

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) Anthony Rivera			EMPLOYEE NAME: (Last, First)		
ESG New Hire Application	4/30 AP	AP	CMG New Hire Application		
ESG Emergency Contact Info	4/30	5/5	CMG Emergency Contact Info		
Employment Eligibility - I-9- 2 forms of ID - copies			Employment Eligibility - I-9 2 forms of ID - copies		
(1) Birth Cert.	4/30		(1)		
(2) SS rec	4/30		(2)		
W-4	4/30		W-4		
ESG BACKGROUND RELEASE FORM	4/30		CMG BACKGROUND RELEASE FORM		
			E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:	Starts 5/5/08		EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767



# EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Suzlon

LAST NAME: RIVERA  
Apellido Nombre

FIRST NAME: ANTHONY MIDDLE INITIAL: C  
Primero Nombre Segunda Inicial

ADDRESS: 321 DAWSON 7454  
Direccion

CITY: DAWSON STATE: MN ZIP: 56232  
Ciudad Estado Zona Postal

HOME PHONE #: 320-769-4748 CELL PHONE #: \_\_\_\_\_  
Teléfono Celular teléfono

DATE OF BIRTH: 9-30-79  
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 369-86-0385  
Numero de Seguro Social

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

ETHNIC ID: (WHITE, BLACK, HISPANIC, ASIAN, INDIAN) \_\_\_\_\_  
Origen étnia

<p><b>EMERGENCY CONTACT INFORMATION</b> INFORMACIÓN DE CONTACTO DE EMERGENCIA</p> <p>NAME: <u>Hector Lopez</u> Nombre</p> <p>PHONE #: _____ Teléfono</p>
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**FOR CMG USE ONLY:**

HIRE DATE: 04/30/08 START DATE: 5/5/08 TERM DATE: \_\_\_\_\_

SALARY (Hourly): 10.00 SHIFT DIFFERENTIAL \_\_\_\_\_ SHIFT: 1-DAY 2-NIGHT 3-OVERNIGHT

DEPARTMENT: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

PRIMARY LANGUAGE: \_\_\_\_\_ WORKERS COMP CODE: \_\_\_\_\_

<p><b>EMPLOYMENT STATUS</b></p> <p>Agency Referral _____ CMG Recruit <input checked="" type="checkbox"/></p> <p>CMG Rollover Date: _____</p> <p>Client Rollover Date: _____</p>
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# 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 RIVERA First Name ANTHONY Middle Initial L  
 Street Address 321 7457  
 City/State/Zip DAWSON MN  
 Home Phone 320-769-4748 Message Phone \_\_\_\_\_  
 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.

ANTHONY RIVERA  
Name (Print or type)

Anthony Rivera  
Applicant's Signature

04/30/08  
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 (2008)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**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 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 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. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**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 or 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. See Pub. 919 for details.

**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 2008. 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	<u>1</u>
B	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	B	<u>0</u>
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	<u>0</u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u>0</u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u>0</u>
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u>1</u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.</li> <li>• If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.</li> </ul>	G	<u>0</u>
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	<u>0</u>
For accuracy, complete all worksheets that apply.		<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	

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>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;">2008</div>
1 Type or print your first name and middle initial. <u>Anthony L</u>		2 Your social security number <u>369 86 0385</u>
Last name <u>RIVERA</u>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
Home address (number and street or rural route) <u>321 7th St</u>		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"/>
City or town, state, and ZIP code <u>DANBORN MN 56232</u>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>0</u>
6 Additional amount, if any, you want withheld from each paycheck		6 <u>\$ 0</u>
7 I claim exemption from withholding for 2008, 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		7 <u>7</u>
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.) <u>Anthony Rivera</u>		Date <u>04/30/08</u>
8 Employer's name and address (Employer: Complete lines 9 and 10 only if sending to the IRS)		9 Office use only 10 Employer identification number (EIN)

## LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
OR		AND
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. 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, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
9. Driver's license issued by a Canadian government authority	<p><b>For persons under age 18 who are unable to present a document listed above:</b></p>	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

