

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 06/20/2008
Page: 1 of 1

Case Verification Number: 2008172152527WU

Initial Verification:

Last Name:	Miller	First Name:	Clarence
Middle Initial:	R	Maiden Name:	
Social Security Number:	503-92-0041	Date of Birth:	10/17/1964
Hire Date:	06/20/2008	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:	06/20/2008

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:	06/20/2008

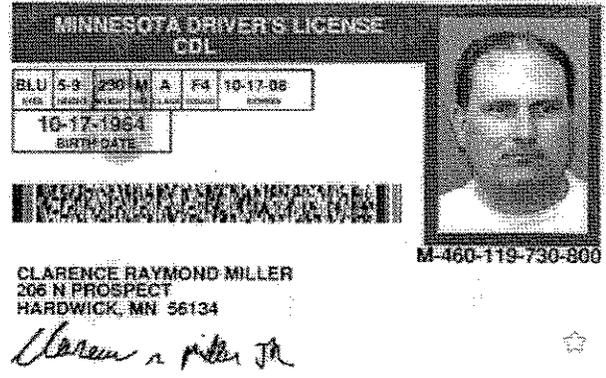
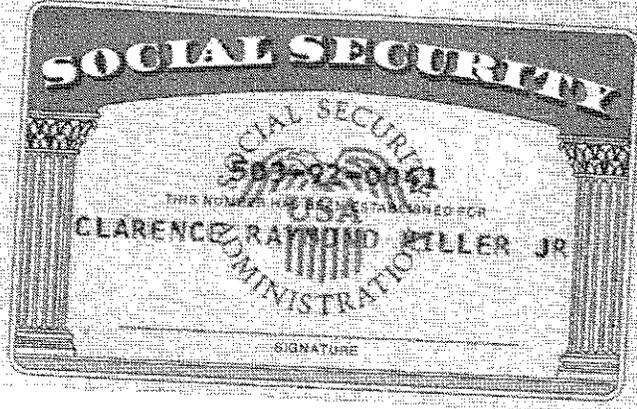
SENSITIVE BUT UNCLASSIFIED

Keep this stub with your personal records. The other side contains important information.

CLARENCE RAYMOND MILLER
DID 212647
1000 LAKESHORE DR
MOOSE LAKE MN 55767-9449

YOUR SOCIAL SECURITY CARD

Detach the card below and sign it in ink immediately. Keep your card in a safe place to prevent loss or theft. Do not laminate your card.



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>Miller, Clarence</i>	<i>06/20/08</i>		EMPLOYEE NAME: (Last, First)		
ESG New Hire Application	<i>3</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>DL</i>			(1)		
(2) <i>SS card</i>			(2)		
W-4			W-4		
ESG BACKGROUND RELEASE FORM			CMG BACKGROUND RELEASE FORM		
			E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:			EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767

06/23/08
Nights



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Suzlon

LAST NAME: MILLER JR
Apellido Nombre

FIRST NAME: Clarence MIDDLE INITIAL: R
Primero Nombre Segunda Inicial

ADDRESS: Po Box 641
Direccion

CITY: Luverne STATE: MN ZIP: 56156
Ciudad Estado Zona Postal

HOME PHONE #: _____ CELL PHONE #: 1-605-201-8122
Teléfono Celular teléfono 1-612-432-7709

DATE OF BIRTH: 10-17-64
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 503-92-0041
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) white
Origen étnia

EMERGENCY CONTACT INFORMATION	
INFORMACIÓN DE CONTACTO DE EMERGENCIA	
NAME: <u>Becky Miller</u>	
Nombre	
PHONE #: _____	
Teléfono	

FOR CMG USE ONLY:

HIRE DATE: 06/20/08 START DATE: 06/23/08 TERM DATE: _____

SALARY (Hourly) 10.60 SHIFT DIFFERENTIAL _____ SHIFT: 1-DAY 2-NIGHT OVERNIGHT

DEPARTMENT: _____ SUPERVISOR: _____

PRIMARY LANGUAGE: _____ WORKERS COMP CODE: _____

EMPLOYMENT STATUS	
Agency Referral _____	CMG Recruit <input checked="" type="checkbox"/>
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 Miller JR First Name Clarence Middle Initial R.

