

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) Cadotte, Andrea	↓	↓	EMPLOYEE NAME: (Last, First)	↓	↓
ESG New Hire Application	4/4 AD	AD	CMG New Hire Application		
ESG Emergency Contact Info	4/4	4/7	CMG Emergency Contact Info		
Employment Eligibility – I-9- 2 forms of ID - copies	1		Employment Eligibility – I-9 2 forms of ID - copies		
(1) DL	4/4		(1)		
(2) SS crd	4/4		(2)		
W-4	4/4		W-4		
ESG BACKGROUND RELEASE FORM	4/4		CMG BACKGROUND RELEASE FORM		
			E-VERIFY		
			CMG HANDBOOK–date reviewed and distributed with new employee		
Additional information:	Starts 4/7/08		EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767



**EMPLOYEE INFORMATION SHEET**  
(STRICTLY CONFIDENTIAL)

CLIENT: Suzlon

LAST NAME: Cadotte  
Apellido Nombre

FIRST NAME: Andrea MIDDLE INITIAL: N.  
Primero Nombre Segunda Inicial

ADDRESS: 615 2nd St. NW  
Direccion

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

HOME PHONE #: 507-825-2995 CELL PHONE #: \_\_\_\_\_  
Teléfono Celular teléfono

DATE OF BIRTH: 12-20-73  
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 503-86-5553  
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) Native American  
Origen étnia

**EMERGENCY CONTACT INFORMATION**

INFORMACIÓN DE CONTACTO DE EMERGENCIA

NAME: Karen Cadotte 507-215-5297  
Nombre

PHONE #: \_\_\_\_\_  
Teléfono

**FOR CMG USE ONLY:**

HIRE DATE: 04/04/05 START DATE: 04/07/05 TERM DATE: \_\_\_\_\_

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

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

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

**EMPLOYMENT STATUS**

Agency Referral \_\_\_\_\_ CMG Recruit \_\_\_\_\_

CMG Rollover Date: \_\_\_\_\_

Client Rollover Date: \_\_\_\_\_

Revised: February 2008

# 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 Cadotte First Name Audrea Middle Initial N.  
 Street Address 615 2nd St. NW  
 City/State/Zip Pipestone, MN 56164  
 Home Phone 507-825-2995 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.

Audrea Cadotte  
Name (Print or type)

Audrea Cadotte  
Applicant's Signature

4-4-08  
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 <b>yourself</b> if no one else can claim you as a dependent.	A	1
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	1
C	Enter "1" for your <b>spouse</b> . 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	0
D	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return	D	0
E	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above)	E	1
F	Enter "1" if you have at least \$1,500 of <b>child or dependent care expenses</b> 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	0
G	<b>Child Tax Credit</b> (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" <b>additional</b> if you have 4 or more eligible children.</li> </ul>	G	0
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	3

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="font-size: small; 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;">2008</div>
1 Type or print your first name and middle initial. <b>Audrea N.</b>		2 Your social security number <b>503 86 5553</b>
Home address (number and street) or rural route <b>615 2nd St. NW</b>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code <b>Pipestone, MN 56164</b>		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)		<b>5 3</b>
6 Additional amount, if any, you want withheld from each paycheck		<b>6 \$</b>
7 I claim exemption from withholding for 2008, and I certify that I meet <b>both</b> 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;">▶ <b>7 0</b></span>		
Under penalties or 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 <small>(Form is not valid unless you sign it.)</small>		Date ▶ <b>4-4-08</b>
8 Employer's name and address. (Employer. Complete lines 9 and 10 only if sending to the IRS.)		9 OMB No. 1545-0074
10 Employer's 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

<p>1. U.S. Passport (unexpired or expired)</p>	<p>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</p>	<p>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></p>
<p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p>	<p>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</p>	<p>2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i></p>
<p>3. An unexpired foreign passport with a temporary I-551 stamp</p>	<p>3. School ID card with a photograph</p>	<p>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</p>
<p>4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)</p>	<p>4. Voter's registration card</p>	<p>4. Native American tribal document</p>
<p>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</p>	<p>5. U.S. Military card or draft record</p>	<p>5. U.S. Citizen ID Card <i>(Form I-197)</i></p>
	<p>6. Military dependent's ID card</p>	<p>6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i></p>
	<p>7. U.S. Coast Guard Merchant Mariner Card</p>	
	<p>8. Native American tribal document</p>	
<p>9. Driver's license issued by a Canadian government authority</p>	<p>7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i></p>	
<p><b>For persons under age 18 who are unable to present a document listed above:</b></p>		
<p>10. School record or report card</p>		
<p>11. Clinic, doctor or hospital record</p>		
<p>12. Day-care or nursery school record</p>		

**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 <b>Cadotte</b>	First <b>Andrea</b>	Middle Initial <b>N.</b>	Maiden Name
Address (Street Name and Number) <b>615 2nd St. NW</b>		Apt. #	Date of Birth (month/day/year) <b>12-20-73</b>
City <b>Pipestone</b>	State <b>MN</b>	Zip Code <b>56164</b>	Social Security # <b>503-86-5553</b>

