

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

CMG CORPORATE FAX NUMBER: 303-736-7767

*06/09/08
Days*



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Suzlon

LAST NAME: Delgado
Apellido Nombre

FIRST NAME: Elizabeth MIDDLE INITIAL: _____
Primero Nombre Segunda Inicial

ADDRESS: 5705 W. Thrush Pl.
Direccion

CITY: Sioux Falls STATE: SD ZIP: 57107
Ciudad Estado Zona Postal

HOME PHONE #: (-) CELL PHONE #: (605) 461-9919
Teléfono Celular teléfono

DATE OF BIRTH: 04/16/60
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 583-08-2825
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) Hispanic
Origen étnia

EMERGENCY CONTACT INFORMATION	
INFORMACIÓN DE CONTACTO DE EMERGENCIA	
NAME: <u>Franky Romero</u>	Nombre
PHONE #: <u>(787) 556-5493</u>	Teléfono

FOR CMG USE ONLY:

HIRE DATE: 05/21/08 START DATE: 06/09/08 TERM DATE: _____

SALARY (Hourly): 10.00 SHIFT DIFFERENTIAL _____ SHIFT: 1-DAY 2-NIGHT 3-OVERNIGHT

DEPARTMENT: _____ SUPERVISOR: _____

PRIMARY LANGUAGE: _____ WORKERS COMP CODE: _____

EMPLOYMENT STATUS	
Agency Referral _____	CMG Recruit <input checked="" type="checkbox"/>
CMG Rollover Date: _____	
Client Rollover Date: _____	

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 Delgado First Name Elizabeth Middle Initial _____
 Street Address 5705 W. Thrush Pl.
 City/State/Zip Sioux Falls
 Home Phone _____ Message Phone (605) 461-9919
 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.

Elizabeth Delgado Name (Print or type) Elizabeth Delgado Applicant's Signature 5/21/08 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 _____

B Enter "1" if: B _____

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

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

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

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

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

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

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

- If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.
- If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H _____

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 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">2008</div>
1 Type or print your first name and middle initial. Last name <i>Elizabeth</i> <i>Delgado</i>		2 Your social security number <i>583 08 2825</i>
Home address (number and street or rural route) <i>5705 W. Thrush Pl.</i>		3 <input checked="" type="checkbox"/> Single <input 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. 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 <i>Sioux Falls, SD, 57107</i>		
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 <u>S</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.) Date ▶ <i>Elizabeth Delgado</i> <i>5/21/08</i>		
8 Employer's name and address (Employer: Complete lines 9 and 10 only if sending to the IRS)		9 Check box if not a 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)

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>Delgado</u>	First <u>Elizabeth</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>5705 W. Thrush Pl</u>		Apt. # <u>57107</u>	Date of Birth (month/day/year) <u>04/16/1960</u>
City <u>Sioux Falls, SD</u>	State	Zip Code	Social Security # <u>583-08-2825</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #)

Employee's Signature <u>Elizabeth Delgado</u>	Date (month/day/year) <u>05/21/08</u>
--	--

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

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

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

List A	OR	List B	AND	List C
Document title: _____		<u>DL</u>		<u>SS Card</u>
Issuing authority: _____		<u>SD</u>		<u>US Gov't</u>
Document #: _____		<u>01204650</u>		<u>583-08-2825</u>
Expiration Date (if any): _____		<u>4-16-2012</u>		
Document #: _____				
Expiration Date (if any): _____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 5/21/08 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Print Name <u>Ashley Postma</u>	Title <u>Admin Assistant</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>ESSG 701 Chmn's Lane 405 Edina MN 55439</u>		Date (month/day/year) <u>5/21/08</u>