**Form I-9, 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 the documents have 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>RT VERA</u>	First <u>Anthony</u>	Middle Initial <u>L</u>	Maiden Name
Address (Street Name and Number) <u>321 7th St</u>		Apt. #	Date of Birth (month/day/year) <u>9-30-79</u>
City <u>DAWSON</u>	State <u>MN</u>	Zip Code <u>56232</u>	Social Security # <u>369-86-0385</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 <u>Anthony Vera</u>	Date (month/day/year) <u>04/30/08</u>
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**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>DL Receipt</u>		<u>Birth Cert.</u>
Issuing authority: _____		<u>MN</u>		<u>Michigan</u>
Document #: _____		<u>2008637114002</u>		<u>0202270</u>
Expiration Date (if any): _____				
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) 4/30/08 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>Ashley Postma</u>	Print Name <u>Ashley Postma</u>	Title <u>Admin Assistant</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>ESSG 7301 Dahms Lane 405 Edina MN 55439</u>		Date (month/day/year) <u>4/30/08</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)
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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): _____
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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)
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STATE OF MICHIGAN  
DEPARTMENT OF PUBLIC HEALTH

LF \_\_\_\_\_  
CF 3271

STATE FILE NUMBER \_\_\_\_\_

CERTIFICATE OF LIVE BIRTH

0202270

<b>CHILD</b>	1. CHILD - NAME (FIRST) (MIDDLE) (LAST) <b>Anthony Lopez RIVERA</b>					
	2. SEX <b>Male</b>	THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 3a. <b>Single</b>	IF NOT SINGLE - BORN 1ST 2ND, 3RD, ETC. (SPECIFY) 3b.	DATE OF BIRTH <b>49-30-79</b> (DAY) (YEAR)	HOUR <b>12:52 AM</b>	
<b>PLACE</b>	5a. HOSPITAL NAME - (IF NOT HOSPITAL GIVE STREET AND NUMBER) <b>Saginaw General</b>		5b. CITY, VILLAGE, OR TOWNSHIP OF BIRTH <b>Saginaw</b>		COUNTY OF BIRTH <b>Saginaw</b>	
	I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE					
<b>CERTIFICATION</b>	6a. SIGNATURE: <i>[Signature]</i>		DATE: <b>9/30/79</b>		6b. NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER	
	CERTIFIER NAME AND TITLE (PRINT OR TYPE) <b>Clifford Long, M.D.</b>		MAILING ADDRESS (ST. NO., CITY OR VILLAGE, STATE, ZIP) <b>1000 Houghton Saginaw, Michigan</b>			
	REGISTRAR'S SIGNATURE: <i>[Signature]</i>		DATE RECEIVED BY LOCAL REGISTRAR - (MO. DAY, YEAR) <b>October 3, 1979</b>			
	MOTHER - MAIDEN NAME <b>Patsy Reyna Lopez</b>		SOCIAL SECURITY NUMBER <b>449-39-9754</b>	AGE (AT TIME OF THIS BIRTH) <b>19</b>	STATE OF BIRTH - NAME COUNTRY IF NOT USA <b>Texas</b>	
<b>MOTHER</b>	2a. RESIDENCE (Check one box and specify) <input checked="" type="checkbox"/> INSIDE CITY LIMITS OF <input type="checkbox"/> INSIDE VILLAGE LIMITS OF <input type="checkbox"/> TWP. OF		8b. COUNTY <b>Saginaw</b>		8c. STATE <b>Michigan</b>	
	8a. FATHER - NAME		SOCIAL SECURITY NUMBER <b>47</b>	AGE (AT TIME OF THIS BIRTH)	STATE OF BIRTH - NAME COUNTRY IF NOT USA	
<b>FATHER</b>	9a. (FIRST) (MIDDLE) (LAST)		9b.	9c.	9d.	
	I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF					
10a. SIGNATURE (PARENT OR OTHER INFORMANT) <i>[Signature]</i>		DATE: <b>11/1/11</b>		RELATION TO CHILD <b>11/1</b>		

STATE OF MICHIGAN }  
COUNTY OF SAGINAW }

I do hereby certify that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Saginaw County Clerk's Office. This is not valid without the raised seal of this department.

