

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>Sanceda Cynthia</i>	<i>01/02/07</i>		EMPLOYEE NAME: (Last, First)		
ESG New Hire Application	<i>1/2 se.</i>	<i>AP</i>	CMG New Hire Application		
ESG Emergency Contact Info	<i>1/2</i>	<i>1/3</i>	CMG Emergency Contact Info		
Employment Eligibility - I-9- 2 forms of ID - copies			Employment Eligibility - I-9- 2 forms of ID - copies		
(1) ID card	<i>1/2</i>		(1)		
(2) SS card	<i>1/2</i>		(2)		
W-4	<i>1/2</i>		W-4		
ESG BACKGROUND RELEASE FORM	<i>1/2</i>		CMG BACKGROUND RELEASE FORM		
CMG Time	<i>1/2</i>		E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:	<i>starts 1/7/08</i>		EMPLOYEE CONFIDENTIALITY AGREEMENT		

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

*Nights  
01/07/08*



# EMPLOYEE INFORMATION SHEET

STRICTLY CONFIDENTIAL

LAST NAME: Sauceda Cynthia  
Apellido Nombre

FIRST NAME: Cynthia MIDDLE INITIAL: S.  
Primero Nombre Segunda Inicial

ADDRESS: 4705 E 22nd St.  
Direccion

CITY: Sioux Falls. STATE: S.D. ZIP: 57110  
Ciudad Estado Zona Postal

HOME PHONE #: (605) 334-2172 CELL PHONE #:             
Teléfono Celular teléfono

DATE OF BIRTH: 09-18-82  
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 452-61-4090  
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

<p><b>EMERGENCY CONTACT INFORMATION</b> INFORMACIÓN DE CONTACTO DE EMERGENCIA</p> <p>NAME: <u>Estelina Argoeta</u> Nombre</p> <p>PHONE #: <u>(605) 334-21-72.</u> Teléfono</p>
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**FOR CMG USE ONLY:**

HIRE DATE: 01/02/08 START DATE: 01/07/08

TERM DATE: \_\_\_\_\_ SALARY (Hourly): 10.60

SHIFT: 1-DAY    2-NIGHT    3-OVERNIGHT

1-DAY BUSSER    2-NIGHT BUSSER

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

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

BADGE #: \_\_\_\_\_

PRIMARY LANGUAGE: \_\_\_\_\_

WORKERS COMP CODE: \_\_\_\_\_

<p><b>EMPLOYMENT STATUS</b></p> <p>Agency Referral <input type="checkbox"/> CMG Recruit <input checked="" type="checkbox"/></p> <p>CMG Rollover Date: _____</p> <p>Client Rollover Date: _____</p>
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# 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 Sauceda First Name Cynthia Middle Initial —  
 Street Address 4705 E 22nd. St.  
 City/State/Zip SIOUX FALLS. SD. 57110  
 Home Phone (605) 334-2172 Message Phone \_\_\_\_\_  
 Company/Employer \_\_\_\_\_

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Are you legally authorized to work in the United States of America?  YES  NO

### Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group LLC (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

Cynthia Sauceda Name (Print or type) Cynthia Sauceda Applicant's Signature 01-02-08 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 (2007)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**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 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$850 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.

**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/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.

**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 2007. 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 \$1,000 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 \$57,000 (\$85,000 if married), enter "2" for each eligible child.
- If your total income will be between \$57,000 and \$84,000 (\$85,000 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 \_\_\_\_\_

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>	<b>Employee's Withholding Allowance Certificate</b>	OMB No. 1545-0074 <b>2007</b>
▶ 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.		
1 Type or print your first name and middle initial. <i>Cynthia</i>	Last name <i>Sauceda</i>	2 Your social security number <i>452 61 4090</i>
Home address (number and street or rural route) <i>4705 E 22nd St.</i>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold 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>Sioux Falls, SD. 57110.</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 <i>3</i>
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2007, 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		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.) ▶ <i>Cynthia Sauceda</i>		Date ▶ <i>01-02-08</i>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)



**Employer  
Solutions  
Staffing  
Group LLC**

7300 Metro Blvd, Suite 635  
Edina, MN 55439  
Tel. 952.835.1288  
Fax 952.835.1255

Website: [www.employersolutionsgroup.com](http://www.employersolutionsgroup.com)

## EMPLOYMENT ELIGIBILITY VERIFICATION

After you are hired and before you start work, you are required by law to provide certain documents that verify you are eligible to work and establish your identity. The following is a list of acceptable documents.

