

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>Sene Sam^{ho} BE</i>			EMPLOYEE NAME: (Last, First)		
ESG New Hire Application	<i>4/10 AD</i>	<i>AD</i>	CMG New Hire Application		
ESG Emergency Contact Info	<i>4/10</i>		CMG Emergency Contact Info		
Employment Eligibility - I-9- 2 forms of ID - copies			Employment Eligibility - I-9 2 forms of ID - copies		
(1) Res. Crd	<i>4/10</i>		(1)		
(2)	<i>4/10</i>		(2)		
W-4	<i>4/10</i>		W-4		
ESG BACKGROUND RELEASE FORM	<i>4/10</i>		CMG BACKGROUND RELEASE FORM		
			E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:	<i>STARTS 6/16/08</i>		EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767

*06/16/08
Nights*



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Sutton

LAST NAME: Senesaynho
Apellido Nombre

FIRST NAME: Be MIDDLE INITIAL: _____
Primero Nombre Segunda Inicial

ADDRESS: 3101 N Cypress
Direccion

CITY: Sigay Falls STATE: SD ZIP: 57104
Ciudad Estado Zona Postal

HOME PHONE #: _____ CELL PHONE #: 605-212-1509
Teléfono Celular teléfono

DATE OF BIRTH: 12-19-75
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 482-96-4772
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) ASIAN
Origen étnia

EMERGENCY CONTACT INFORMATION

INFORMACIÓN DE CONTACTO DE EMERGENCIA

NAME: Oath
Nombre

PHONE #: 864-8735
Teléfono

FOR CMG USE ONLY:

HIRE DATE: 06/10/08 START DATE: 06/16/08 TERM DATE: _____

SALARY (Hourly): 10.60 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 Senesaynho First Name Be Middle Initial _____

Street Address 3101 N Cypress

City/State/Zip SIOUX Falls SD 57104

Home Phone 605-212-1509 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.

Be Senesaynho
Name (Print or type)

Be Senesaynho
Applicant's Signature

06/10/08
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 1040-ES 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 \$160,000 (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"> • 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 \$1,500 or less. 	B	<u> </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> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.	D	<u>1</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> </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> </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"> • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child. • 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. 	G	<u> </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> </u>
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • 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;">2008</div>
1 Type or print your first name and middle initial. <u>Be</u> Last name <u>Senegaynho</u>		2 Your social security number <u>482 96 4772</u>
Home address (number and street or rural route) <u>3101 N Cypress</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.
City or town, state, and ZIP code <u>Siox Falls SD 57104</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"/>
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 \$ <u> </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"> • 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. ▶ <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>Be Senegaynho</u>		Date ▶ <u>6-11-08</u>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office use only 10 Employer identification number (EIN)

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>Sere Sanyho</u>	First <u>Be</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>3101 N Cypress</u>		Apt. #	Date of Birth (month/day/year) <u>12-14-75</u>
City <u>SIOUX Falls</u>	State <u>SD</u>	Zip Code <u>57104</u>	Social Security # <u>482-96-4772</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 423841174
 An alien authorized to work until _____
 (Alien # or Admission #)

Employee's Signature

Be Sere Sanyho

Date (month/day/year)

6-4-08

***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>Resident Alien Card</u>				
Issuing authority: <u>US Government</u>				
Document #: <u>23841174</u>				
Expiration Date (if any): <u>N/A</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) 6/4/08 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 <u>[Signature]</u>	Print Name <u>Ashley Pastma</u>	Title <u>Admin Assistant</u>
Business Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>ESG Bldg Mrs Janeste 405 Edina MN 55439</u>		Date (month/day/year) <u>6/4/08</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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RESIDENT ALIEN

SENESAYNHQ-BE



121475 RM

A35841174

OMA R86

BE

ALIAS REGISTRATION RECEIPT CARD

23841174 11 07 575 302 35054

2443 27512 01414 90175 21432

110679 203 058 19525 9104503

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 06/10/2008
Page: 1 of 1

Case Verification Number: 2008162120339SH

Initial Verification:

Last Name:	Senesaynho	First Name:	Be
Middle Initial:		Maiden Name:	
Social Security Number:	482-96-4772	Date of Birth:	12/14/1975
Hire Date:	06/10/2008	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	023841174	I-94 Number:	
Card Number:	AAA0000000000		
Document Type:	I-551	Doc. Expiration Date:	
Initiated By:	KTHO9064	Initiated On:	06/10/2008

