

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) Oliver, Emel			EMPLOYEE NAME: (Last, First)		
ESG New Hire Application	2/1 AS	AS	CMG New Hire Application		
ESG Emergency Contact Info	2/1	2/1	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	2/1		(1)		
(2) Birth Cert.			(2)		
W-4	2/1		W-4		
ESG BACKGROUND RELEASE FORM	2/1		CMG BACKGROUND RELEASE FORM		
CMG Time	2/1		E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:	starts 2/4/08		EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767



# EMPLOYEE INFORMATION SHEET

STRICTLY CONFIDENTIAL

LAST NAME: Oliver  
Apellido Nombre

FIRST NAME: Evel MIDDLE INITIAL: S  
Primero Nombre Segunda Inicial

ADDRESS: 609 5th Ave. S.E.  
Direccion

CITY: Pipestone STATE: MI ZIP: 56164  
Ciudad Estado Zona Postal

HOME PHONE #: (507) 562-1062 CELL PHONE #: \_\_\_\_\_  
Teléfono Celular teléfono

DATE OF BIRTH: 12/04/72  
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 503-35-4611  
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) Native American - Black  
origen étnia

**EMERGENCY CONTACT INFORMATION**  
INFORMACIÓN DE CONTACTO DE EMERGENCIA

NAME: Jasmine Evans  
Nombre

PHONE #: (507) 562-1062  
Teléfono

**FOR CMG USE ONLY:**

HIRE DATE: 2/1/08 START DATE: 2/1/08  
TERM DATE: \_\_\_\_\_ SALARY (Hourly): 10.00  
SHIFT: 1-DAY  2-NIGHT  3-OVERNIGHT  
1-DAY BUSSESS 2-NIGHT BUSSESS

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

**EMPLOYMENT STATUS**

Agency Referral  CMG Recruit

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 Oliver First Name Emel Middle Initial S  
 Street Address 609 5th Ave. S.W.  
 City/State/Zip Riposte, MN 56164  
 Home Phone (507) 562-1062 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.

Emel Oliver Name (Print or type) [Signature] Applicant's Signature 2/1/08 Date

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

### For ESSG Office Use Only

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

# Form W-4 (2008)

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

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

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

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

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

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

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

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

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

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

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

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

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

A	Enter "1" for yourself if no one else can claim you as a dependent.	A	<u>1</u>
B	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	B	<u>1</u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
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	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.</li> <li>• If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.</li> </ul>	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	H	<u>2</u>
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> <li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</li> <li>• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</li> <li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2008</div>
1 Type or print your first name and middle initial. Last name <i>Emel Oliver</i> <i>Oliver</i>		2 Your social security number <i>603 35 4611</i>
Home address (number and street or rural route) <i>009 5th Ave, S.W.</i>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code <i>Pipestone, MN 56164</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) 6 Additional amount, if any, you want withheld from each paycheck 7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here.		5 <u>2</u> 6 \$ <u>0</u> 7 <u>7</u>
Under penalties or perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature <small>(Form is not valid unless you sign it.)</small>		Date
<i>Emel Oliver</i>		<i>2/1/08</i>
8 Employer's name and address (Employer: Complete lines 9 and 10 only if sending to the IRS.)		9 Office use only 10 Employer identification number (EIN)