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

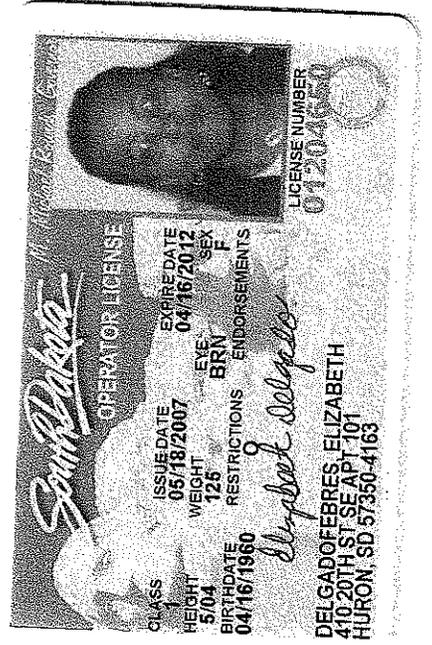
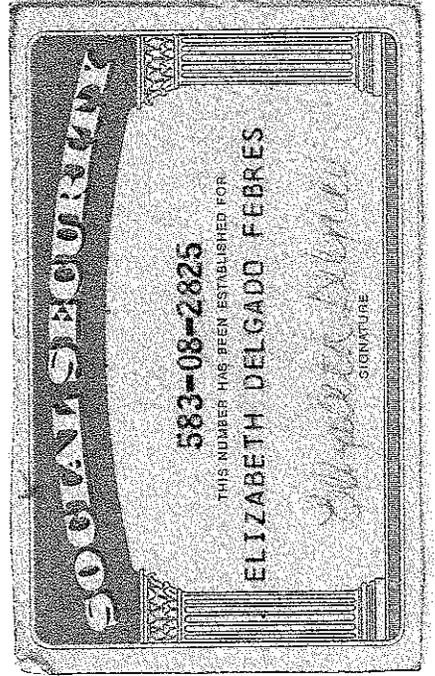
A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--

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)
--	-----------------------



SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

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

Case Verification Number: 2008143095311PU

Initial Verification:

Last Name:	Delgado	First Name:	Elizabeth
Middle Initial:		Maiden Name:	
Social Security Number:	583-08-2825	Date of Birth:	04/16/1960
Hire Date:	05/22/2008	Citizenship Status:	Citizen or National of the United States
Alien Number:		I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	
Initiated By:	KTHO9064	Initiated On:	05/22/2008

Initial Verification Results:

Initial Eligibility: EMPLOYMENT AUTHORIZED

SSA Referral:

Referral By: Referral Date:

Verification Response:

Eligibility: Response Date:

SSA Resubmittal:

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

Resubmittal Verification Results:

Eligibility:

Additional Verification:

Comments:
Initiated By: Initiated On:

Verification Response:

Eligibility: Response Date:

DHS Referral:

Referral By: Referral Date:

DHS Referral Results:

Eligibility: Response Date:

Case Resolution:

Resolve Option:	Resolved Authorized		
Resolved By:	KTHO9064	Resolved On:	05/22/2008

SENSITIVE BUT UNCLASSIFIED



REQUEST A NEW ASSIGNMENT UPON COMPLETION OF AN ASSIGNMENT

Minnesota Statute Section 268.095, subd. 2 (d) states in part—"An applicant who, within 5 calendar days after completion of a suitable temporary job assignment from a staffing service employer, (1) fails without good cause to affirmatively request an additional job assignment, or (2) refuses without good cause an additional suitable job assignment offered, shall be considered to have quit employment.

"This paragraph shall apply only if, at the time of beginning of employment with the staffing service employer, the applicant signed and was provided a copy of a separate document written in clear and concise language that informed the applicant of this paragraph and that unemployment benefits may be affected.

"For purposes of this paragraph, "good cause" shall be a reason that is significant and would compel an average, reasonable worker, who would otherwise want an additional temporary job assignment with the staffing service employer, (1) to fail to contact the staffing service employer, or (2) to refuse an offered assignment."

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

I furthermore understand that if I fail to request an additional assignment I will be considered to have quit my employment with Employer Solutions Staffing Group. I understand that unemployment benefits may be affected if I do not request an additional work assignment.

To request an additional assignment, I need to call (952) 835-1288 (1.866.496.7573) between the hours of 8:00 AM - 5:00 PM Monday through Thursday, 8:00 AM - 3:00 PM Friday.

I have read and I understand the above policy.

Elizabeth Delgado

Signature

Elizabeth Delgado

Print Name

Date

05/21/08



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!**

Elizabeth Delgado
Your Name

5705 W. Thrush Pl. Apt#
Your Address

Sioux Falls, SD, 57107
Your City, State, Zip Code

(605) 461-9919
Your Telephone Number

EMERGENCY CONTACT INFORMATION

Franky Romero
Name

friend
Relationship

5705 W. Thrush Pl.
Address

Sioux Falls, SD, 57107
City, State, Zip Code

(787) 556-5493
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 <i>Delgado</i>	First <i>Elizabeth</i>	Middle	Social Security # <i>583 08 2825</i>	Birthdate <i>4 16 1960</i>
Minnesota Driver's License Number				Date Signed <i>5/21/08</i>	

Elizabeth Delgado

Signature



STATEMENT OF CONFIDENTIALITY

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

WITNESSETH:

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

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



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.