Initial Verification Results:

Last Name:	SENESAYNHO	First Name:	BE
Initial Eligibility:	EMPLOYMENT AUTHORIZED		

SSA Referral:

Referral By:	Referral Date:
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Verification Response:

Eligibility:	Response Date:
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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:
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DHS Referral:

Referral By:	Referral Date:
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DHS Referral Results:

Eligibility:	Response Date:
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Case Resolution:

Resolve Option:	Resolved Authorized		
Resolved By:	KTHO9064	Resolved On:	06/10/2008

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.

Be Senesaxno
Signature
Be Senesaxno
Print Name
Date 8-11-08



**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!**

Be Senesaynho
Your Name

3101 N Cypress Apt# _____
Your Address

Sioux Falls SD 57104
Your City, State, Zip Code

(605) 212-1509
Your Telephone Number

EMERGENCY CONTACT INFORMATION

Bounmy BOUNMY
Name

Aunt
Relationship

1008 N. LOWELL AVE
Address

Sioux Falls SD 57104
City, State, Zip Code

(605) 310 2863
Telephone Number

()
Alternate Telephone Number



STATEMENT OF CONFIDENTIALITY

This agreement made this 4 day of 6, 2007, 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.

Be Sonoyda

Employee Signature

Sarah Evans

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 <i>Gene Sayno</i>	First <i>BE</i>	Middle	Social Security # <i>482 96 4772</i>	Birthdate <i>12 14 75</i>
Minnesota Driver's License Number <i>482964772</i>				Date Signed <i>6-4-05</i>	

BE Sayno
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.

Ba Senesayn ho
Individual's Name

6-4-08
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

Employee Referral Form

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

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

De Senesaynho
Signature

6-4-08
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.

*2nd shift
06/16/08

ENTERED

Tuesday
@ 2pm

CMG

Corporate Management Group, Inc.

APPLICATION FOR EMPLOYMENT

DATE March 3, 08

Name Seneayho Be
Last First Middle Maiden
 Address 3101 N Cypress Sioux Falls SD 57103
Number Street City State Zip
 Telephone 605 212-1509 Social Security No. 482-96-4772

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 any Are you available to work overtime? Yes
 Current Wage 9.00 No
 Shift _____

TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR & DEGREE
High School		
College		
Bus. or Trade School		
Professional School		

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

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

DO YOU HAVE A DRIVER'S LICENSE? Yes No

Please list two Emergency Contacts other than relatives.

Name Bunny
 Address _____
 Telephone (1310-2863

Name _____
 Address _____
 Telephone () _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

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

1.) APPLICANT NAME: Be Senesayha DATE: March 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? 40 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 10.60 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? SICK

(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? _____

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? _____

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: Luzerne

19.) Are you currently working right now? Yes - No If "yes", why are you looking to leave your employer? Stagnant

20.) If "no", how long have you been looking for employment? 2 months

21.) Are you on layoff subject to recall? Yes - No Where have you had interviews or filled out applications at? _____

22.) 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?

23.) Name and title of reference/company: _____

24.) Name and title of reference/company: _____

25.) Name and title of reference/company: _____

NOTES

Employee Referral Form

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

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

Bounmy
Signature

March 3-08
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.

Interview Questions:

1. I'd like to know why I should hire you, so please give me 3 good qualities about yourself.
1) Reliable Worker 2) Supervisors
3) Work hard C-1 when he left
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?
Jobs - good he will be there
3. What was the longest period you stayed in a job? What did you like about that kept you there for that long?
4 years - people
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?
Treat you respect you
5. Tell us about your experience in training and guiding others in work-instructions, safety requirements, or company policies.
Trained a lot of new hires
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?
90#
7. What types of repetitive assembly tasks have you done in any previous jobs?
chipping
8. When was the last time you had a conflict with a co-worker or supervisor? How did you both resolve it?
Ø
9. Do you have anything that would limit you from not working here?
Ø
10. Are you currently able to perform the essential duties of the job for which you are applying for?
yes

4/6

2

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? 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?

6

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

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? 40