Street Address PO Box 641

City/State/Zip Luverne MN 56156

Home Phone 1-612-432-7709 Message Phone 1-605-201-8122

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.

Clarence R. Miller JR Name (Print or type) Clarence R. Miller JR Applicant's Signature 6-20-08 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: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B
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"> • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child. • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children. 	G
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.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		<input type="checkbox"/> 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.		2008
1	Type or print your first name and middle initial.	Last name	2 Your social security number	
	<u>Clarence R.</u>	<u>Miller JR.</u>	<u>503 92 0041</u>	
Home address (number and street or rural route)		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.
<u>Po Box 641 Luverne MN</u>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
City or town, state, and ZIP code		<u>Luverne MN 56156</u>		
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	<u>0</u>	
6	Additional amount, if any, you want withheld from each paycheck	6	<u>\$</u>	
7	I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.			
		7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) <u>Clarence R. Miller JR</u>				
Date <u>6-20-08</u>				
8 Employer's name and address (Employer: Complete lines 9 and 10 only if sending to the IRS.)		9 O'low code assigned	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
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	
	For persons under age 18 who are unable to present a document listed above:	
	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)

Department of Homeland Security
U.S. Citizenship and Immigration Services

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>Miller JR</u>	First <u>Clarence</u>	Middle Initial <u>R</u>	Maiden Name <u>NA</u>
Address (Street Name and Number) <u>Po Box 641</u>		Apt. #	Date of Birth (month/day/year) <u>10-17-64</u>
City <u>Luverne MN</u>	State	Zip Code <u>56156</u>	Social Security # <u>503-92-0041</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 <u>Clarence R. Miller JR</u>	Date (month/day/year) <u>6-20-08</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>Drivers License</u>		<u>Social Security</u>
Issuing authority: _____		<u>MN-COL</u>		<u>US GOVT</u>
Document #: _____		<u>M-460-119-730-800</u>		<u>503920041</u>
Expiration Date (if any): _____		<u>10/17/08</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) 06/20/08 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>Sarah Evans</u>	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>ESSG 7301 Ohmms Lane Ste 405 Edina MN 55425</u>		Date (month/day/year) <u>06/20/08</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)
--	-----------------------



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.

Clarence R. Miller Jr.
Signature

Clarence R. Miller Jr.
Print Name

Date 6-20-08



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!**

Clarence R. Miller Jr.
Your Name

po Box 641 Apt#
Your Address

Luverne MN 56156
Your City, State, Zip Code

(612) 432-7709
Your Telephone Number

EMERGENCY CONTACT INFORMATION

Becky A. Miller Spouse
Name Relationship

po Box 641
Address

Luverne MN 56156
City, State, Zip Code

(605) 201-8122
Telephone Number

(605) 338-8157
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.

Employee Full Legal Name (Printed)	Last	First	Middle	Social Security #	Birthdate
Miller Jr Clarence Raymond				303 92 0041	10 17 64
Minnesota Driver's License Number				Date Signed	
M-460-119-730-800				6-20-08	


 Signature



STATEMENT OF CONFIDENTIALITY

This agreement made this 20th day of JUNE, 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 that may result to the employer from a violation of any of the provisions hereof, the employee agrees to pay to the employer the sum of \$10,000 as liquidated damages for every such violation; provided, however, that the payment of such amount as liquidated damages shall not be construed as a release or waiver by the employer of the right to prevent any such violation in equity or otherwise.

Thomas A. Miller
Employee Signature

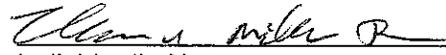
Sarah Lewis
Employer Solutions Staffing Group LLC, Representative

**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

6-20-08
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

Employee Referral Form

I, Clarence Miller was referred to work at Suzlon Rotor Corporation
(Your Name)

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

Clarence Miller
Signature

6-26-08
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.