MAR 25 2008 A.D.

SEAL

*[Signature]*  
Susan Kaltenbach  
Saginaw County Clerk

*[Signature]*  
Theresa Zylton  
Deputy Clerk



SOCIAL SECURITY ADMINISTRATION  
IMPORTANT INFORMATION

SOCIAL SECURITY  
SUITE 100 1ST FL  
10120 NW FREEWAY  
HOUSTON, TX 77092

DATE: April 10, 2008

ANTHONY LOPEZ RIVERA  
APT T23  
12640 HEMPSTEADN HWY  
HOUSTON, TX 77092

This is a receipt to show that you applied for a Social Security card on April 10, 2008. You should have your card in about 2 weeks. Any documents you have submitted are being returned to you with this receipt.

If you do not receive your Social Security card within 2 weeks, please let us know. You may call, write or visit any Social Security office. If you visit an office, please bring this receipt with you. To protect your privacy, we will not disclose a social security number over the telephone.

SSA is required by law to limit replacement SSN cards to three per year and ten per lifetime. Do not carry your SSN card with you. Keep it in a safe location, not in your wallet.

Field Office Manager

  
SOCIAL SECURITY ADMINISTRATION  
10120 NORTHWEST FRWY, STE 100  
HOUSTON TX 77092

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 04/30/2008  
Page: 1 of 1

Case Verification Number: 2008121155236YH

**Initial Verification:**

Last Name:	Rivera	First Name:	Anthony
Middle Initial:		Maiden Name:	
Social Security Number:	369-86-0385	Date of Birth:	09/30/1979
Hire Date:	04/30/2008	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:	KTHO9064	Initiated On:	04/30/2008

**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 Authorized	Resolved On:	04/30/2008
Resolved By:	KTHO9064		

SENSITIVE BUT UNCLASSIFIED



### REQUEST A NEW ASSIGNMENT UPON COMPLETION OF AN ASSIGNMENT

Minnesota Statute Section 268.095, subd. 2 (d) states in part—"An applicant who, within 5 calendar days after completion of a suitable temporary job assignment from a staffing service employer, (1) fails without good cause to affirmatively request an additional job assignment, or (2) refuses without good cause an additional suitable job assignment offered, shall be considered to have quit employment.

"This paragraph shall apply only if, at the time of beginning of employment with the staffing service employer, the applicant signed and was provided a copy of a separate document written in clear and concise language that informed the applicant of this paragraph and that unemployment benefits may be affected.

**"For purposes of this paragraph, "good cause" shall be a reason that is significant and would compel an average, reasonable worker, who would otherwise want an additional temporary job assignment with the staffing service employer, (1) to fail to contact the staffing service employer, or (2) to refuse an offered assignment."**

You will be an employee of Employer Solutions Staffing Group while on probation at any client company assignment. Should an assignment end for any reason, you must contact Employer Solutions Staffing Group within 5 business days for another assignment. You must stay in contact with Employer Solutions Staffing Group at least once a week until you are placed on another assignment.

I furthermore understand that if I fail to request an additional assignment I will be considered to have quit my employment with Employer Solutions Staffing Group. I understand that unemployment benefits may be affected if I do not request an additional work assignment.

To request an additional assignment, I need to call (952) 835-1288 (1.866.496.7573) between the hours of 8:00 AM - 5:00 PM Monday through Thursday, 8:00 AM - 3:00 PM Friday.

I have read and I understand the above policy.