One from this column	OR	One from each of these two columns	
<p><b>Documents that establish both Identity and Employment Eligibility</b></p> <ul style="list-style-type: none"> <li>○ U.S. Passport (unexpired or expired)</li> <li>○ Certificate of U.S. Citizenship (INS Form N-560 or 5-570)</li> <li>○ Unexpired foreign with attached I-551 stamp or attached INS form I-94 indicating unexpired employment authorization</li> <li>○ Alien Registration Receipt Card (INS form I-688)</li> <li>○ Unexpired Employment Authorization Card (INS form I-688A)</li> <li>○ Unexpired Reentry Permit (INS form I-327)</li> <li>○ Unexpired Refugee Travel Document (INS form I-571)</li> <li>○ Unexpired Employment Authorization Document issued by the INS, which contains a photograph (INS form I-688B)</li> </ul>		<p><b>Documents that establish Identity</b></p> <ul style="list-style-type: none"> <li>○ Drivers License or ID card issued by a state or outlying possession of the U.S. provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address</li> <li>○ 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, sex, height, eye color, and address</li> <li>○ School ID with photograph</li> <li>○ Voter's registration card</li> <li>○ U.S. Military dependent's card</li> <li>○ Military dependent's card</li> <li>○ U.S. Coast Guard Merchant Mariner card</li> <li>○ Native American tribal document</li> <li>○ Driver's license issued by a Canadian government authority</li> </ul> <p><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ul style="list-style-type: none"> <li>○ School record or report card</li> <li>○ Clinic, doctor, or hospital record</li> <li>○ Day-care or nursery school card</li> </ul>	<p><b>Documents that establish Employment Eligibility</b></p> <ul style="list-style-type: none"> <li>○ U.S. Social Security Card issued by the Social Security administration (other than a card stating it is not valid for employment)</li> <li>○ Certification of Birth Abroad issued by the Department of State (form FS-545 or DS-1350)</li> <li>○ Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the U.S., bearing an official seal</li> <li>○ Native American Tribal document</li> <li>○ U.S. Citizen ID card (INS form I-197)</li> <li>○ ID card for use of Resident Citizen in the U.S. (INS form I-179)</li> <li>○ Unexpired employment authorization document issued by the INS (other than those listed in the first column)</li> </ul>

*"You have the employees, we have the solutions."*

# 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 of 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 <b>Sauceda</b>	First <b>Cynthia</b>	Middle Initial	Maiden Name
Address (Street Name and Number) <b>4705 E 22nd. St.</b>		Apt. #	Date of Birth (month/day/year) <b>09-18-82</b>
City <b>Sioux Falls.</b>	State <b>D.S.</b>	Zip Code <b>57110</b>	Social Security # <b>452.61.4090</b>

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  
**Cynthia Saucedo**

Date (month/day/year)  
**01-02-08**

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

Preparer's/Translator's Signature	Print Name <b>Cynthia Saucedo</b>
Address (Street Name and Number, City, State, Zip Code) <b>4705 E 22nd. St. Sioux Falls. SD. 57110</b>	Date (month/day/year) <b>01-02-08</b>