ENTERED

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4. DATE 3-17-08

Name Miller JR Clarence Raymond
Last First Middle Maiden

Physical Address: 206 N. PROSPECT, HANDEWICK, MN ← No mail

Present address Mailing Address: PO Box 641 Luverne, MN 56134
Number Street City State Zip

How long 19 years Social Security No. 503 - 92 - 0041

Telephone (612)-432-7709 OR (Becky Miller) 605-328-5970
OR 605-201-8122

If under 18, please list age N/A Referred by media ads

Position applied for (1) Production Days/hours available to work
 and salary desired (2) \$10.00 PR HR
(Be specific)

No Pref _____ Thur X
 Mon X Fri X
 Tue X Sat ?
 Wed X Sun _____

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

Employment desired FULL-TIME ONLY _____ PART-TIME ONLY _____ FULL- OR PART-TIME

When available for work? JULY 1, 08

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No _____ Yes If so, please explain N/A

Do you anticipate any absences from work on a regular basis?
 No _____ Yes If so, please explain N/A

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Minnesota DPE OF EDUCATION		12	GED
College	South central tech			
	Riverland tech college			At Computer Hardware Office Soft ware
Bus. or Trade School				
Professional School	South East tech professional DRIVING "CDL"	SIOUX FALLS SD		

Pro gress

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. one conviction, 7 years ago
will explain at interview. Non work related offence
Insurance Car accident
underway

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes ___ No

What is your means of transportation to work? I own my own vehicle.

Driver's license number M-460-119-730-800 State of issue MN

Operator ___ Commercial (CDL) Chauffeur ___

Expiration date 10-17-08

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

If so, how many? N/A

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

If so, how many? N/A

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 Greg G. Anderson

Name Dick Galde

Position N/A

Position N/A

Company N/A

Company N/A

Address 2663 Brownstone Ave

Address 44253 234th St

Brandon, SD 57006

Winfred, SD 57076

Telephone (605) 334-0855

Telephone (605) 485-2689

OR
cell 605-759-4715

OR
cell 605-270-1246

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.

I have learned and developed good people skills, I am a team worker, I care about safety for all and I promote safety.

I am dependable and I am a fast learner. I have computer skills, I'm looking to find a company that I can stay with long term.

I have knowledge of electrical circuits "in case a maintenance position opens" I have skills working with mechanical equipment.

I have Fork Lift experience and training.

I am a loyal and thoughtful worker and I respect others.

My wife and I live together in a home we own, our children are all out on their own so we have fewer obligations.

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 N/A Date Entered N/A Discharge Date N/A

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 <u>Computers For schools program</u>		Supervisor name <u>Tom</u>	
Position <u>Builder/tech/trouble shooting</u>		Employment dates	Pay or salary
Company _____		From	Start
Address _____		To	Final
Telephone (____) _____		Your last job title <u>Tech/Builder</u>	
Reason for leaving (be specific) <u>Transferred - changed location</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Salvage of computer related equipment, Building computers from recycled parts, Repair of video monitors/computer monitors, Trouble shooting computer problems, installing and testing software.</u>			

34r

Name <u>Sioux Falls Two way Radio inc</u>		Supervisor name <u>Todd Albrecht</u>	
Position <u>Tech</u>		Employment dates	Pay or salary
Company <u>Motorola</u>		From <u>Sept 2000</u>	Start <u>\$12.00 pr hr</u>
Address <u>700 E 3rd Sioux Falls SD</u>		To <u>April 2003</u>	Final <u>\$14.75 pr hr</u>
Telephone <u>(605) 334-9817</u>		Your last job title <u>Field service Tech</u>	
Telephone <u>1-800-658-5572</u>			
Reason for leaving (be specific) <u>Laid off - was incarcerated</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Installation and service of all and any radio and/or emergency service equipment. Bench tech, Repair of all and any electronics equipment. Tower climber, tower equipment maintenance and installations. Sales and service of two way radio equipment.</u>			

