

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>Bowman Chris</i>	<i>02/21/08</i> <i>SC</i>		EMPLOYEE NAME: (Last, First)		
ESG New Hire Application	<i>AP</i> <i>2/22</i>	<i>AP</i> <i>2/22</i>	CMG New Hire Application		
ESG Emergency Contact Info			CMG Emergency Contact Info		
Employment Eligibility - I-9- 2 forms of ID - copies			Employment Eligibility - I-9 2 forms of ID - copies		
(1) <i>SS</i>			(1)		
(2) <i>DL</i>			(2)		
W-4			W-4		
ESG BACKGROUND RELEASE FORM			CMG BACKGROUND RELEASE FORM		
<i>CMG Time</i>			E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:	<i>Starts 2/25/08</i>		EMPLOYEE CONFIDENTIALITY AGREEMENT		

**CMG CORPORATE FAX NUMBER: 303-736-7767**

*02/25/08*  
*Days*



# EMPLOYEE INFORMATION SHEET

STRICTLY CONFIDENTIAL

LAST NAME: Bowman  
Apellido Nombre

FIRST NAME: Christopher MIDDLE INITIAL: K  
Primer Nombre Segunda Inicial

ADDRESS: 1600 North Drive  
Direccion

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

HOME PHONE #: 367 5195 CELL PHONE #: 370 1256  
Teléfono Celular teléfono

DATE OF BIRTH: 7-26-81  
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 252 459679  
Numero de Seguro Social

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

ETHNIC ID: (WHITE, BLACK, HISPANIC, ASIAN, INDIAN) White  
origen étnia

<b>EMERGENCY CONTACT INFORMATION</b> INFORMACIÓN DE CONTACTO DE EMERGENCIA	
NAME:	<u>Hazel Bowman</u>
PHONE #:	<u>(229) 244 2177</u>

**FOR CMG USE ONLY:**

HIRE DATE: 02/07/08 START DATE: 02/25/08

TERM DATE: \_\_\_\_\_ SALARY (Hourly): 10

SHIFT: 1-DAY (circled) 2-NIGHT 3-OVERNIGHT  
1-DAY BUSSER 2-NIGHT BUSSER

DEPARTMENT: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
BADGE #: \_\_\_\_\_  
PRIMARY LANGUAGE: \_\_\_\_\_  
WORKERS COMP CODE: \_\_\_\_\_

<b>EMPLOYMENT STATUS</b>	
Agency Referral	<u>CMG Recruit</u> ✓
CMG Rollover Date:	_____
Client Rollover Date:	_____

# 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 Bowman First Name Christopher Middle Initial K  
 Street Address 1600 North Drive  
 City/State/Zip Sioux Falls SD 57104  
 Home Phone 367 5195 Message Phone 370 1256  
 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.

Chris Bowman  
Name (Print or type)

[Signature]  
Applicant's Signature

12-21-08  
Date

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

### For ESSG Office Use Only

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

# Form W-4 (2008)

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

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

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

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

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

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

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

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

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

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

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

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

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

A	Enter "1" for yourself if no one else can claim you as a dependent.	A	<u>1</u>
B	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	B	<u>01</u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u>0</u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.	D	<u>0</u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).	E	<u>0</u>
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit. (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u>0</u>
G	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.</li> <li>• If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.</li> </ul>	G	<u>0</u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	H	<u>2</u>
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> <li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> 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 <b>Two-Earners/Multiple Jobs Worksheet</b> 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 style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	GMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2008</div>
1 Type or print your first name and middle initial. Last name <b>Christopher K Bowman</b>		2 Your social security number <b>252 95 9679</b>
Home address (number and street or rural route) <b>1600 North Drive</b>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code <b>Sioux Falls SD 57104</b>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>2</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. ▶ <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 <small>(Form is not valid unless you sign it.)</small>		Date ▶ <b>2/21/08</b>
8 Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS)		9 Check box (optional) 10 Employer identification number (if any)

