

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>Medina, Carlos</i>			EMPLOYEE NAME: (Last, First)		
ESG New Hire Application	<i>5/21 AP</i>	<i>AP</i>	CMG New Hire Application		
ESG Emergency Contact Info	<i>5/21</i>		CMG Emergency Contact Info		
Employment Eligibility - I-9- 2 forms of ID - copies			Employment Eligibility - I-9 2 forms of ID - copies		
(1) ID Crd	<i>5/21</i>		(1)		
(2) SSCrd	<i>5/21</i>		(2)		
W-4	<i>5/21</i>		W-4		
ESG BACKGROUND RELEASE FORM	<i>5/21</i>		CMG BACKGROUND RELEASE FORM		
			E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:	<i>starts 6/9/08</i>		EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767

*06/09/08  
Days*



# EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Suzlon

LAST NAME: Medina Carlos  
Apellido Nombre

FIRST NAME: Carlos MIDDLE INITIAL: A.  
Primero Nombre Segunda Inicial

ADDRESS: 805 N Cleveland Ave #102  
Direccion

CITY: Sioux Falls STATE: SD ZIP: 57103  
Ciudad Estado Zona Postal

HOME PHONE #: (605) 413-5144 CELL PHONE #: \_\_\_\_\_  
Teléfono Celular teléfono

DATE OF BIRTH: 07-01-1972  
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 581-31-6254  
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

### EMERGENCY CONTACT INFORMATION

INFORMACIÓN DE CONTACTO DE EMERGENCIA

NAME: Efrain Morataya  
Nombre

PHONE #: (605) 413-5144  
Teléfono

### FOR CMG USE ONLY:

HIRE DATE: 05/21/08 START DATE: 06/09/08 TERM DATE: \_\_\_\_\_

SALARY (Hourly): 10.00 SHIFT DIFFERENTIAL  SHIFT: 1-DAY  -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



# 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
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
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F
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
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	H
	For accuracy, complete all worksheets that apply. <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 style="margin: 0;">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. Last name <div style="font-size: 1.2em; font-family: cursive;">Carlos Medina</div>		2 Your social security number <div style="font-size: 1.2em; font-family: cursive;">581 31 6254</div>
Home address (number and street or rural route) <div style="font-size: 1.2em; font-family: cursive;">805 N Cleveland Ave # 102</div>		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withheld 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 <div style="font-size: 1.2em; font-family: cursive;">Sioux Falls SD 57103</div>		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)		<div style="font-size: 1.5em; font-family: cursive;">5</div>
6 Additional amount, if any, you want withheld from each paycheck		<div style="font-size: 1.5em; font-family: cursive;">\$ 5</div>
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		
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 <small>(Form is not valid unless you sign it.)</small>		Date
Carlos Medina		5/21/08
8 Employer's name and address (Employer: Complete lines 9 and 10 only if sending to the IRS)		9 One code 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

<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 <u>Medina</u>	First <u>Carlos</u>	Middle Initial <u>A.</u>	Maiden Name <u>Carlos</u>
Address (Street Name and Number) <u>Sioux Falls SD</u>		Apt. # <u>57103</u>	Date of Birth (month/day/year) <u>07/01/1972</u>
City <u>805 N Cleveland Ave #102</u>	State <u>SD</u>	Zip Code <u>57103</u>	Social Security # <u>581-31-6254</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>Carlos Medina</u>	Date (month/day/year) <u>5/21/08</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>ID Card</u>		<u>SS Card</u>
Issuing authority: _____		<u>MN</u>		<u>US GOV't</u>
Document #: _____		<u>J2201080415a1</u>		<u>581-31-6254</u>
Expiration Date (if any): _____		<u>7-1-08</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) 5/21/08 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 or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>ESSG 701 Mmms Lane 405 Edina MN 55439</u>		Date (month/day/year) <u>5/21/08</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.