Anthony Rivera  
Signature  
Anthony RIVERA  
Print Name  
Date 04/30/08



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!**

ANTHONY RIVERA  
Your Name

321 7th St Apt# \_\_\_\_\_  
Your Address

DAWSON MN 56232  
Your City, State, Zip Code

320 769-4748  
Your Telephone Number

---

### EMERGENCY CONTACT INFORMATION

HECTOR LOPEZ  
Name

UNCLE  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

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

(\_\_\_\_\_) \_\_\_\_\_  
Alternate Telephone Number



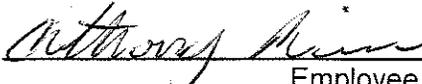
**STATEMENT OF CONFIDENTIALITY**

This agreement made this 30 day of April, 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 which 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

## 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.

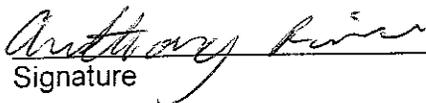
I agree to waive and relinquish all claims I may have against Employer Solutions Staffing Group LLC and its officers, agents, servants and employees as a result of my participation in any criminal and driving record background investigation.

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) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Last <b>RIVERA</b></span> <span>First <b>ANTHONY</b></span> <span>Middle <b>L</b></span> </div>	Social Security # <div style="margin-top: 5px;"> <b>369 86 0385 9</b> </div>	Birthdate <div style="margin-top: 5px;"> <b>30 79</b> </div>
Minnesota Driver's License Number	Date Signed <div style="margin-top: 5px; font-size: 1.5em;"> <b>04/30/05</b> </div>	

  
 \_\_\_\_\_  
 Signature

**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.

*Anthony Rivera*

Individual's Name

*04/30/08*

Date

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

05/05/08  
1st Shift



ENTERED  
9/23/10

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4. DATE 4-23-08

Name Anthony L. Rivera  
Last First Middle Maiden

Present address 321 7th St Dawson, MD  
Number Street City State Zip

How long 2 mths Social Security No. 309 - 86 - 0385

Telephone (301) 709-4748

If under 18, please list age \_\_\_\_\_ Referred by Tamera M Sanchez

Position applied for (1) \_\_\_\_\_ Days/hours available to work  
and salary desired (2) \_\_\_\_\_ No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
(Be specific) Mon \_\_\_\_\_ Fri \_\_\_\_\_  
Tue \_\_\_\_\_ Sat \_\_\_\_\_  
Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? 50 hrs + Can you work nights? yes

Employment desired \_\_\_ FULL-TIME ONLY  PART-TIME ONLY \_\_\_ FULL- OR PART-TIME

When available for work? A.S.A.P

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  
 No \_\_\_ Yes If so, please explain \_\_\_\_\_

Do you anticipate any absences from work on a regular basis?  
 No \_\_\_ Yes If so, please explain \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				<u>GED</u>
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_ No  Yes

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.

1st offense

04" Burglary  
2nd degree

**APPLICATION FOR EMPLOYMENT**

DO YOU HAVE A DRIVER'S LICENSE? \_\_\_ Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_

Operator \_\_\_ Commercial (CDL) \_\_\_ Chauffeur \_\_\_

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? \_\_\_ Yes  No

If so, how many? \_\_\_\_\_

Have you had any moving violations during the past three years? \_\_\_ Yes  No

If so, how many? \_\_\_\_\_

**OFFICE USE ONLY**

Typing \_\_\_ Yes \_\_\_ No

Personal Computer \_\_\_ Yes \_\_\_ No

10-key \_\_\_ Yes \_\_\_ No

\_\_\_\_\_ WPM

\_\_\_ PC \_\_\_ Mac

Word Processing \_\_\_ Yes \_\_\_ No

Other \_\_\_\_\_

\_\_\_\_\_ WPM

Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name DAVILA Contractor

Name Linda L. Palacio

Position LABOR

Position Supervisor

Company DAVILA Contractor

Company Tukey Valley Farm

Address 440 Capitan  
Uvalde TX 78801

Address 1908 Pine St  
DAWSON MN 50232

Telephone (830) 278-1431

Telephone (320) 729-4438

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

**APPLICATION FOR EMPLOYMENT**

**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 five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name <u>David Contractor</u>		Supervisor name <u>Dalia</u>	
Position <u>Labor</u>		Employment dates	Pay or salary
Company <u>David Contractor</u>		From <u>10-04</u>	Start <u>5.25</u>
Address <u>440 Capitan</u> <u>Uvalde TX</u>		To <u>2-08</u>	Final <u>6.50</u>
Telephone <u>(830) 278-1438</u>		Your last job title _____	

