

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)			EMPLOYEE NAME: (Last, First)		
Blaisdell, Carol					
ESG New Hire Application	5/6 AP	AD	CMG New Hire Application		
ESG Emergency Contact Info	5/6	5/12	CMG Emergency Contact Info		
Employment Eligibility - I-9- 2 forms of ID - copies			Employment Eligibility - I-9 2 forms of ID - copies		
(1) DL	5/6		(1)		
(2) SS Rec.			(2)		
W-4	5/6		W-4		
ESG BACKGROUND RELEASE FORM	5/6		CMG BACKGROUND RELEASE FORM		
			E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:	Starts 5/12/08		EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767



# EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Suzlon

LAST NAME: Blaisdell  
Apellido Nombre

FIRST NAME: Carol MIDDLE INITIAL: J  
Primero Nombre Segunda Inicial

ADDRESS: 818 West main  
Direccion

CITY: Pipe stone STATE: MN ZIP: 56164  
Ciudad Estado Zona Postal

HOME PHONE #: 507 220-3300 CELL PHONE #: 507-825-4930 message  
Teléfono Celular teléfono

DATE OF BIRTH: 02-04-58  
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 468-62-2101  
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:	<u>Roger Blaisdell</u>
Nombre	
PHONE #:	<u>507 825 4430 message</u>
Teléfono	

**FOR CMG USE ONLY:**

HIRE DATE: 05/16/08 START DATE: 05/12/08 TERM DATE: \_\_\_\_\_

SALARY (Hourly): 10.50 SHIFT DIFFERENTIAL \_\_\_\_\_ SHIFT: 1-DAY 2-NIGHT 3-OVERNIGHT

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

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

EMPLOYMENT STATUS	
Agency Referral _____	CMG Recruit <input checked="" type="checkbox"/>
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 Blaisdell First Name Carol Middle Initial J  
 Street Address 818 West Main  
 City/State/Zip Pipe Stone, MN  
 Home Phone 507 825 4430 <sup>message</sup> Message Phone same as  
 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.

Carol Blaisdell Name (Print or type) Carol Blaisdell Applicant's Signature 5-6-08 Date

A copy or facsimile will be considered the same as an original signature.

### For ESSG Office Use Only

BQ _____	NHW _____	I-9 _____	Direct Deposit _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Proof of Insurance _____	Drug Tests _____

# Form W-4 (2008)

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

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A \_\_\_\_\_

B Enter "1" if: B \_\_\_\_\_

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C \_\_\_\_\_

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D \_\_\_\_\_

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E \_\_\_\_\_

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F \_\_\_\_\_

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. G \_\_\_\_\_

- If your total income will be less than \$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.

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 6

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>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 <i>Carol J Blaisdell</i>		2 Your social security number <i>408 62 2101</i>
Home address (number and street or rural route) <i>818 W main</i>		3 <input type="checkbox"/> Single <input checked="" 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 <i>Pipe Stone, MN</i>		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>6</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$
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. <span style="float: right;">▶ 7</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 (Form is not valid unless you sign it.) ▶ <i>Carol Blaisdell</i>		Date ▶ <i>5-6-08</i>
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)

## 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>Blaistell</u>	First <u>Carol</u>	Middle Initial <u>J</u>	Maiden Name <u>Peterson</u>
Address (Street Name and Number) <u>818 W main</u>		Apt. #	Date of Birth (month/day/year) <u>02-04-58</u>
City <u>Pipestone</u>	State <u>MN</u>	Zip Code <u>56109</u>	Social Security # <u>468-62-2101</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>Carol Blaistell</u>	Date (month/day/year) <u>5-6-08</u>
------------------------------------------------	----------------------------------------

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		<u>DL</u>		<u>SS Rec.</u>
Issuing authority: _____		<u>MN</u>		<u>US Gov't</u>
Document #: _____		<u>J960176956615</u>		<u>468-62-2101</u>
Expiration Date (if any): _____		<u>2-4-09</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) 5/6/08 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Ashley Postma</u>	Print Name <u>Ashley Postma</u>	Title <u>Admin Assistant</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>ESSG 7301 Ohmns lane 405 Edina MN 55439</u>		Date (month/day/year) <u>5/6/08</u>

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	----------------------------------------------------

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility

Document Title: _____	Document #: _____	Expiration Date (if any): _____
-----------------------	-------------------	---------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
----------------------------------------------------	-----------------------