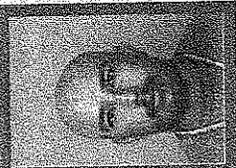
Signature of Employer or Authorized Representative	Date (month/day/year)
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**MINNESOTA IDENTIFICATION CARD  
NOT A DRIVER'S LICENSE**

BRN	5-2	130	M	I	J4	07-01-08
EYE	HAIR	WEIGHT	SEX	CLASS	CLASS	EXPIRES

BIRTHDATE: 07-01-1972



J-220-108-041-521 

CARLOS ALBERTO MEDIAN DE JESUS  
824 6TH AVE  
WORTHINGTON, MIN 56187

*Carlos Alberto M. J.*

**SOOVIANA SIGNATURE**

581-31-6254

THIS NUMBER HAS BEEN ESTABLISHED FOR

CARLOS ALBERTO  
MEDINA DE JESUS

*Carlos Alberto M.J.*  
SIGNATURE

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 05/22/2008  
Page: 1 of 1

Case Verification Number: 2008143100026HH

**Initial Verification:**

Last Name:	Medinadejesus	First Name:	Carlos
Middle Initial:		Maiden Name:	
Social Security Number:	581-31-6254	Date of Birth:	07/01/1972
Hire Date:	05/22/2008	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:	05/22/2008

**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 By:	KTHO9064	Resolved On:	05/22/2008

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.

Carlos Medina  
Signature

Print Name \_\_\_\_\_  
Date 5/21/08



**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!**

Carlos Medina  
Your Name

805 N Cleveland AVE Apt# 102  
Your Address

Sioux Falls SD 57103  
Your City, State, Zip Code

(605) 413-5144  
Your Telephone Number

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### EMERGENCY CONTACT INFORMATION

Efrain Morataya  
Name

Relationship

801 N Cleveland AVE #107  
Address

Sioux Falls SD 57103  
City, State, Zip Code

(605) 336-0264  
Telephone Number

(605) 336-0264  
Alternate Telephone Number

## Background Investigation Information Release Form

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

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

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

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

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

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

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

<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span><del>Carlos</del> Medina</span> <span>Carlos</span> <span>A.</span> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-bottom: 5px;"> <span>Last</span> <span>First</span> <span>Middle</span> </div> <p>Employee Full Legal Name (Printed)</p>	<p>Social Security #</p> <p style="text-align: center;">581 31 6254</p>	<p>Birthdate</p> <p style="text-align: center;">7 1 1972</p>
<p>Minnesota Driver's License Number</p>	<p>Date Signed</p> <p style="text-align: center; font-size: large;">5/21/08</p>	

Carlos Medina  
Signature



**STATEMENT OF CONFIDENTIALITY**

This agreement made this 21 day of May, 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.

Carlos Medina

Employee Signature

[Handwritten Signature]

Employer Solutions Staffing Group LLC, Representative

**DRUG AND ALCOHOL  
TESTING CONSENT FORM**

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

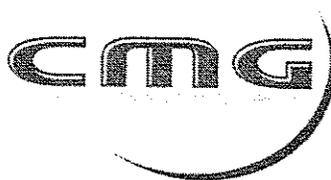
2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events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

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

Carlos A. Medina  
Individual's Name

5/21/08  
Date

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



## FORMULARIO DE SOLICITUD DE EMPLEO

**SOLICITANTES TENDRÁN QUE HACERSE UNA PRUEBA DEL USO DE DROGAS ILEGALES**

**FAVOR DE COMPLETAR PÁGINAS 1-4.** Fecha 5/21/08

Nombre Carlos Medina  
 Apellido Primer nombre, 2do Nombre y nombre de soltera

Su Domicilio 805 N Cleveland AVE # 102  
 Numero, Calle, Ciudad, Estado, Código postal

Cuánto tiempo \_\_\_\_\_ No. de seguro 581 - 31 - 6254  
 social

No. de teléfono 609 413-5144

Su edad si es menor de 18 años \_\_\_\_\_ Recomendado/a por Efraim Perez

Puesto que solicita (1) FinestH Dias/horas que puede trabajar  
 Sueldo que espera (2) 10 Ninguna preferencia. NO juev. SI  
 (Sea específico/a) lunes SI viern. SI  
martes SI sáb. SI  
miérc. SI domingo NO