*\* 4 years*

Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. working in the field picking onions, cabbage and Jalapenos

Name <u>Olivarez Contractor</u>		Supervisor name <u>Benito Olivarez</u>	
Position <u>Contractor</u>		Employment dates	Pay or salary
Company <u>Olivarez Contractor</u>		From <u>4-02</u>	Start <u>4.75</u>
Address <u>Hwy 83</u> <u>Uvalde TX 78801</u>		To <u>9-04</u>	Final <u>5.00</u>
Telephone (____) _____		Your last job title _____	

*\* 2 years*

Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. picking cabbage -

*Construction  
laid concrete  
\* sheet for ms*

**APPLICATION FOR EMPLOYMENT**

**WORK EXPERIENCE**

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

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Employment dates</td> <td style="width:50%;">Pay or salary</td> </tr> <tr> <td>From</td> <td>Start</td> </tr> <tr> <td>To</td> <td>Final</td> </tr> </table> Your last job title _____	Employment dates	Pay or salary	From	Start	To	Final
Employment dates	Pay or salary						
From	Start						
To	Final						
Reason for leaving (be specific) _____							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.							

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Employment dates</td> <td style="width:50%;">Pay or salary</td> </tr> <tr> <td>From</td> <td>Start</td> </tr> <tr> <td>To</td> <td>Final</td> </tr> </table> Your last job title _____	Employment dates	Pay or salary	From	Start	To	Final
Employment dates	Pay or salary						
From	Start						
To	Final						
Reason for leaving (be specific) _____							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.							

Who were you referred by? \_\_\_\_\_

May we contact your present employer?  Yes \_\_\_ No

Did you complete this application yourself  Yes \_\_\_ No

If not, who did? \_\_\_\_\_

**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

*Anthony Rivera*

Date:

*04/23/08*

## Interview Questions:

1. I'd like to know why I should hire you, so please give me 3 good qualities about yourself.  
*\* Like to work 2). Organized 3). Work well with others*
2. Where do you see yourself in a year from now? What goals have you set for yourself? How do you plan on reaching those goals?  
*\* trying to buy a house Better you learn*
3. What was the longest period you stayed in a job? What did you like about that kept you there for that long?  
*Enjoyed doing it \* 3 years working with hands*
4. 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?  
*\* Job done quicker*
5. Tell us about your experience in training and guiding others in work-instructions, safety requirements, or company policies.  
*Air Conditioning - 14 or 15 yrs old.*
6. What heavy objects have you moved or handled in any previous jobs? What did the objects weigh? Did you use a forklift to move objects?  
*\* AC units*
7. What types of repetitive assembly tasks have you done in any previous jobs?  
*Install the air Conditioning units*
8. When was the last time you had a conflict with a co-worker or supervisor? How did you both resolve it?  
*Never*
9. What questions do you have for us?
10. Measure out a deck of cards for me using the metric tape:

~~3~~ 3

**PLEASE READ AND TELL THE INTERVIEWER THE CORRECT MATH ANSWER:**

1. At the beginning of the shift you start with 200 parts. During the shift you use 96 parts. How many parts do you have left at the end of the shift? 104

2. You use 8 parts per hour. How many parts will you use after 6 hours of work? 64 48 8x6 = 48

3. You have 6 boxes with 20 parts in each box. At the end of the day you have used 3 and one half boxes of parts. How many parts do you have left? 70

**PLEASE READ AND TELL THE INTERVIEWER THE CORRECT MATH ANSWER:**

1. At the beginning of the shift you start with 150 parts. During the shift you use 86 parts. How many parts do you have left at the end of the shift? 64

2. You use 12 parts per hour. How many parts will you use after 5 hours of work? 60 12x5

3. You have 4 boxes with 20 parts in each box. At the end of the day you have used 2 and one half boxes of parts. How many parts do you have left? 50