## LISTS OF ACCEPTABLE DOCUMENTS

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

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

**Form I-9, Employment Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last <u>Bowman</u>	First <u>Christopher</u>	Middle Initial <u>K</u>	Maiden Name
Address (Street Name and Number) <u>1600 North Drive</u>		Apt. #	Date of Birth (month/day/year) <u>7 26 81</u>
City <u>Sioux Falls</u>	State <u>SD</u>	Zip Code <u>57104</u>	Social Security # <u>252 45 9679</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 #) \_\_\_\_\_  
 An alien authorized to work until \_\_\_\_\_  
 (Alien # or Admission #)

Employee's Signature 	Date (month/day/year) <u>2 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>Social Security</u>
Issuing authority: _____		<u>SD</u>		<u>US GOVT</u>
Document #: _____		<u>01236550</u>		<u>252-45-9679</u>
Expiration Date (if any): _____		<u>07/26/</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) 2 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 	Print Name <u>Sarah Evans</u>	Title <u>Recruiter</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>8556 7300 Metro Blvd #35 Edina MN 55439</u>		Date (month/day/year) <u>02/21/08</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)
--	-----------------------

*South Dakota* M. Michael Rounds, Governor  
IDENTIFICATION CARD

ISSUE DATE 02/20/2008 EXPIRE DATE 07/26/2013  
HEIGHT 5'11" WEIGHT 181 EYE BLU SEX M  
BIRTHDATE 07/26/1981

LICENSE NUMBER 01236550

*CK*  
BOWMAN, CHRISTOPHER KEITH  
111 E 7TH ST #909  
SIOUX FALLS, SD 57104-5926

DONOR

**SOCIAL SECURITY**

SOCIAL SECURITY  
252-45-9679  
THIS NUMBER HAS BEEN ESTABLISHED FOR  
CHRISTOPHER KEITH BOWMAN

*Chris Bowman*  
SIGNATURE

81-046859

TYPE OR PRINT IN PERMANENT BLACK OR BLUE-BLACK INK

STATE OF GEORGIA - CERTIFICATE OF LIVE BIRTH

Local File Number 821

State File Number 110-

CHILD

1. CHILD'S NAME FIRST MIDDLE LAST Christopher Keith BOWMAN	2. SEX Male	3a. DATE OF BIRTH (Mo., Day, Year) July 26, 1981	3b. TIME OF BIRTH 7:30 P.M.
4a. THIS BIRTH (Single, Twin, Triplet, Etc.) Single	4b. IF NOT SINGLE BIRTH, SPECIFY BIRTH ORDER	5a. CITY, TOWN, OR LOCATION OF BIRTH Hahira, GA	5b. HOSPITAL NAME (If not Hospital, give Street and Number) Smith Hospital, Inc.
5c. COUNTY OF BIRTH Lowndes	5d. COUNTY OF BIRTH 1333 092		

MOTHER

6a. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Diana Lynne Martinson	6b. AGE (At time of this birth) 19	6c. DATE OF BIRTH (Mo., Day, Year) 6-27-62	6d. STATE OF BIRTH (If not U.S.A. name Country) S.D.
7a. RESIDENCE - STATE GA	7b. COUNTY Lowndes	7c. CITY, TOWN, OR LOCATION Valdosta	7d. STREET AND NUMBER OF RESIDENCE Route 8 Box 133 Lot #9
8. MOTHER'S MAILING ADDRESS - IF SAME AS ABOVE, ENTER ZIP CODE 31601			8. INSIDE CITY LIMITS? (Yes or No) No

FATHER

9a. FATHER'S NAME FIRST MIDDLE LAST Harold Keith Bowman	9b. AGE (At time of this birth) 20	9c. DATE OF BIRTH (Mo., Day, Year) 3-23-61	9d. STATE OF BIRTH (If not U.S.A. name Country) GA
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10a. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF (Signature of Parent or other informant)  
Harold Bowman