## LISTS OF ACCEPTABLE DOCUMENTS

### LIST A

Documents that Establish Both  
Identity and Employment  
Eligibility

### LIST B

Documents that Establish  
Identity

### LIST C

Documents that Establish  
Employment Eligibility

OR

AND

<p>1. U.S. Passport (unexpired or expired)</p>	<p>1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address</p>	<p>1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i></p>
<p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p>	<p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address</p>	<p>2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i></p>
<p>3. An unexpired foreign passport with a temporary I-551 stamp</p>	<p>3. School ID card with a photograph</p>	<p>3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal</p>
<p>4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)</p>	<p>4. Voter's registration card</p>	<p>4. Native American tribal document</p>
<p>5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer</p>	<p>5. U.S. Military card or draft record</p>	<p>5. U.S. Citizen ID Card <i>(Form I-197)</i></p>
	<p>6. Military dependent's ID card</p>	<p>6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i></p>
	<p>7. U.S. Coast Guard Merchant Mariner Card</p>	
	<p>8. Native American tribal document</p>	<p>7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i></p>
<p>9. Driver's license issued by a Canadian government authority</p>	<p><b>For persons under age 18 who are unable to present a document listed above:</b></p>	
<p>10. School record or report card</p>		
<p>11. Clinic, doctor or hospital record</p>		
<p>12. Day-care or nursery school record</p>		

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

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

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

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

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

Print Name: Last <u>Oliver</u>	First <u>Earl</u>	Middle Initial <u>S</u>	Maiden Name
Address (Street Name and Number) <u>604 5th AVE. S.W.</u>		Apt. #	Date of Birth (month/day/year) <u>12/14/73</u>
City <u>peyton, mn</u>	State	Zip Code <u>56164</u>	Social Security # <u>563-35-4661</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>[Signature]</u>	Date (month/day/year) <u>2/1/08</u>
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**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

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

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

List A	OR	List B	AND	List C
Document title: _____		<u>Birth Cert.</u>		<u>ID card</u>
Issuing authority: _____		<u>California</u>		<u>MN</u>
Document #: _____		<u>104-73-264930</u>		<u>H048032241412</u>
Expiration Date (if any): _____				<u>12/14/2010</u>
Document #: _____				
Expiration Date (if any): _____				

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 2/1/08 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies only 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 Bld Metro Blvd 635 Edina MN 55439</u>		Date (month/day/year) <u>2/1/08</u>

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility

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

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

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



EMEL SHARIF OLIVER  
819 3RD ST SE  
PIPESTONE, MN 56164

Date of Birth 12-14-1973

Sex	Eyes	Class
M	BRN	ID

Height	Weight
5-8	175



ISSUED 09-2007

EXPIRES 12-14-2010

H048032247412

*Signature*

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF RECORDER

COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA

104-73-264930  
STATE BIRTH CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

6015 11985  
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1a. NAME OF CHILD—FIRST NAME <b>AMERICA</b>			1c. LAST NAME <b>Oliver</b>	
	2. SEX <b>Male</b>	3a. THIS BIRTH SINGLE, TWIN, OR TRIPLET? <b>Single</b>	3b. OF THIS BIRTH, THIS CHILD RANK—1ST, 2ND, 3RD? <b>1</b>	4a. DATE OF BIRTH—MONTH, DAY, YEAR <b>December 11, 1973</b>	4b. HOUR <b>1:45 a.m.</b>
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL <b>Highland General Hospital</b>			5b. STREET ADDRESS (STREET, AND NUMBER, OR LOCATION) <b>1411 East 31st Street</b>	
	5c. CITY OR TOWN <b>Oakland</b>			5e. COUNTY <b>Alameda</b>	
MOTHER OF CHILD <b>3</b>	6a. MAIDEN NAME OF MOTHER—FIRST NAME <b>Peggy</b>		6b. MIDDLE NAME <b>Lee</b>		6c. LAST NAME (MAIDEN SURNAME) <b>Bird</b>
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) <b>24</b> YEARS		9. COLOR OR RACE OF MOTHER <b>American Indian</b>		7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Minnesota</b>
	10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER, RURAL ADDRESS, OR LOCATION) <b>1536 Fruitvale Avenue</b>			10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>yes</b>	
	10c. RESIDENCE OF MOTHER—CITY OR TOWN <b>Oakland</b>			10e. RESIDENCE OF MOTHER—STATE <b>California</b>	
FATHER OF CHILD	11a. NAME OF FATHER—FIRST NAME <b>Arthur</b>		11b. MIDDLE NAME <b>Levan</b>		11c. LAST NAME <b>Oliver</b>
	13. AGE OF FATHER (AT TIME OF THIS BIRTH) <b>32</b> YEARS		14. COLOR OR RACE OF FATHER <b>Negro</b>		12. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Louisiana</b>
	15a. PRESENT OR LAST OCCUPATION <b>Stones, Jewelry</b>			15b. KIND OF INDUSTRY OR BUSINESS <b>Jewelry Loan Co.</b>	
INFORMANT'S CERTIFICATION	16a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY) <i>Peggy Lee Bird</i>			16b. DATE REVIEWED AND SIGNED BY INFORMANT <b>December 11, 1973</b>	
ATTENDANT'S CERTIFICATION	17a. BY WHOM (IF OTHER PERSON WHO ATTENDED THIS BIRTH, SIGNATURE—OF FEE OR TITLE) <i>Arthur R. Levan, M.D.</i>			17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT <b>December 11, 1973</b>	
LOCAL REGISTRAR	17c. ADDRESS <b>1411 East 31st Street, Oakland, Ca., 94602</b>			17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER <b>Intern</b>	
	18. REQUEST OMISSION FROM <b>REGISTRATION</b>			19. LOCAL REGISTRAR—SIGNATURE <i>Patrick O'Connell</i>	
			20. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR <b>DEC 24 1973</b>		