**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: _____		<b>Drivers License</b>		<b>Social Security</b>
Issuing authority: <b>08-2007</b>		<b>MN</b>		<b>US GOV'T</b>
Document #: <b>Q997163919925</b>		<b>Q997163919925</b>		<b>452-61-4090</b>
Expiration Date (if any): <b>09-18-2011</b>		<b>09/18/2011</b>		
Document #: <b>Q997163919925</b>				
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) **01/02/08** 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 <b>[Signature]</b>	Print Name <b>SWAN EVANS</b>	Title <b>Recruiter</b>
Business or Organization Name <b>ESSG 7300 Metro Blvd</b>	Address (Street Name and Number, City, State, Zip Code) <b>135 Edina MN 55349</b>	Date (month/day/year) <b>01/02/08</b>

**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)
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**MINNESOTA**  
**IDENTIFICATION CARD**  
**NOT A DRIVER'S LICENSE**

CYNTHIA SAUCEDA  
224 HAGUE ST  
WORTHINGTON, MN 56187

Date of Birth 09-18-1960  
Sex F Eyes BRN  
Height 5-4 Weight 135

ISSUED 08-2007

Q997163919925

*Cynthia Saucedo*

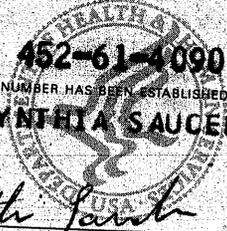


**SOCIAL SECURITY**

452-61-4090

THIS NUMBER HAS BEEN ESTABLISHED FOR  
CYNTHIA SAUCEDA

*Cynthia Saucedo*  
SIGNATURE



## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 01/02/2008  
Page: 1 of 1

Case Verification Number: 2008002114515XT

**Initial Verification:**

Last Name:	Sauceda	First Name:	Cynthia
Middle Initial:		Maiden Name:	
Social Security Number:	452-61-4090	Date of Birth:	09/18/1982
Hire Date:	01/02/2008	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:	ESTE5474	Initiated On:	01/02/2008

**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 By: Resolved On:

SENSITIVE BUT UNCLASSIFIED



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!

Cynthia Saucedo  
Your Name

4705 E 22nd St. Apt#  
Your Address

Sioux Falls, SD. 57110  
Your City, State, Zip Code

(605) 334-2172  
Your Telephone Number

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**EMERGENCY CONTACT INFORMATION**

Etelvina Argueta  
Name

Amiga  
Relationship

4705 E 22nd St.  
Address

Sioux Falls, SD. 57110  
City, State, Zip Code

(605) 334-2172  
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.

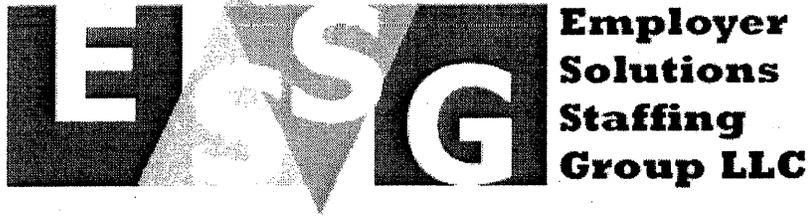
I do hereby fully release and discharge Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims from damages that I may have or that may accrue to me on account of the results of any aspect of any criminal and driving record background investigation.

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.**

Employee Full Legal Name (Printed)	Last Saucedo	First Cynthia	Middle	Social Security # 452 61 4090	Birthdate 09 18 82
Minnesota Driver's License Number  				Date Signed 01-02-08	

Signature Cynthia Saucedo



**STATEMENT OF CONFIDENTIALITY**

This agreement made this 02 day of Jan, 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.

Cynthia Saucedo

Employee Signature

Joseph Vas

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.

Cynthia Saucedo.  
Individual's Name

01-02-82  
Date

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



Corporate Management Group, Inc.

Formulario de solicitud de empleo

Fecha \_\_\_\_\_

Nombre Cynthia Sauceda  
Nombre Segundo nombre Primer apellido Segundo apellido

Domicilio 4705 E 22nd St. Sioux Falls S.D. 57110  
Numero Calle Ciudad Estado Codigo

Telefono (605) 334-2172 No. de seguro social 452-61-4090

Menor de 18 anos?  Si  NO, Si su contestacion fue si, Puede comprobar elegibilidad para trabajar?  SI  NO

Tiene autoautorizacion para trabajar el los EE.UU.?  SI  NO. Necesita comprobar su elegibilidad si es contratado/a.