MINNESOTA

DRIVER'S LICENSE  
COMMERCIAL



CAROLYN JOY BLAISDELL  
504 9TH AVE  
CLARKFIELD MN 56223

Date of Birth: 02-21-1958

Sex	Eyes	Glasses
F	HZI	A

Height	Weight
5-4	130

ISSUED 03-2006

EXPIRES 02-04-2009

J660178956815

*Carol Blaisdell*

\*\*\* REC 2008130 113927 H9CE0BE0 F069 CIPQYAB PQAB (F-DPE ) \*\*\*

NUMI DTE:05/09/08 SSN:468-62-2101 XC: UNIT:ANN PG:001

SOCIAL SECURITY ADMINISTRATION  
SOCIAL SECURITY NUMBER PRINTOUT

OUR RECORDS INDICATE THAT SOCIAL SECURITY NUMBER 468-62-2101  
IS ASSIGNED TO CAROLYN , JOY , BLAISDELL , .

YOUR SOCIAL SECURITY CARD IS THE OFFICIAL VERIFICATION OF YOUR SOCIAL SECURITY  
NUMBER. THIS PRINTOUT DOES NOT VERIFY YOUR RIGHT TO WORK IN THE UNITED STATES.

PROTECT YOUR SOCIAL SECURITY NUMBER FROM FRAUD AND IDENTITY THEFT. BE CAREFUL  
WHO YOU SHARE YOUR NUMBER WITH.

SOCIAL SECURITY ADMINISTRATION  
507 JEWETT STREET, SUITE B  
MARSHALL, MN 56258-2630

SOCIAL SECURITY ADMINISTRATION  
IMPORTANT INFORMATION

SOCIAL SECURITY  
507 JEWETT STREET  
MARSHALL, MN 56258

DATE: May 9, 2008

CAROLYN JOY BLAISDELL  
818 W MAIN ST  
PIPESTONE, MN 56164

This is a receipt to show that you applied for a Social Security card on May 9, 2008. You should have your card in about 2 weeks. Any documents you have submitted are being returned to you with this receipt.

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

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

SOCIAL SECURITY ADMINISTRATION  
507 JEWETT STREET, SUITE B  
MARSHALL, MN 56258-2630

Field Office Manager

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 05/12/2008  
Page: 1 of 1

Case Verification Number: 2008133091022HA

**Initial Verification:**

Last Name:	Blaisdell	First Name:	Carolyn
Middle Initial:		Maiden Name:	
Social Security Number:	468-62-2101	Date of Birth:	02/04/1958
Hire Date:	05/12/2008	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:	05/12/2008

**Initial Verification Results:**

Initial Eligibility: EMPLOYMENT-AUTHORIZED

**SSA Referral:**

Referral By: Referral Date:

**Verification Response:**

Eligibility: Response Date:

**SSA Resubmittal:**

Last Name:		First Name:	
Middle Initial:		Maiden Name:	
Social Security Number:		Date of Birth:	
Initiated By:		Initiated On:	

**Resubmittal Verification Results:**

Eligibility:

**Additional Verification:**

Comments:  
Initiated By: Initiated On:

**Verification Response:**

Eligibility: Response Date:

**DHS Referral:**

Referral By: Referral Date:

**DHS Referral Results:**

Eligibility: Response Date:

**Case Resolution:**

Resolve Option:	Resolved Authorized	Resolved On:	05/12/2008
Resolved By:	KTHO9064		

SENSITIVE BUT UNCLASSIFIED



**Employer  
Solutions  
Staffing  
Group LLC**

**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."**

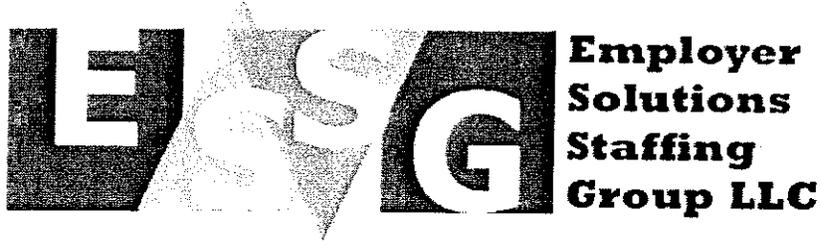
You will be an employee of Employer Solutions Staffing Group while on probation at any client company assignment. Should an assignment end for any reason, you must contact Employer Solutions Staffing Group within 5 business days for another assignment. You must stay in contact with Employer Solutions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

Carol Blusell  
Signature  
Carol Blusell  
Print Name  
Date 5-6-08



**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!**

Carol  
Your Name

818 W Main Apt# \_\_\_\_\_  
Your Address

Pipe stone, MN 56164  
Your City, State, Zip Code

(507) 825 4430 message  
Your Telephone Number

---

### EMERGENCY CONTACT INFORMATION

Roger Blaisbell  
Name

Husband  
Relationship

818 W main st  
Address

Pipe stone, MN 56164  
City, State, Zip Code

(507) 825 - 4430  
Telephone Number

(507) 825 - 4430  
Alternate Telephone Number



**STATEMENT OF CONFIDENTIALITY**

This agreement made this 6 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.