¿Cuántas horas puede trabajar por semana? 50 ¿Puede trabajar de noche? \_\_\_\_\_

Trabajo que espera \_\_\_ HORARIO REGULAR \_\_\_ HORARIO PARCIAL \_\_\_ HORARIO REGULAR O PARCIAL

¿Cuándo puede empezar? lunes 26

¿Tiene responsabilidades u obligaciones que no lo/la permitirían cumplir con los horarios específicos?  
NO No \_\_\_ Sí Explique por favor \_\_\_\_\_

¿Preve usted cualquiera ausencia del trabajo de vez en cuando o regularmente?  
NO No \_\_\_ Sí Explique por favor \_\_\_\_\_

TIPO DE ESCUELA	NOMBRE DE ESCUELA	UBICACIÓN (dirección completa)	NÚMERO DE AÑOS TERMINADOS	ESPECIALIDAD O TÍTULO
Colegio secundario		<u>San Juan</u>	<u>9</u>	
<u>Secundario</u>		<u>Puerto Rico</u>		
Universidad				
Escuela empresarial				
Escuela de Especialidad				

¿Ha sido usted alguna vez declarado culpable por un delito? NO No \_\_\_ Sí

Si marcó sí, explique cuántas condenas, que clase de delito(s) que lo/la lluevó a ser condenada, cuánto tiempo hace que lo cometió, la sentencia que se le aplicó y si tuvo que asistir a un programa de rehabilitación:

FORMULARIO DE SOLICITUD DE EMPLEO

TIENE UD. LICENCIA DE CONDUCIR?  Sí  No

¿Cuál es su medio de transporte para trabajar? carro Propio

Su número de conductor \_\_\_\_\_ de cuál estado \_\_\_\_\_

Conductor particular  Comercial /Público (CDL)  Chofer

Fecha en que se vence \_\_\_\_\_

¿Ha tenido algún accidente durante los últimos 3 años?  Sí  No

¿Cuántos? \_\_\_\_\_

¿Ha recibido una multa en los últimos 3 años?  Sí  No

¿Cuántas? \_\_\_\_\_

OFFICE USE ONLY

Typing  Yes  No

Personal Computer  Yes  No

10-key  Yes  No

\_\_\_\_\_ WPM

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

Word Processing  Yes  No

Other \_\_\_\_\_

\_\_\_\_\_ WPM

Skills \_\_\_\_\_

Por favor escriba dos referencias que no sean parientes o empleadores previos

Nombre Efrain Morataya Nombre Manuel Navarro

Posición \_\_\_\_\_ Posición \_\_\_\_\_

Empresa Landscape Garden Center Empresa CONSTRUCCION

Dirección \_\_\_\_\_ Dirección \_\_\_\_\_

Teléfono (605) 336-0264 Teléfono (605) 413-9575

El formulario de solicitud de empleo a veces no permite un sumario adecuado del solicitante. Utilize el espacio abajo para describir sus calificaciones para el puesto que usted solicita o para añadir información que usted desea incluir.

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**MILITAR**

¿ALGUNA VEZ HA ESTADO EN LAS FUERZAS ARMADAS? \_\_ Sí \_\_ No

¿ES UD. MIEMBRO DE LA GUARDIA NACIONAL? \_\_ Sí \_\_ No

Especialidad \_\_\_\_\_ Fecha que se alistó \_\_\_\_\_ Fecha de baja \_\_\_\_\_

**EXPERIENCIA LABORAL**

Por favor escriba su experiencia laboral en los últimos cinco años comenzando con su puesto más reciente  
Si era trabajador autónomo, escriba el nombre de la empresa. Adjunte páginas adicionales si es necesario.

Nombre _____	Supervisor <u>TADD</u>	
Posición _____	Fechas de empleo	Sueldo o salario <u>10</u>
Empresa <u>Jardineria</u>	del	Sueldo inicial
Dirección _____	al	Al final
Teléfono ( ) _____	Su último puesto/título	

Motivo por el cual dejó el trabajo (sea específico)

\_\_\_\_\_

Escriba el puesto o la posición, sus deberes, sus habilidades que utilizó, o aprendió y si recibió promoción mientras que trabajó allí.

