handle the physical components of this job?

Could you give me examples of other physical labor type of tasks you have done in the past?

What about other physical activities you do outside of work?

Prefer physical
over regular

2. How comfortable are you with repetitious types of work? Could you give me examples of what you have completed in the past?

Repetitive
work

3. How committed are you to keeping your next job for long term, provided there is room for advancement in either learning new skills or improving hourly wage?

Long-term

4. What do you feel are your best qualities in terms of what YOU as an employee can offer your employer?

Good people - person

5. How comfortable are you in working in a team environment? Give examples of places where you worked in a team environment? What do you see are the benefits of a team environment atmosphere. Also, how do you feel about cultural diverse environments?

Team environment -
works well
with others

6. How many sick days have you taken off in the last year?

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