Puesto que solicita Abierto abierto  
Y sueldo que espera Am. 7.00 3.30 PM.  
Turno

Horas Extraordinarias?  Si  No

TIPO DE ESCUELA	NOMBRE DE ESCUELA	MAYOR O TITULO
Colegio secundario		
Universidad	<u>San Jacinto</u>	<u>G. Grado</u>
Escuela de formation empresarial O industrial		
Escuela Profesional		

Ha sido usted alguna vez declarado culpable por un delito que tiene relacion considerablemente con las funciones o calificaciones que se relacionan con el puesto que esta solicitando?  No  Yes (Tener antecedentes no significa nexesariamente que le descalifiquen de antemano para obtener empleo).

Si su contestacion fue Si, explique la cantidad de condenas, la naturaleza del/los delito(s), naturaleza del (los) delito(s) que lo/la llevo a ser condenada, cuanto tiempo hace que cometio tal delito, la sentencia que se le aplico y el tipo de rehabilitacion

TIENE LICENCIA DE CONDUCIR?  Si  No

Por favor escriba dos referencias que no sean familiares.

Nombre Etelvina Argueta  
Direction 4705 E 22nd St.  
Sioux Falls S.D. 57110  
Telefono (605) 334-2172

Nombre victor velasco  
Direction 4705 E 22nd St.  
Sioux Falls S.D. 57110  
Telefono (605) 326-8621

MILITAR

605) 366-2521

USTED ALGUNA VEZ HA ESTADO EN LAS FUERZAS ARMADAS?

Si  No

ENTERED  
EQ/AV/AD

ES USTED MIEMBRO DE LA GUARDIA NACIONAL?

Si  No

Especialidad \_\_\_\_\_

Fecha en que se alisto \_\_\_\_\_

Fecha de baja \_\_\_\_\_

**Experiencia laboral**

Por favor escriba su experiencia laboral en los ultimos siete años comenzando con su puesto mas reciente. Si era trabajador autonomo, escriba el nombre de empresa. Adjunte paginas adicionales si es necesario.

Nombre de empleador Cynthia Saucedo Numero de telefono (605) 330-3132

Domicilio Thom. Moller.

Supervisor \_\_\_\_\_

Motivo por el cual dejo el trabajo ( sea especifico/a)

no beibisir

Posiciones/Deberes:

Empacando Jamones

Nombre de empleador \_\_\_\_\_

Numero de telefono ( \_\_\_\_\_ ) \_\_\_\_\_

Domicilio \_\_\_\_\_

Supervisor \_\_\_\_\_

Motivo por el que dejo el trabajo (sea especifico/a)

Posiciones/Deberes:

Nombre de empleador \_\_\_\_\_

Numero de telefono ( \_\_\_\_\_ ) \_\_\_\_\_

Domicilio \_\_\_\_\_

Supervisor \_\_\_\_\_

Motivo por el que dejo el trabajo (sea especifico/a)

Posiciones/Deberes:

**CMG GUIA DE ENTREVISTA PARA LA CORPORACION DE SUZLON ROTOR**  
**FAVOR DE CONTESTAR LAS SIGUIENTES PREGUNTAS**  
**SI USTED NO ESTA SEGURO DE COMO RESPONDER, DEJE EI ESPACIO SIN LLENAR**

Nombre de solicitante Cynthia Saucedo Fecha 12-20-07

1.) Esta usted de acuerdo en tomar una prueba de alcohol y/o droga antes de contratar con nuestra empresa?  
 Si  No  Porque no? \_\_\_\_\_

Esta usted de acuerdo en tomar un examen de salud antes de contratar con nuestra empresa?  
 Si  No  Porque no? \_\_\_\_\_

Puede trabajar en los EE.UU. legalmente? Explique de que forma? Ciudadano- Inmigrante Residente-Otro?