10b. RELATION TO CHILD  
Mother

CERTIFIER

11a. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE (Signature) Jesse Parrott	11b. DATE SIGNED (Mo., Day, Year) July 27, 1981	11c. ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print) Name	11d. (Title) Title
--	--	---	-----------------------

REGISTRAR

11e. CERTIFIER - NAME AND TITLE (Type or Print) Jesse L. Parrott MD	11f. CERTIFIER - MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 204 East Lawson St. Hahira, GA 31632
12a. REGISTRAR (Signature) Chris E. Bean Deputy	12b. DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Year) Aug. 06 1981

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 02/22/2008  
Page: 1 of 1

Case Verification Number: 2008053102504YK

**Initial Verification:**

Last Name:	Bowman	First Name:	Christopher
Middle Initial:		Maiden Name:	
Social Security Number:	252-45-9679	Date of Birth:	07/26/1981
Hire Date:	02/07/2008	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:	SEVA4775	Initiated On:	02/22/2008

**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:	SEVA4775	Resolved On:	02/22/2008

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.

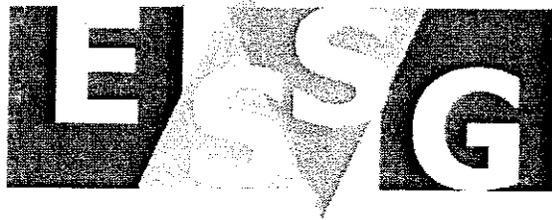
I have read and I understand the above policy.

  
Signature

Print Name

Date

Chris Bowman  
2/2/08



**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!**

Christopher K Bowman  
Your Name

1600 North Drive Apt# \_\_\_\_\_  
Your Address

Sioux Falls SD 57104  
Your City, State, Zip Code

(605) 367 5795  
Your Telephone Number

---

### EMERGENCY CONTACT INFORMATION

Hazel Bowman  
Name

Grandmother  
Relationship

3913 Guest Rd  
Address

Valdosta Ga. 31605  
City, State, Zip Code

(229) 244 2177  
Telephone Number

( ) \_\_\_\_\_  
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><i>Bowman</i></span> <span><i>Christopher</i></span> <span><i>K</i></span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>	Social Security #  <div style="font-size: x-large; text-align: center;">252 45 9679</div>	Birthdate  <div style="font-size: x-large; text-align: center;">7 26 1981</div>
Minnesota Driver's License Number  	Date Signed  	

*[Handwritten Signature]*

Signature



**STATEMENT OF CONFIDENTIALITY**

This agreement made this 21 day of Feb, 2008, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and hereafter referred to as "employee".

**WITNESSETH:**

For the duration of my employment and after resignation or termination of this employment with employer, for any reason whatsoever, the employee shall not use or disclose to any other person or company, and confidential or proprietary information or know-how related to the business of the employer.

In view of the difficulty of determining the amount of damages which may result to the employer from a violation of any of the provisions hereof, the employee agrees to pay to the employer the sum of \$10,000 as liquidated damages for every such violation; provided, however, that the payment of such amount as liquidated damages shall not be construed as a release or waiver by the employer of the right to prevent any such violation in equity or otherwise.

  
\_\_\_\_\_  
Employee Signature

  
\_\_\_\_\_  
Employer Solutions Staffing Group LLC, Representative

**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.

  
\_\_\_\_\_  
Individual's Name

2 21 06  
\_\_\_\_\_  
Date

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

Thurs 02/14/08

\* 25th

1st Shift

LM 02/14/08

# CMG

Corporate Management Group, Inc.