001590439 CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Recorder.

DATE ISSUED — **SEP 12 2005**

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Recorder.

*Patrick O'Connell*  
PATRICK O'CONNELL  
ALAMEDA COUNTY RECORDER



OFFICE OF RECORDER

COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA

AFFIDAVIT TO AMEND A RECORD

104-73-264930 STATE CERTIFICATE NUMBER

BIRTH DEATH FETAL DEATH MARRIAGE

6015 11085 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I

FACTS AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE. 1a. FIRST NAME, 1b. MIDDLE NAME, 1c. LAST NAME OLIVER. 2. SEX MALE, 3. DATE OF EVENT 12-11-73, 4. PLACE OF OCCURRENCE CITY AND COUNTY OAKLAND ALAMEDA. 5. NAME OF FATHER ARTHUR LEVAN OLIVER, 5. MAIDEN NAME OF MOTHER PEGGY LEE BIRD.

PART II

7. ITEM NUMBER 1, 8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD OLIVER, 8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE EMEL SHARIF OLIVER. 9. WHY IS CHANGE NECESSARY? TO CORRECT THE RECORD. To complete name of child.

PART III

FIRST SUPPORTING AFFIDAVIT: I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct. 10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT Peggy Lee Bird, 11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1 MOTHER, 12. AGE OF PERSON COMPLETING THE AFFIDAVIT 24. SECOND SUPPORTING AFFIDAVIT: I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct. 15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT Arthur Levan Oliver, 16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1 Father, 17. AGE OF PERSON COMPLETING THE AFFIDAVIT 33. STATE OR LOCAL REGISTRAR: 20. DATE ACCEPTED JAN 3 1975, 21. OFFICE OF THE STATE OR LOCAL REGISTRAR OFFICE OF THE STATE REGISTRAR BY: ROGER E. SMITH, ACTING CHIEF OF VITAL STATISTICS Vital Statistics Section.

001590440 CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Recorder.

DATE ISSUED

SEP 12 2005

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Recorder.



001590440

Patrick O'Connell

PATRICK O'CONNELL ALAMEDA COUNTY RECORDER



## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 02/01/2008

Page: 1 of 1

Case Verification Number: 2008032122756VS

**Initial Verification:**

Last Name:	Oliver	First Name:	Emel
Middle Initial:		Maiden Name:	
Social Security Number:	563-35-4611	Date of Birth:	12/17/1973
Hire Date:	02/01/2008	Citizenship Status:	Citizen or National of the United States
Alien Number:		I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	
Initiated By:	SEVA4775	Initiated On:	02/01/2008

**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



### REQUEST A NEW ASSIGNMENT UPON COMPLETION OF AN ASSIGNMENT

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

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

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

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

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

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

I have read and I understand the above policy.