Tiene usted transportacion buena? Si  No  Que tan lejos tiene que viajar en millas? 39  
 Va a necesitar que alguien lo lleve al trabajo? Si  No

Que tan lejos vive usted de Suzlon Rotor Corporation? 0-10, 10-25, 25-50, 75-100, 100+ millas

Cual turno es mejor para su horario? (1o 5am-3:30pm, o 2o, 3pm -1am)  
 Puedes trabajar cualquier turno? Si  No  Puedes trabajar horas extras? Si  No

Estas de acuerdo con el pago por hora de \$9.00? Si  No

Si su respuesta es no, cual es el pago por hora que usted desea? \_\_\_\_\_

Alguna vez ha sido sentenciado por un delito? Si  Cuando? \_\_\_\_\_ No

Alguna vez lo han despedido de un trabajo? Si  No

Si es que si, explique la razon \_\_\_\_\_

Por lo regular, cuantas veces por mes falta de su trabajo? Nunca  1-2 veces  3+ veces

Por cual razon? \_\_\_\_\_

**SOLICITANTE: FAVOR DE NO ESCRIBIR ABAJO DE ESTA LINEA**

*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:**

Tiene usted movimiento completo de su cabeza, cuello, y cuerpo Si  No

Puede usted cargar/levantar hasta 50 libras de peso si es necesario? Si  No

Puede Ud. trabajar en sus rodillas? Si  No  Puede Ud. trabajar de pie por 10 horas? Si  No

Puede usted trabajar cerca de vapores o polvo por un turno de 10 horas? Si  No

Alguna vez ha utilizado un respirador?

Alguna vez ha trabajado en un ambiente de fabricacion? Si  No  Si respondio que si, donde?

Expliquenos donde y cuales eran sus responsabilidades:

Esta usted trabajando ahora? Si  No  Porque desea salirse de su trabajo? \_\_\_\_\_

Cuanto tiempo lleva en su busqueda? \_\_\_\_\_

Esta usted en un descanso temporario? (layoff) Si  No

A donde ha solicitado trabajo or entrevistas? \_\_\_\_\_

Cuando estara usted disponible para empezar a trabajar? \_\_\_\_\_

Require usted dos semanas para avisar su empleo? Si  No

Dos referencias: Nombre/Titulo: Comentarios: \_\_\_\_\_

DOCUMENTO DE RENUNCIA  
DEL FORMULARIO DE SOLICITUD

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

A cambio de la consideración de mi solicitud de empleo por la CMG, (en lo sucesivo, "la Compañía"), estoy de acuerdo en que:

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

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

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

También entiendo que mi empleo con la Compañía será de prueba durante noventa (90) días y en cualquier momento de este período de prueba o a partir de entonces, mi relación de empleo con la Compañía puede ser terminada por cualquier razón y por cualquier parte. \_\_\_

Firma del postulante Cynthia Saucedo Fecha: 12.20.07

CMG ofrece la igualdad de oportunidades de empleo. Cumplimos con una política de toma de decisiones laborales sin discriminación contra raza, color, religión, sexo, orientación sexual, origen nacional, ciudadanía, edad o invalidez. Le aseguramos que la oportunidad que tenga de conseguir trabajo con CMG depende solamente de sus cualidades.

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

# CMG

Corporate Management Group, Inc.

## PRUEBA DE DROGA Y ALCOHOL REGLAMIENTO Y FORMATO DE CONSENTIMIENTO

CMG está comprometido a mantener un ambiente de trabajo seguro y productivo, en todas las instalaciones y lugares en los cuales asigne asociados y se compromete a proteger toda propiedad conectada con dicho empleo. El acuerdo y cooperación de esta política y la firma de este formato es requerido a todas las personas como una condición de trabajo o para continuar trabajando en CMG.