\_\_\_\_\_

Nombre _____	Supervisor <u>Rober</u>	
Posición <u>Rielos de Tren</u>	Fechas de empleo	Sueldo o salario
Empresa _____	del	Sueldo inicial
Dirección _____	al	Al final
Teléfono ( ) _____	Su último puesto/título <u>Operador de maquinaria</u>	

Motivo por el cual dejó el trabajo (sea específico)

temporal

Escriba el puesto o la posición, sus deberes, sus habilidades que utilizó o aprendió y si recibió promoción mientras que trabajó allí.

\_\_\_\_\_

FORMULARIO DE SOLICITUD DE EMPLEO

**EXPERIENCIA LABORAL**

Por favor escriba su experiencia laboral en los últimos cinco años comenzando con su puesto más reciente  
Si era trabajador autónomo, escriba el nombre de la empresa. Adjunte páginas adicionales si es necesario.

Nombre _____	Supervisor _____	
Posición _____	Fechas de empleo	Sueldo o salario
Empresa _____	del	Sueldo inicial
Dirección _____	al	Al final
Teléfono (____) _____	Su último puesto/título	
Motivo por el cual dejó el trabajo (sea específico)		
Escriba el puesto o la posición, sus deberes, sus habilidades que utilizó o aprendió y si recibió promoción mientras que trabajó allí		

Nombre _____	Supervisor _____	
Posición _____	Fechas de empleo	Sueldo o salario
Empresa _____	del	Sueldo inicial
Dirección _____	al	Al final
Teléfono (____) _____	Su último puesto/título	
Motivo por el cual dejó el trabajo (sea específico)		
Escriba el puesto o la posición, sus deberes, sus habilidades que utilizó o aprendió y si recibió promoción mientras que trabajó allí		

¿Quién lo recomendó? \_\_\_\_\_

¿Podemos comunicarnos con su empleador?  Sí  No

¿Llenó usted esta solicitud de trabajo o recibió ayuda?  Sí  No (por favor explique abajo)

**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: Carlos Medina DATE: 5/21/08  
(PLEASE PRINT)
- 2.) Are you willing to consent to a post job offered drug screen? Yes - No If no, why? \_\_\_\_\_  
(CIRCLE)
- 3.) Are you willing to consent to a post job offered health assessment? Yes - No If no, why? \_\_\_\_\_  
(CIRCLE)
- 4.) Can you legally work in this country? Yes - No If yes, by what means? US Citizen - Resident Alien - Other? \_\_\_\_\_  
(CIRCLE) (CIRCLE)
- 5.) Do you have reliable transportation to get to work? Yes - No How far will you travel in miles? \_\_\_\_\_ Will you need a ride Yes - No  
(CIRCLE) (CIRCLE)
- 6.) How far away do you live from Suzlon Rotor Corporation? 0-10 10-25 25-50 50-75 75-100 100+ Miles  
(CIRCLE)
- 7.) Which shift works best for your schedule: 7am-3:30pm 3pm-11:30pm 11pm-7:30am Will you work any shift? Yes-No  
(CIRCLE) (CIRCLE)
- 8.) Is the starting pay of \$10 per hour acceptable? Yes - No If no, starting pay desired \$ \_\_\_\_\_ per hour  
(CIRCLE)
- 10.) Have you ever been convicted of a felony? Yes - No If so, when? \_\_\_\_\_  
(CIRCLE)
- 11.) Have you ever been terminated from a job? Yes - No If "yes", explain: \_\_\_\_\_  
(CIRCLE)
- 12.) On average how often are you absent from work per month? Never 1-2 times 3+ times Reason? \_\_\_\_\_  
(CIRCLE)

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

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

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

Do you have full range of motion with your head, neck, & upper body? Yes - No Can you lift & carry up to 50lbs if needed? Yes - No  
Can you work in a kneeling position? Yes - No Can you work in a standing position (on your feet) for a 8 hour shift? Yes - No  
Can you work near fumes & dust for a 8 hour shift? Yes - No Have you ever worn a respirator? Yes - No Where?