Elizabeth Delgado

Individual's Name

5/21/08

Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

Employee Referral Form

I, Elizabeth Delgado was referred to work at Suzlon Rotor Corporation
(Your Name)

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

Elizabeth Delgado
Signature

5/21/08
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.

* 1st shift

05/19/08



05/14/08

9:30am

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4. DATE 5-7-08

Name Elizabeth Delgado
Last First Middle Maiden

Present address 5705 W. Thrush P.L. Sioux Falls, SD 57107
Number Street City State Zip

How long 1 week Social Security No. 583 - 08 - 2825

Telephone (605) 461-9919

If under 18, please list age _____ Referred by _____

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

How many hours can you work weekly? 40 Can you work nights? NO

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

When available for work? _____

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
___ No Yes If so, please explain Because I have one son

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

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Puerto Rico</u>	<u>Puerto Rico</u>	<u>3</u>	
College	<u>Ramirez College</u>	<u>Santurce, P.R.</u>	<u>1</u>	
Bus. or Trade School				
Professional School	<u>Univ. del Turabo</u>	<u>Caguas, P.R.</u>	<u>3</u>	

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. _____

APPLICATION FOR EMPLOYMENT

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

What is your means of transportation to work? proper car

Driver's license number 01204650 State of issue SD

Operator ___ Commercial (CDL) Chauffeur ___

Expiration date 4/16/2012

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

If so, how many? _____

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

If so, how many? _____

OFFICE USE ONLY

Typing ___ Yes ___ No

___ WPM

Personal Computer ___ Yes ___ No

___ PC ___ Mac

10-key ___ Yes ___ No

Word Processing ___ Yes ___ No

___ WPM

Other _____

Skills _____

Please list two references other than relatives or previous employers.

Name Nancy Name Franky Romero

Position Inspector Position _____

Company Aerostart Company _____

Address Lincoln St. #7 final Address 5705 W. Thrush Pl.

Hewon, SD, 57350 Sioux Falls, SD, 57107

Telephone (605) 352-9400 Telephone (605) 556-5493

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

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

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

Specialty _____ Date Entered _____ Discharge Date _____

WORK EXPERIENCE

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

Name _____		Supervisor name <u>Nancy</u>	
Position <u>Inspector</u>		Employment dates	Pay or salary
Company <u>Abnstart</u>		From <u>9/17/07</u>	Start <u>8.50</u>
Address <u>Lincoln St., #7 final</u>		To <u>4/1/08</u>	Final <u>9.25</u>
Telephone <u>(605) 352-9400</u>		Your last job title _____	
Reason for leaving (be specific) <u>MOVE FOR SIOUX FALLS</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.			

Handwritten: Hurd

Handwritten: 7mos

Name _____		Supervisor name <u>Julie & Carmen</u>	
Position <u>Packaging</u>		Employment dates	Pay or salary
Company <u>LST</u>		From <u>5/07</u>	Start <u>8.50</u>
Address <u>Alpina, SD.</u>		To <u>9/07</u>	Final <u>8.50</u>
Telephone <u>(605) 849-3367</u>		Your last job title _____	
Reason for leaving (be specific) _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.			
<u>Packaging different meats</u>			

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 _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From	Start
Address _____	To	Final
Telephone (____) _____	Your last job title _____	
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From	Start
Address _____	To	Final
Telephone (____) _____	Your last job title _____	
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

Who were you referred by? From news paper

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

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

I agree that:

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

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

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

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

Signature of applicant Elizabeth Delgado Date: 5/7/08

Interview Questions:

1. I'd like to know why I should hire you, so please give me 3 good qualities about yourself.
1) Organized
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?
2) Responsibility
Work - Study w/ Computer
3. What was the longest period you stayed in a job? What did you like about that kept you there for that long?
Puerto Rico - Dental Assistant
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?
Likes working in a group.
5. Tell us about your experience in training and guiding others in work-instructions, safety requirements, or company policies.
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?
Dental
30# *50# maybe*
7. What types of repetitive assembly tasks have you done in any previous jobs?
Packaging.
8. When was the last time you had a conflict with a co-worker or supervisor? How did you both resolve it?
Ø
9. What questions do you have for us?
10. Measure out a deck of cards for me using the metric tape:

10070

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?

60

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

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

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