Es política de CMG no contratar a ninguna persona que obtenga una prueba positiva por consumo de cualquier droga ilegal o por el uso de drogas ilegales o una droga controlada, en cualquier cantidad, sin tener en cuenta la frecuencia y sin una prescripción médica. Por lo tanto, y de acuerdo con la ley, asociados de CMG pueden ser requeridos para que se sometan a una prueba de anti-droga por cualquiera de las siguientes razones:

- Continuación de trabajo.
- Por sospecha razonable de un gerente de CMG o cualquier gerente de algún cliente de CMG.
- Después de un accidente (relacionado con accidentes de trabajo).
- Al azar para asegurar consistencia y continuidad de la política ( al azar para los empleados en trabajos de seguridad-sensibles)
- Carta recordativa que prueba durante y después del tratamiento químico de la dependencia.

Yo comprendo, que de acuerdo con esta política, puedo ser solicitado para ir a un centro profesional de prueba de droga y suministrar una muestra de mi orina y/o fluidos corporales, tejidos o filamentos para análisis químicos.

Yo acedo, libre y voluntariamente, a este pedido de muestra o muestras de orina y/o fluidos corporales, tejidos o filamentos. Por este medio yo concedo a CMG, al especialista médico obtener las muestras y que el laboratorio realice los análisis (incluyendo sus empleados, agentes y contratistas) y por cualquier responsabilidad que surge del mismo, por el suministro de mi orina y/o fluidos corporales, tejidos o filamentos. Las decisiones de mi empleo serán basadas en los resultados de estos análisis.

Yo comprendo, que cualquier persona que rechaza tomar la prueba puede ser descalificada para el empleo con la compañía, constante con la ley del estado. Cualquiera persona que falla en la prueba recibirá oportunidades proporcionadas del tratamiento según lo indicado de acuerdo con ley del empleo de Minnesota. La prueba inicial y las pruebas confirmativas para los resultados positivos están a expensas de la compañía. El reexaminar está a mi costo.

Yo comprendo que tengo el derecho de explicar una prueba positiva o de solicitarla y de pagar una contra-prueba confirmativa.

He leído el presente reglamento y el formato de consentimiento y estoy de acuerdo en someterme a la prueba de droga y alcohol como parte de los terminos y condiciones de empleo de CMG.

NOMBRE Cynthi Saucedo (letra de molde)

NUMERO DE SEGURO SOCIAL 452-61-4090

FIRMA Cynthi Saucedo FECHA 12.20-07

TESTIGO \_\_\_\_\_ FECHA \_\_\_\_\_

# Employee Referral Form

I, Cynthia Saucedo was referred to work at Suzlon Rotor  
(Your Name)

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

Cynth. Saucedo  
Signature

12.20.07  
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.

Cynthia Sauceda

- Heard about Synfon - JOB FAIR AD

- John Howell -  
packing hams in grade  
4 months Aug - NOV

- 8 months living here

- resolved baby sitting issue

- what liked at John Howell -

- ① good job
- ② Liked drinking water others

- Night shift OK but would work  
the 2nd shift if that's all we  
are hoping for



Occupational Health Services  
1928 North Cliff Avenue  
Sioux Falls, South Dakota 57104  
(605) 322-5100  
Fax (605) 322-5101

**ATTENTION:**

Susie Rennich  
Suzlon Rotor Company  
1711 S US Highway 75  
Pipestone, MN 56164

Participant: Cynthia Savceda  
Participant ID: 173  
SSN: 452-61-4090

**Results of Controlled Substance Test**

Record Status: Negative  
Test Type: Pre-Employment  
Collection Date/Time: 12/28/2007 4:29 PM  
Batch ID: 20071231  
Specimen ID: PH345575  
Sample Type: Urine

Laboratory: Medtox Laboratories, Inc.  
402 West County Road D  
St. Paul, MN 55112  
Collection Site: HealthWorks  
4928 North Cliff Avenue  
Sioux Falls, SD 57104

<u>Substance Tested</u>	<u>Result</u>	<u>Substance Tested</u>	<u>Result</u>
Amphetamines	Negative	Cocaine	Negative
Opiates	Negative	Phencyclidine	Negative
Marijuana	Negative		

Bruce Elkins, MD

12/31/2007

Verification Date