34r

APPLICATION FOR EMPLOYMENT

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 <u>Jerome Skelland > Deleted <</u>	Supervisor name <u>Gary Moir</u>	
Position <u>electronics Tech</u>	Employment dates	Pay or salary
Company <u>GFL Electronics inc</u>	From <u>Feb 1997</u>	Start \$ 8.75 Pr Hr
Address <u>Franklin + 11th E 10th Street</u>	To <u>Sept 2000</u>	Final \$ 10.00 Pr Hr
<u>Sioux Falls SD. 57102</u>	Your last job title <u>electronics Tech</u>	
Telephone <u>(605)-371-4240</u>		

(31/5)

Reason for leaving (be specific) was recruited by Motorola same line of work advancement

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Repair and installation of electronics equipment.
Sales and service of Two way radio equipment.
Tower climbing, Repair and installation of towered equipment.
Service of emergency service equipment.
Customer Service.

Name _____	Supervisor name <u>Denis</u>	
Position <u>Professional Truck Driver</u>	Employment dates	Pay or salary
Company <u>THOMPSON BROS INC.</u>	From _____	Start <u>.23¢ Pr m/m.</u>
Address <u>Sioux Falls SD.</u>	To _____	Final _____
Telephone <u>(605)</u>	Your last job title <u>Professional Truck Driver</u>	

Reason for leaving (be specific) was offered local job at GFL electronics.

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? media ads

May we contact your present employer? Yes No N/A

Did you complete this application yourself Yes No

If not, who did? N/A

To CMG

Thank you for considering my application.

Could you also send an application to:

Steven R. Miller

PO Box 641

Luverne, MN.

56156

Thanks!

Minnesota Federal Bonding Service Hire At-Risk Employees with No-Cost Bonding Insurance

Fidelity Bonding is no-cost employee dishonesty insurance that protects employers against employee theft of any money or property. The Minnesota Federal Bonding Service provides individual Fidelity Bonds to employers for new or current employees who may be denied coverage by commercial carriers because of a:

- Record of arrest, conviction or imprisonment
- History of alcohol or drug abuse
- Poor credit history
- Dishonorable discharge
- Lack of employment history

How the Program Works

Eligibility - To be eligible for the bonding service, a person must have a full or part-time job

or a job offer with a date set to start work. Also, the wages must be paid with Federal taxes automatically deducted from the paycheck. Self-employed people are not eligible for the service.

Application - The Fidelity Bond is issued as a policy of Travelers Property Casualty. The Minnesota Department of Employment and Economic Development is an authorized agency for the issuance of these Fidelity Bonds. New or current employees or the employer can contact the Minnesota Federal Bonding Coordinator to apply for a Fidelity Bond.

Processing - There are no papers for the employer to sign. The Fidelity Bond coverage for current employees is effective when the Minnesota Federal Bonding Coordinator certifies the bond. For new employees, the Fidelity Bond is effective the day the employee begins work.

Coverage - The Fidelity Bond has a "no deductible" amount and the amount of insurance usually issued is \$5,000. The Fidelity Bond is mailed to the employer by Travelers Property Casualty. The duration of the Fidelity Bond is six months. If the bond demonstrates honesty during the six months, Travelers Property Casualty will make a standard commercial policy available for the employer to purchase.

Department of Employment and Economic Development
 1st National Bank Building • 332 Minnesota Street, Suite E200 • Saint Paul, MN 55101-1351 • USA
 651-296-8400 • Fax: 651-296-3488 • TTY: 651-296-3900 • www.deed.state.mn.us/bonding
An equal opportunity employer and service provider

**Federal Bonding Coordinator
 Contact Information:**

WEBSITE: www.deed.state.mn.us/bonding
E-MAIL: deed.jobbank@state.mn.us
PHONE: 651-296-8400 or 1-888-GET JOBS
TTY: 651-296-3900

Federal Tax Credits for Employers

Hire workers who can keep more of your money in your business!

