

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) Anduya, Eric			EMPLOYEE NAME: (Last, First)		
ESG New Hire Application	5/28 AP	AP	CMG New Hire Application		
ESG Emergency Contact Info	5/28		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	5/28		(1)		
(2) SS card	5/28		(2)		
W-4	5/28		W-4		
ESG BACKGROUND RELEASE FORM	5/28		CMG BACKGROUND RELEASE FORM		
			E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:	Starts 6/2/08		EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767



# EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Suzlon

LAST NAME: Anduja  
Apellido Nombre

FIRST NAME: ERIC MIDDLE INITIAL: J  
Primero Nombre Segunda Inicial

ADDRESS: 1527 Clary St  
Direccion

CITY: Worthington STATE: MINN ZIP: 56187  
Ciudad Estado Zona Postal

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: (507) 350-8814  
Teléfono Celular teléfono

DATE OF BIRTH: 6-6-72  
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 503-92-8016  
Numero de Seguro Social

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

ETHNIC ID: (WHITE, BLACK, HISPANIC, ASIAN, INDIAN) HISP - NATIVE AMERICAN  
Origen étnia

EMERGENCY CONTACT INFORMATION	
INFORMACIÓN DE CONTACTO DE EMERGENCIA	
NAME:	<u>Margarette Vitalis</u>
Nombre	
PHONE #:	<u>(605) 867-5031</u>
Teléfono	

**FOR CMG USE ONLY:**

HIRE DATE: 5/28/08 START DATE: 6/2/08 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 <u>✓</u>
CMG Rollover Date: _____	
Client Rollover Date: _____	

Revised: February 2008

# 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 ANDUJA First Name ERIC Middle Initial J  
 Street Address 1527 Clary ST  
 City/State/Zip WORTHINGTON MINN 56187  
 Home Phone 350-8814 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.

ERIC ANDUJA  
Name (Print or type)

Eric Anduja  
Applicant's Signature

5-28-08  
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 _____



## 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. 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	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
9. Driver's license issued by a Canadian government authority	<b>For persons under age 18 who are unable to present a document listed above:</b>	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

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

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

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

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

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

Print Name: Last <u>Anduja</u>	First <u>ERIC</u>	Middle Initial <u>J</u>	Maiden Name
Address (Street Name and Number) <u>1327 Clary ST</u>		Apt. #	Date of Birth (month/day/year) <u>6-6-72</u>
City <u>Worthington</u>	State <u>MINN</u>	Zip Code <u>56187</u>	Social Security # <u>503-92-8016</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>Eric Anduja</u>	Date (month/day/year) <del>6-6-72</del> <u>5/28/08</u>
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**Preparer and/or Translator Certification.** To be completed and signed if Section 1 is prepared by a person other than the employee. I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

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

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

List A	OR	List B	AND	List C
Document title: _____		<u>ID Card</u>		<u>SS Card</u>
Issuing authority: _____		<u>SD</u>		<u>US Gov't</u>
Document #: _____		<u>005768166</u>		<u>503-92-8016</u>
Expiration Date (if any): _____		<u>6-6-2012</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) 5/28/08 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>Ashley Postma</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 Chmnas lane Ste 405 Edina MN 55139</u>		Date (month/day/year) <u>5/28/08</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):
-----------------	-------------	---------------------------

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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*South Dakota*  
IDENTIFICATION CARD

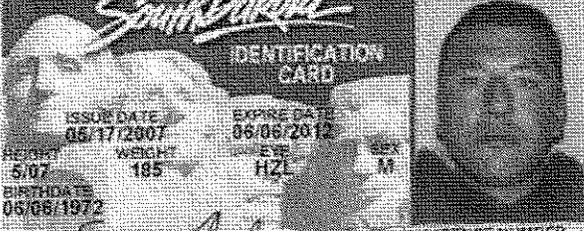
ISSUE DATE 05/17/2007	EXPIRE DATE 06/06/2012
HEIGHT 5/07	WEIGHT 185
EYE H2L	SEX M

BIRTHDATE  
06/06/1972

*Eric Anduja*

LICENSE NUMBER  
00576866

ANDUJA, ERIC JAMES  
PO BOX 748  
PINE RIDGE, SD 57770-0748



**SOCIAL SECURITY**

503-92-8016

THIS NUMBER HAS BEEN ESTABLISHED FOR

ERIC JAMES  
ANDUJA

*Eric Anduja*

SIGNATURE

U.S. 06/06/2007

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 05/28/2008  
Page: 1 of 1

Case Verification Number: 2008149132031WY

**Initial Verification:**

Last Name:	Anduja	First Name:	Eric
Middle Initial:		Maiden Name:	
Social Security Number:	503-92-8016	Date of Birth:	06/06/1972
Hire Date:	05/28/2008	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:	05/28/2008

**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 On:	05/28/2008
Resolved By:	KTHO9064		

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.