  
\_\_\_\_\_  
Signature

Emil Olivieri  
\_\_\_\_\_  
Print Name

Date 2/1/08  
\_\_\_\_\_



**Employer  
Solutions  
Staffing  
Group LLC**

It is necessary for us to have current information readily available to the supervisor where you are working and also in your employee file. **Thank you for your cooperation. We appreciate you!**

Emel Oliver  
Your Name

604 5<sup>th</sup> AVE, S.W. Apt#  
Your Address

Pipetstone, MN 56164  
Your City, State, Zip Code

(907) 962-1062  
Your Telephone Number

---

### EMERGENCY CONTACT INFORMATION

Jasmine Powell  
Name

fiance  
Relationship

604 5<sup>th</sup> AVE S.W.  
Address

Pipetstone, MN 56164  
City, State, Zip Code

(907) 962-1062  
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.

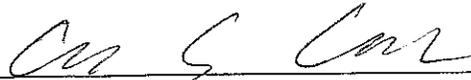
I agree to waive and relinquish all claims I may have against Employer Solutions Staffing Group LLC and its officers, agents, servants and employees as a result of my participation in any criminal and driving record background investigation.

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	First	Middle	Social Security #	Birthdate
	Oliver	Emel	S	062 35 4611	12 14 73
Minnesota Driver's License Number				Date Signed	

  
 \_\_\_\_\_  
 Signature



**STATEMENT OF CONFIDENTIALITY**

This agreement made this 1<sup>st</sup> day of Feb, 2008, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and hereafter referred to as "employee".

**WITNESSETH:**

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

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

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

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

**DRUG AND ALCOHOL  
TESTING CONSENT FORM**

1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.

2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with ESSG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.

4. I hereby voluntarily consent to ESSG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by ESSG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to ESSG of the results of my drug and/or alcohol test and other information related to the test.

Emel Olivia  
Individual's Name

2/1/09  
Date

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



\* 2nd Shift

APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_

Name Oliver Emel Shavit  
Last First Middle Maiden

Address 609 3rd Ave S.W. Pipstone, MN 56161  
Number Street City State Zip

Telephone (507) 562-1062 Social Security No. 563-35-4611

Are you under age 18  YES  NO, if "YES", can you provide proof of your eligibility to work?  YES  NO

Are you currently authorized to work in the United States?  YES  NO. Proof of eligibility will be required if hired.

Current Position \_\_\_\_\_  
Current Wage \_\_\_\_\_  
Shift \_\_\_\_\_

Are you available to work overtime?  Yes  No

TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR & DEGREE
High School	<u>Maya High School</u>	<u>General</u>
College	<u>NEI/Dunwoody, Phoenix, AZ</u>	<u>Comp Networking</u>
Bus. or Trade School		
Professional School		

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying?  No  Yes (a Conviction record will not necessarily disqualify you from employment).

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

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

Please list two Emergency Contacts other than relatives.

Name Jasmine Fannu  
Address 609 5th Ave SW  
Pipstone, MN  
Telephone (507) 562-1062

Name Tam Hagler  
Address Minneapolis  
Telephone (612) 747-4450

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 \_\_\_\_\_

Pipestone

Last 2-3 years has been doing temp jobs

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

Name of employer Much Phone ( ) 60205

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

Position/Duties:  
Construction - Seasonal

On-line → 4 yrs  
HKM Construction 1MO

Name of employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

Position/Duties:  
Concrete & underground  
Power tools - no problems

Name of employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

Position/Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Lots of Construction skills

Production -  
\* Plastic's

\*  
Figure out what wrong & make it correct

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

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

**CMG INTERVIEW GUIDE FOR SUZLON ROTOR CORPORATION**

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

(IF YOU ARE UNSURE HOW TO ANSWER, YOU MAY LEAVE THE QUESTION BLANK)