## APPLICATION FOR EMPLOYMENT

DATE 2-04-08

Name Bowman Christopher K  
Last First Middle Maiden

Address 1600 North Drive SioxFalls SD 57104  
Number Street City State Zip

Telephone (605) 367 5195 message Social Security No. 252 - 45 - 9679

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 ally  
Current Wage open  
Shift Day

Are you available to work overtime?  Yes  No

TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR & DEGREE
High School	<u>2 years 10th</u> <u>Cowdese High</u>	<u>None</u>
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 Steve Sturtevant  
Address Po Box 54 Fulton SD  
57340  
Telephone (605) 999 3421

Name Kim Strawder  
Address 903 Coibet Rd  
Lake Park Ga 31636  
Telephone (229) 559 8374

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: Christopher K Bowman DATE: 2-04-06  
(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 better with your schedule. 1st (5am-3:30pm) or 2nd (3pm-1am)? Will you work any shift? Yes -  No  
(CIRCLE) (CIRCLE)
- 8.) Are you willing to work a Fixed Rotating Shift (4 days on & 4 days off) including weekends & Holiday?  Yes -  No Overtime?  Yes -  No  
(CIRCLE) (CIRCLE)
- 9.) Is the starting pay of \$9 per hour acceptable?  Yes -  No If no, starting pay desired \$ \_\_\_\_\_ per hour  
(CIRCLE)
- 10.) Have you ever been convicted of a felony?  Yes -  No If so, when? April 25<sup>th</sup> 06 \* Forgery on check  
(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 10 hour shift?  Yes -  No
- Can you work near fumes & dust for a 10 hour shift?  Yes -  No Have you ever worn a respirator? Yes -  No Where? No

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: Bath Craft - loading
- Are you currently working right now? Yes -  No  If "yes", why are you looking to leave your employer? \*ASA?
- If "no", how long have you been looking for employment? 2 days
- Are you on layoff subject to recall? Yes -  No  Where have you had interviews or filled out applications at? \_\_\_\_\_
- 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: \_\_\_\_\_
- Phone numbers: 229-244-6942
- Name and title of reference/company: \_\_\_\_\_
- Phone numbers: \_\_\_\_\_

NOTES

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

# Employee Referral Form

I, Chris Bowman (Your Name) was referred to work at Suzlon Rotor Corporation by Leroy Tulowitzke (Name of current SRC employee) an employee of Suzlon Rotor Corporation.

Chris Bowman Signature 2-4-08 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.

## Interview Questions:

### Personal:

1). What makes you different from other applicants/employees? Be specific.

2) Why should I hire you? Give me 3 good qualities about yourself.

3). What is your greatest strength and weakness?

#### Greatest strength:

How does your strength benefit you as an employee?

#### Your weakness:

How can or do you overcome or compensate for your weakness?

\* Legs \* arms  
\* Hard worker  
\* motivated  
Team worker

No weakness

4). When was the last time you missed work and for what reason? How many times have you missed work this past year?

\* Went to prison  
forgery on a check

5). How committed are you to keeping your next job for long term, provided there is room for advancement in learning new skills or improving hourly wages? What was the longest period you stayed in what job? What did you like about the job that kept you there?

\* Stay out of trouble  
3 yrs - no trouble

### Production:

1). Describe some recent work which required you to take accurate measurements. How important was accuracy in measurement to effectively completing this work?

Pipes - Working conditions - perfectly rounded.  
\* WL plastics

2). What heavy objects are you required to move or handle in your current/past job? What do these object weight? For what purpose? What equipment do you use during these tasks? How do these help you?

\* Move pipes  
100# pipe.

3). What repetitive assembly tasks have you done in the past? What was the hardest aspect of this work? How did you overcome this? How did you maintain the quality of the assembly over time? What machinery (if any) did you use to help you?

WL plastics  
fun - new experience - got to learn.  
"Quick" learner  
Making pipes

**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?

$$\begin{array}{r} 200 \\ -96 \\ \hline 104 \end{array}$$

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

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

$$\begin{array}{r} \times 20 \\ 6 \\ \hline 120 \end{array}$$

$$\begin{array}{r} 120 \\ -36 \\ \hline 84 \end{array}$$

$$\begin{array}{r} 120 \\ -36 \\ \hline 84 \end{array}$$

**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?

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

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

$$\begin{array}{r} 12 \\ \times 5 \\ \hline 60 \end{array}$$

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?

$$\begin{array}{r} \times 20 \\ 4 \\ \hline 80 \\ -40 \\ \hline 40 \end{array}$$