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 <i>Andrea Cadotte</i>	Date (month/day/year) <b>4-4-08</b>
-----------------------------------------------	----------------------------------------

**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: _____		<b>DL</b>		<b>SS Card</b>
Issuing authority: _____		<b>MN</b>		<b>US Govt</b>
Document #: _____		<b>E135054012209</b>		<b>503-86-5553</b>
Expiration Date (if any): _____		<b>12-20-2010</b>		
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) **4/4/08** 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 <i>Ashley Pastma</i>	Print Name <b>Ashley Pastma</b>	Title <b>Admin Assistant</b>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <b>ESSG BDI Ohmns Lane 405 Edina MN 55439</b>		Date (month/day/year) <b>4/4/08</b>

**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)
----------------------------------------------------	-----------------------

MINNESOTA  
DRIVER'S LICENSE



AUDREA NOELLE CADOTTE  
2106 1/2 ST SE  
ROCHESTER, MN 55904

Date of Birth 12-28-1976  
Sex F Eyes GRN Class D  
Height 5-7 Weight 125

ISSUED 06-2006 EXPIRES 12-30-2010

E135054012209 *Audrea Cadoite*

SOCIAL SECURITY

501-24-5553

THIS NUMBER HAS BEEN ESTABLISHED FOR  
AUDREA NOELLE CADOTTE

*Audrea Cadoite*  
SIGNATURE

**SENSITIVE BUT UNCLASSIFIED**

Department of Homeland Security  
E-Verify

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

Case Verification Number: 2008095110414AA

**Initial Verification:**

Last Name:	Audrea	First Name:	Cadotte
Middle Initial:	N	Maiden Name:	
Social Security Number:	503-86-5553	Date of Birth:	12/20/1973
Hire Date:	04/04/2008	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:	04/04/2008

**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**



## 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.



Signature

Andrea Cadotte

Print Name

Date

4-4-08



**Employer  
Solutions  
Staffing  
Group LLC**

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!**

Andrea N. Cadotte  
Your Name

615 2<sup>nd</sup> St. NW Apt# \_\_\_\_\_  
Your Address

Pipestone, MN 56164  
Your City, State, Zip Code

507 825-2995  
Your Telephone Number

---

**EMERGENCY CONTACT INFORMATION**

Karen Cadotte  
Name

mother  
Relationship

Address \_\_\_\_\_

Pipestone, MN 56164  
City, State, Zip Code

(507) 215-5297  
Telephone Number

(507) 820-0828  
Alternate Telephone Number



**STATEMENT OF CONFIDENTIALITY**

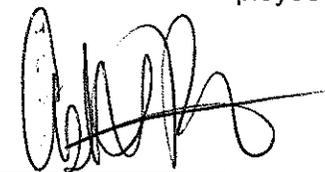
This agreement made this 4 day of April, 2008, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and hereafter referred to as "employee".

**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)	Last	First	Middle	Social Security #	Birthdate
	Cadotte	Andrea	N.	503 865553	12 20 73
Minnesota Driver's License Number				Date Signed	
E135054012209				4-4-08	

  
 \_\_\_\_\_  
 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.

Andrea Cadotte

Individual's Name

4-4-08

Date

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

ENTERED  
SE

# CMG

Corporate Management Group, Inc.

## APPLICATION FOR EMPLOYMENT

DATE 3-24-08

Name Cadotte Andrea Noelle

Address 615 2<sup>nd</sup> St. NW Pipestone MN 56164

Telephone 507 825-2995 Social Security No. 503-86-5553

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	Jasper High School	H.S. diploma
College	MN West Comm. & Tech. College	Nursing 8/02-8/04
	Southwest State University	Biology 8/99-4/01
Bus. or Trade School	MN West Comm. & Tech. College	M.L.T. 8/97-4/98
Professional School	Haskell Indian Jr. College	Liberal Arts 8/92-12/92

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.

#1 Name Dave DeFare  
Address 615 2<sup>nd</sup> St. NW  
Pipestone, MN 56164  
Telephone 507 825-2995

#2 Name Ted Stangeland  
Address RR Jasper, MN 56144  
Telephone 507 825-5710

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: Audrea Cadotte DATE: 3-24-08  
(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? 2 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: \_\_\_\_\_  
(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

13.) Was the application signed  Yes  No Are both the application and questions above completed?  Yes  No  
 14.) Was the applicant on time for their interview?  Yes  No How did the applicant hear about CMG/Suzlon? Work

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

- 15.) 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
- 16.) 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
- 17.) Can you work near fumes & dust for a 10 hour shift?  Yes  No Have you ever worn a respirator?  Yes  No Where? USA

BASIC INTERVIEW QUESTIONS

- 18.) Have you ever worked in a mfg environment before? Yes  No If "yes", where? And tell me about your job responsibilities/duties: \_\_\_\_\_
- 19.) Are you currently working right now? Yes  No If "yes", why are you looking to leave your employer? \_\_\_\_\_
- 20.) If "no", how long have you been looking for employment? 1 week
- 21.) Are you on layoff subject to recall? Yes - No ASAP Where have you had interviews or filled out applications at? \_\_\_\_\_
- 22.) Are you available for employment? ASAP 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?