- 1.) **APPLICANT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(PLEASE PRINT)
- 2.) Are you willing to consent to a post job offered drug screen? **Yes - No** If no, why? \_\_\_\_\_  
(CIRCLE)
- 3.) Are you willing to consent to a post job offered health assessment? **Yes - No** If no, why? \_\_\_\_\_  
(CIRCLE)
- 4.) Can you legally work in this country? **Yes - No** If yes, by what means? **US Citizen - Resident Alien - Other?** \_\_\_\_\_  
(CIRCLE) (CIRCLE)
- 5.) Do you have reliable transportation to get to work? **Yes - No** How far will you travel in miles? \_\_\_\_\_ Will you need a ride **Yes - No**  
(CIRCLE) (CIRCLE)
- 6.) How far away do you live from Suzlon Rotor Corporation? **0-10 10-25 25-50 50-75 75-100 100+ Miles**  
(CIRCLE)
- 7.) Which shift works best for your schedule: **7am-3:30pm 3pm-11:30pm 11pm-7:30am** Will you work any shift? **Yes - No**  
(CIRCLE) (CIRCLE)
- 8.) Is the starting pay of \$10 per hour acceptable? **Yes - No** If no, starting pay desired \$ \_\_\_\_\_ per hour  
(CIRCLE)
- 9.) Have you ever been convicted of a felony? **Yes - No** If so, when? **possession of stolen property**  
(CIRCLE)
- 10.) Have you ever been terminated from a job? **Yes - No** If "yes", explain: **16 years ago management didn't like him**  
(CIRCLE)
- 12.) On average how often are you absent from work per month? **Never 1-2 times 3+ times** Reason? \_\_\_\_\_  
(CIRCLE)

**\*\*\* APPLICANT PLEASE DO NOT WRITE BELOW THIS LINE**

- Is the application signed **Yes - No** Are both the application and questions above completed? **Yes - No**  
Was the applicant on time for their interview? **Yes - No** How did the applicant hear about CMG/Suzlon? \_\_\_\_\_

**PHYSICAL JOB REQUIREMENTS. ASK THE APPLICANT IF THEY CAN PERFORM THE FOLLOWING:**

- Do you have full range of motion with your head, neck, & upper body? **Yes - No** Can you lift & carry up to 50lbs if needed? **Yes - No**  
Can you work in a kneeling position? **Yes - No** Can you work in a standing position (on your feet) for a 8 hour shift? **Yes - No**  
Can you work near fumes & dust for a 8 hour shift? **Yes - No** Have you ever worn a respirator? **Yes - No** Where? \_\_\_\_\_

**BASIC INTERVIEW QUESTIONS**

- Have you ever worked in a mfg environment before? **Yes - No** If "yes", where? And tell me about your job responsibilities/duties: \_\_\_\_\_
- Are you currently working right now? **Yes - No** If "yes", why are you looking to leave your employer? **Monday**  
If "no", how long have you been looking for employment? \_\_\_\_\_
- Are you on layoff subject to recall? **Yes - No** Where have you had interviews or filled out applications at? \_\_\_\_\_
- When are you available for employment? \_\_\_\_\_ Do you need to give a 2 week notice with your employer? **Yes - No**

**REFERENCE CHECKS**

CMG requires two work related reference checks from past employers. Who should we contact?

- Name and title of reference/company: \_\_\_\_\_  
Comments: **\* Kevin**
- Name and title of reference/company: \_\_\_\_\_  
Comments: \_\_\_\_\_

**NOTES**

**\* Compute networking**

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.

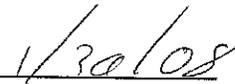
I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. 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



Date:



Corporate Management Group, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Corporate Management Group, Inc. depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

## Employee Referral Form

I, \_\_\_\_\_ was referred to work at Suzlon Rotor Corporation  
(Your Name)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.**