Increase your bottom line by taking advantage of the **Work Opportunity Tax Credit (WOTC)**. The employer is eligible for the credit. Jobs can be full-time, part-time, permanent or temporary. There's no limit to the number of new hires who can qualify you for these tax savings.



The Tax Credit is up to **\$2,400** for each new hire. Hire a disabled veteran, and it's up to **\$4,800**. Hire a long-term family assistance recipient and it's up to **\$9,000!** Use these savings to offset the costs of hiring and training workers. As the employee earns and learns, you reduce your federal tax liability. It's money you keep working in your business.

An employer may qualify for the tax credit if a new hire meets eligibility in one of the following targeted groups:

- Short-term assistance (MFI) recipient
- Veteran - receiving food stamps or disabled
- 18-39 year-old food stamp recipient
- Rehabilitation Services/Ticket to Work recipient
- Ex-felon
- Resident in Minneapolis Empowerment Zone (EZ) or in Rural Renewal County (ages 18-39)
- EZ resident (ages 16-17) hired as a summer youth employee
- Supplemental Security Income recipient
- Long-term assistance (MFI) recipient

For More Information:
Internet: www.deed.state.mn.us/wotc
Email: deed.wotc@state.mn.us
 Minnesota Department of Employment and Economic Development
 WOTC Unit
 332 Minnesota Street, Suite E200
 St. Paul, MN 55101-1351
 Twin Cities Metro: 651-297-2219
 Greater Minnesota: 888-234-5521
 TTY: 651-296-3900

The paperwork is minimal! The tax savings are huge! For each new hire who indicates he/she may meet one or more of the criteria above, Minnesota employers need only do the following to receive certification to claim the tax credit:

- Complete the IRS **Form 8850** and the U.S. Department of Labor **Form ETA-9061**. These forms can be downloaded from www.deed.state.mn.us/wotc/pages.htm
- Mail the signed and dated forms to the Minnesota Department of Employment & Economic Development, WOTC Unit, **no later than 28 days** after the new employee's start date.

For other employer services, go to www.deed.state.mn.us

Work Opportunity Tax Credit Unit

1st National Bank Building • 332 Minnesota Street, Suite E200 • Saint Paul, MN 55101-1351 • USA
 651-297-2219 • 1-888-234-5521 • Fax: 651-297-7722 • TTY: 651-296-3900 • www.deed.state.mn.us/wotc • deed.wotc@state.mn.us

Clarence R. Miller

MAY 4, 2008

OID# 212647

7525 4TH AVE

LINO LAKES, MN

55014-1099

SUZZON ROTOR CORP

1711 S. Hwy 75

PIPESTONE, MN

56164

ATTN: C.M.G. Human Resource

My name is Clarence Miller, I am currently incarcerated, However, Im being released on June 12, 2008.

I will be returning to a home my wife and I own near Luverne, MN. about 20 minvets From your company. I will be seeking fulltime employment. I am aware of your companies standards and work ethizs, I believe I have the skills needed and I would like to work for your company. Would you please send me information on your qualifications, job descriptions, and possitions available. IF I qualify to work for your company, would you want a Resume, application, or Both?

I Thank you in advance.

Respectfully submitted:

Clarence R. Miller JR.

Clarence R. Miller JR.

Sam Miller

100%

PLEASE READ AND TELL THE INTERVIEWER THE CORRECT MATH ANSWER:

1. At the beginning of the shift you start with 200 parts. During the shift you use 96 parts. How many parts do you have left at the end of the shift? 104

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

3. You have 6 boxes with 20 parts in each box. At the end of the day you have used 3 and one half boxes of parts. How many parts do you have left? 50

120

70

~~100~~

PLEASE READ AND TELL THE INTERVIEWER THE CORRECT MATH ANSWER:

1. At the beginning of the shift you start with 150 parts. During the shift you use 86 parts. How many parts do you have left at the end of the shift? 64

14
150
86
+44

4

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

12
5
60

3. You have 4 boxes with 20 parts in each box. At the end of the day you have used 2 and one half boxes of parts. How many parts do you have left? 30

80

50

Clarence Raymond Miller Jr.