- 23.) Name and title of reference/company: \_\_\_\_\_
- 24.) Name and title of reference/company: \_\_\_\_\_

NOTES

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

# Employee Referral Form

I, \_\_\_\_\_ was referred to work at Suzlon Rotor  
(Your Name)

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

\_\_\_\_\_  
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.**

**Audrea Cadotte**  
615 2<sup>ND</sup> St. NW  
Pipestone, MN 56164  
507-825-2995 (HOME) 507-993-5633 (CELL)  
audreacadotte@yahoo.com

**OBJECTIVE**

Seeking employment in Customer Services.

**SKILLS**

Completed adult, child, and infant C.P.R. course.  
Experience in human relations.  
Computer knowledge of MS Explorer, MS Word, and Excel.  
Education in medical laboratory techniques.  
Education in nursing theories and clinical skills.

**EDUCATION**

Minnesota West Community & Technical College, Pipestone, MN Major: Practical Nursing	8/02-8/04
Southwest State University, Marshall, MN Major: Biology	8/99-4/01
Minnesota West Community & Technical College, Pipestone, MN Major: Medical Laboratory Technician	8/97-4/98
Haskell Indian Junior College, Lawrence, KS Major: Liberal Arts	8/92-12/92

**EXPERIENCE**

Masterson Personnel Temporary Services Rochester, MN Production Worker	7/07-8/07
Samaritan Bethany Inc. Rochester, MN Licensed Practical Nurse	8/06-12/06
Madonna Towers Rochester, MN Supplemental Licensed Practical Nurse	10/05-1/06
Beverly Enterprises, Inc. Rochester, MN Licensed Practical Nurse	10/05-12/05
Kelly Services-Mayo Clinic Rochester, MN Molecular Genetics Laboratory Assistant	4/05-5/05
Mayo Clinic-Charter House Rochester, MN Supplemental Licensed Practical Nurse	10/04-12/04
Minnesota West Community & Technical College Pipestone, MN Work Study-Administrative Secretary Office Assistant	1/03-3/04
Edgebrook Care Center Edgerton, MN Registered Nursing Assistant	10/98-2/02
Pipestone County Medical Center Pipestone, MN Registered Nursing Assistant	9/94-10/98

Andrea Noelle Cadotte

## Interview Questions:

1. I'd like to know why I should hire you, so please give me 3 good qualities about yourself.  
1. *Funnel*  
2. *Work well with others*  
3. *Patient / motivated*
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?  
*work and online classes. online class.*
3. What was the longest period you stayed in a job? What did you like about that kept you there for that long?  
*5 yrs. CNA. Pastor. Family*
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?  
*Very good. All kinds of factors. Resources!*
5. Tell us about your experience in training and guiding others in work-instructions, safety requirements, or company policies.  
*WWSig Rehab Dept. Show how to use machinery / heavy lift.*
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?  
*WWSig pusher. CNA -> 100lbs.*
7. What types of repetitive assembly tasks have you done in any previous jobs?  
*Ellison Med Corpas. Repetitive Assembly.*
8. When was the last time you had a conflict with a co-worker or supervisor? How did you both resolve it?  
*Rehab Dept. A CNA -> Breaker co-worker. Talking it out.*
9. What questions do you have for us?
10. Measure out a deck of cards for me using the metric tape:

Andrea Cadotte

**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 parts

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

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? 3 1/2

$$\begin{array}{r} 3.5 \\ 20 \\ \hline 70.0 \end{array}$$

$$\begin{array}{r} 20 \\ 6 \\ \hline 180 \\ 70 \\ \hline 110 \end{array}$$

$$\begin{array}{r} 11.6 \\ 6 \overline{)70} \\ \underline{60} \\ 10 \\ \underline{6} \\ 40 \\ \underline{36} \\ 4 \end{array}$$

$$\frac{70}{6}$$

$$\textcircled{20} \frac{20}{6} = \frac{x}{3.5} \quad \begin{array}{r} 20 \\ 3.5 \\ \hline 100 \\ 600 \\ \hline 70.0 \end{array}$$

bx = 70

110 parts left

**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 parts

$$\begin{array}{r} 150 \\ 86 \\ \hline 64 \end{array}$$

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

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? 30 parts left

$$\begin{array}{r} 20 \\ 4 \\ \hline 80 \end{array} \quad \begin{array}{r} 2.5 \\ 20 \\ \hline 50.0 \end{array}$$

30 parts left