Carol Blasler

Employee Signature

[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
	Blaisdell	Carol	J	408 62 2101	02 04 58
Minnesota Driver's License Number				Date Signed	
J960 176 956 615				5 - 05 - 08	

Carol Blaisdell  
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.

Carol Blasdel

Individual's Name

5-06-08

Date

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

05/12/08



ENTERED

# APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4. DATE \_\_\_\_\_

Name Blaisdell Carol J Peterson  
Last First Middle Maiden

Present address 818 W main st Pipestone, MN  
Number Street City State Zip

How long 1YR Social Security No. 408 - 62 - 2101

Telephone (507) 825 4430

If under 18, please list age \_\_\_\_\_ Referred by \_\_\_\_\_

Position applied for (1) \_\_\_\_\_ Days/hours available to work  
and salary desired (2) \$10.00 +  
(Be specific) No Pref \_\_\_\_\_ Thur   
Mon  Fri   
Tue  Sat   
Wed  Sun \_\_\_\_\_

How many hours can you work weekly? 40+ Can you work nights? \_\_\_\_\_

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

When available for work? \_\_\_\_\_

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

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

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Elgin Millville	Elgin, MN	11	
College	NA			
Bus. or Trade School	Truck driver			
Professional School				

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

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. 1995 selling narcotic prescrip

APPLICATION FOR EMPLOYMENT

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

What is your means of transportation to work? drive

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

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

Expiration date 09

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

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

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

If so, how many? 1 speed

OFFICE USE ONLY

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

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

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

\_\_\_ WPM

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

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

Other \_\_\_\_\_

\_\_\_ WPM

Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name Bill Mayfield

Name Bonnie Skar

Position driver

Position fund

Company self

Company \_\_\_\_\_

Address fargo, ND

Address fargo

Telephone (701) 200-9247

Telephone (701) 492-9693

*after 6pm*

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

**APPLICATION FOR EMPLOYMENT**

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_ Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? \_\_ Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**WORK EXPERIENCE**

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

Name <del> </del>	Supervisor name <u>Self</u>	
Position <u>Driver</u>	Employment dates	Pay or salary
Company <u>Self employed</u>	From <u>2005</u>	Start
Address _____	To <u>April 2008</u>	Final
Telephone ( ) _____	Your last job title <u>Truck driver</u>	

Reason for leaving (be specific) fuel cost

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

Driving truck

Name <u>Canan</u>	Supervisor name <u>Bonnie Skar</u>	
Position <u>Driver</u>	Employment dates	Pay or salary
Company _____	From <u>Sept 2002</u>	Start <u>32¢ mile</u>
Address <u>Fargo, ND</u>	To <u>2005</u>	Final <u>35¢ mile</u>
Telephone ( ) _____	Your last job title _____	

Reason for leaving (be specific) sold out

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

Driving

\* Truck driving 3 of 5

exp  
Fiberglass - fence posts

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**WORK EXPERIENCE**

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Name <u>R&amp;R</u> Position <u>Driver</u> Company <u>Budaban</u> Address <u>Ashton, MD</u> Telephone ( ) _____	Supervisor name <u>Deb</u> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Employment dates</th> <th style="width:50%;">Pay or salary</th> </tr> <tr> <td>From <u>July 2001</u></td> <td>Start <u>32¢ mile</u></td> </tr> <tr> <td>To <u>Sept 2002</u></td> <td>Final <u>35¢ mile</u></td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table>	Employment dates	Pay or salary	From <u>July 2001</u>	Start <u>32¢ mile</u>	To <u>Sept 2002</u>	Final <u>35¢ mile</u>	Your last job title _____	
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Reason for leaving (be specific) _____									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <p align="center"><u>Driving</u></p>									

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From _____	Start _____								
To _____	Final _____								
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Reason for leaving (be specific) _____									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.									

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

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

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

**PLEASE READ CAREFULLY  
APPLICATION FORM WAIVER**

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

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee Corporate Management Group, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and Corporate Management Group, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant Carol Blasius Date: April 23, 08