Interview Questions:

1. I'd like to know why I should hire you, so please give me 3 good qualities about yourself.
1.) Gets along with everyone 2.) Self motivated 3.) outgoing
2. Where do you see yourself in a year from now? What goals have you set for yourself? How do you plan on reaching those goals?
Working @ Suzuki
3. What was the longest period you stayed in a job? What did you like about that kept you there for that long? 5 yrs.
4. How comfortable are you in working in a team environment? Give examples of places where you worked in a team environment? What do you see are the benefits of a team environment atmosphere?
Suzuki, Honda, Polestar, Helix
5. Tell us about your experience in training and guiding others in work-instructions, safety requirements, or company policies.
JES Electronics
6. What heavy objects have you moved or handled in any previous jobs? What did the objects weigh? Did you use a forklift to move objects?
50-60 lbs equipment
7. What types of repetitive assembly tasks have you done in any previous jobs?
Installation of Power out cables
8. When was the last time you had a conflict with a co-worker or supervisor? How did you both resolve it?
Suzuki center, talked about it.
9. Do you have anything that would limit you from not working here?
Treatment Tues Day.
10. Are you currently able to perform the essential duties of the job for which you are applying for?

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name Clarence R. Miller Jr Social security number ▶ 503 | 92 | 0041

Street address where you live 206 N. prospect

City or town, state, and ZIP code Hardwick mas.

Telephone number (612) -

If you are under age 40, enter your date of birth (month, day, year) / /

1 Check here if you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.

2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

3 Check here if **any** of the following statements apply to you.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the last 18 months.
- I am a veteran and a member of a family that received food stamps for at least a 3-month period within the last 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a Received food stamps for the last 6 months **or**
 - b Received food stamps for at least 3 of the last 5 months, **but** is no longer eligible to receive them.
- Within the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending within the last 60 days.

4 Check here if you are a member of a family that:

- Received TANF payments for at least the last 18 months, **or**
- Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within the last 2 years, **or**
- Stopped being eligible for TANF payments within the last 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ Clarence R. Miller Jr

Date 6/20/08

Form A

WORK OPPORTUNITY TAX CREDITS

PLEASE CHECK "YES" OR "NO" AND COMPLETE THE REST OF THE FORM (Answer All Questions)

Name Clarence R. Miller JR
Address 206 N. Prospect
City Hardwick State MA Zip 56134
Social Security # 503-92-0041 Date of Birth 10-17-64 Age 43

Please CHECK ONE ANSWER for each of the following questions:

- 1. Have you or any member of your household received Aid to Families with Dependent Children (AFDC) during the past 18 months? If Yes, please complete Question #4.
2. Have you, or any member of your household received Food Stamps at anytime during the past six (6) months? If Yes, please complete Question # 4.
3. Have you or any family member living with you received Supplemental Security Income (SSI) benefits in the past six (6) months? If Yes, please complete Question # 4.

4. Recipients Name Relationship City & State where benefits received

5. Are you a veteran? Yes No and Disabled? Yes No
Service Dates: From: To: Branch:
Have you been unemployed for a period totaling at least 6 months? Yes No

6. Have you been convicted of a felony or released from prison in the last 12 months?
Date of Conviction 2003 Date of Release 6-12-2008
Parole Officer's Name Jenny Quade Parole Officer's Phone # 507-822-1461 507-831-6975

7. Are you at least 18 but not yet 40 years of age? Yes No

8. Have you received any help from a State or Veteran approved Vocational rehabilitation agency?
Name of Agency Phone #
Address of Agency Counselor's Name

9. Are you 16 or 17 years old, and in High School? Yes No

Questions below to be completed by manager
Starting Wage Position
Has employee worked for this company before? If yes, date
Company Location/Facility#
Manager - Please forward, following your normal new hire procedures