**BASIC INTERVIEW QUESTIONS**

Have you ever worked in a mfg environment before? Yes - No If "yes", where? And tell me about your job responsibilities/duties: \_\_\_\_\_

Are you currently working right now? Yes - No If "yes", why are you looking to leave your employer? \_\_\_\_\_  
If "no", how long have you been looking for employment? \_\_\_\_\_

Are you on layoff subject to recall? Yes - No Where have you had interviews or filled out applications at? \_\_\_\_\_

When are you available for employment? \_\_\_\_\_ Do you need to give a 2 week notice with your employer? Yes - No

**REFERENCE CHECKS**

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

Name and title of reference/company: \_\_\_\_\_  
Comments: \_\_\_\_\_

Name and title of reference/company: \_\_\_\_\_  
Comments: \_\_\_\_\_

**NOTES**

**POR FAVOR LEA ATENTAMENTE**

**DOCUMENTO DE RENUNCIA DEL FORMULARIO DE SOLICITUD**

**Por favor escriba sus iniciales en los espacios que se proporcionan abajo como una indicación que usted ha leído y ha comprendido cada frase.**

Ni la aceptación de esta solicitud ni la consiguiente entrada en cualquier tipo de relación de empleo, sea en el puesto solicitado o cualquier otro puesto a pesar de los contenidos de los manuales del empleado, manuales del personal, planes de beneficios/ventajas, declaraciones de políticas y documentos similares que puedan surgir de vez en cuando u otras practicas empresariales, servirán para crear un contrato de empleo verdadero o implicado \_\_\_o para conceder cualquier derecho para permanecer como un empleado de CMG, o de otro modo para cambiar de cualquier manera la relación de empleo a voluntad entre la Compañía y el/la abajo firmante, \_\_\_y esa relación no se podrá de cambiar excepto con un instrumento escrito y firmado por el Propietario/Gerente General de la Compañía \_\_\_. Tanto el/la abajo firmante como la Compañía pueden terminar la relación de empleo en cualquier momento, sin aviso o razón \_\_\_. Si soy contratado/a, entiendo que la Compañía puede cambiar o modificar unilateralmente sus beneficios, políticas y procedimientos y esos cambios pueden incluir la reducción de beneficios. \_\_\_

Yo autorizo la investigación de todas las declaraciones hechas en esta solicitud. Yo entiendo que la distorsión o la omisión de los hechos requeridos es suficiente razón para despido en cualquier momento sin previo aviso. \_\_\_ Por la presente le concedo autorización a la Compañía el derecho de ponerse en contacto con las escuelas, empleadores previos (salvo los indicados), referencias y otros y descargo a la Compañía de cualquiera responsabilidad que haya resultado de tal contacto. .

Yo entiendo que, con respecto al procesamiento de rutina de la solicitud de empleo, la Compañía puede pedir un informe de consumidor de una agencia proveedora de informes de consumidor que incluye la información acerca de mi historia de cuentas de crédito, referencias, mi reputación en general, características personales y manera de vivir. \_\_\_La Compañía me proporcionará toda información adicional acerca de la naturaleza y alcance de cualquier informe que ha pedido, siguiendo mi solicitud por escrito, como es requerido por la ley de informe de crédito justo (Fair Credit Reporting Act).\_\_\_

Además entiendo que mi empleo con la Compañía será de prueba durante noventa (90) días y en cualquier momento de este periodo de prueba o al partir de entonces, mi relación de empleo con la Compañía se puede terminar por cualquier razón y por cualquier parte. \_\_\_

Firma del solicitante

Carlos Medina

Fecha:

5/21/08

Corporate Management Group, Inc. ofrece la igualdad de oportunidades de empleo. Cumplimos con una política de tomar decisiones laborales sin discriminación contra raza, color, religion, sexo, orientación sexual, origin nacional, ciudadanía, edad o discapacidad. Le aseguramos que la oportunidad que tenga de conseguir trabajo con Corporate Management Group, Inc., depende solamente de sus calificaciones.

Gracias por haber completado este formulario de solicitud y por su interés en nuestra empresa.