Eric Anduja  
Signature  
ERIC ANDUJA  
Print Name  
Date 5-28-08



**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!**

ERIC ANDUJA  
Your Name

1527 CLARY ST Apt# \_\_\_\_\_  
Your Address

WORTHINGTON MINN 56187  
Your City, State, Zip Code

(507) 350 8814  
Your Telephone Number

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### EMERGENCY CONTACT INFORMATION

MARGUERITE VITALIS  
Name

MOTHER  
Relationship

PO Box 748  
Address

PINE RIDGE SD  
City, State, Zip Code

(605) 867-5031  
Telephone Number

(605) 867-1913  
Alternate Telephone Number



**STATEMENT OF CONFIDENTIALITY**

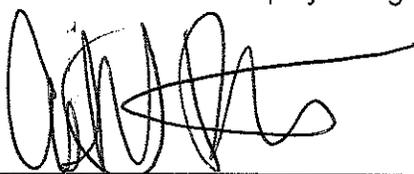
This agreement made this 28 day of MAY, 2008, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and hereafter referred to as "employee".

**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

## 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 <b>ANDUJA</b>	First <b>ERIC</b>	Middle <b>J</b>	Social Security # <b>503 92 8016</b>	Birthdate <b>6 6 72</b>
Minnesota Driver's License Number				Date Signed <b>5-28-08</b>	

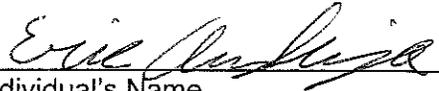
*Eric Anduja*  
Signature

**DRUG AND ALCOHOL  
TESTING CONSENT FORM**

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

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

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

  
\_\_\_\_\_  
Individual's Name  
5-28-08  
\_\_\_\_\_  
Date

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

1st shift  
05/27/08



ENTERED

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4. DATE 5-15-08

Name Anduja ERIC J  
Last First Middle Maiden

Present address 1527 Clary ST Worthington MN 56187  
Number Street City State Zip

How long 5 months Social Security No. 503 - 92 - 8016

Telephone 507 350-8814

If under 18, please list age \_\_\_\_\_ Referred by Work force center

Position applied for (1) production Days/hours available to work  
 and salary desired (2) \$10,00 No Pref  Thur \_\_\_\_\_  
 (Be specific) Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

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

Employment desired  FULL-TIME ONLY \_\_\_ PART-TIME ONLY \_\_\_ FULL- OR PART-TIME

When available for work? Immediately

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  
 No \_\_\_ Yes If so, please explain \_\_\_\_\_

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>Pine Ridge High School</u>	<u>General Delivery Pine Ridge SD 57770</u>	<u>12</u>	
College				
Bus. or Trade School				
Professional School				

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? The Bus From Worthington

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_

Operator \_\_\_ Commercial (CDL) \_\_\_ Chauffeur \_\_\_

Expiration date \_\_\_\_\_

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      Personal Computer \_\_\_ Yes \_\_\_ No      10-key \_\_\_ Yes \_\_\_ No

\_\_\_\_\_ WPM      \_\_\_\_\_ PC \_\_\_ Mac

Word Processing \_\_\_ Yes \_\_\_ No      Other \_\_\_\_\_

\_\_\_\_\_ WPM      Skills \_\_\_\_\_

Please list two references other than relatives or previous employers

Name MARTIN ZEPHIER

Name RAMON MARTINEZ

Position CABINET MAKER

Position TATOO ARTIST

Company MATSON CONST

Company MARTINEZ TATOO

Address HONOLULU HAWAII

Address SIoux FALLS SD

Telephone (808) 384-0645

Telephone (605) 521-4729

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 <u>Eric Anduja</u>	Supervisor name <u>Kyle - Ron</u>	
Position <u>Strait Knife Defat</u>	Employment dates	Pay or salary
Company <u>SWIFT And company JBS</u>	From <u>1-08</u>	Start <u>\$11.50</u>
Address <u>1700 NE TRUNK Hwy 60</u>	To <u>4-08</u>	Final <u>\$11.75</u>
<u>Worthington MN 56187</u>	Your last job title <u>SAME</u>	
Telephone <u>(507) 372-2121</u>		

Reason for leaving (be specific) Personal, will Explain in interview

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. VARIOUS TYPES OF PRECISE CUTS, 25¢ raise After 90 DAYS. learned how to use and Sharpen KNIVES

Name <u>John morrell and CO</u>	Supervisor name <u>Chava - JAUN</u>	
Position <u>Night Clean up - Kill floor</u>	Employment dates	Pay or salary
Company <u>John morrell</u>	From <u>9-07</u>	Start <u>\$10.65</u>
Address <u>PO Box 5266</u>	To <u>12-07</u>	Final <u>\$11.65</u>
<u>Sioux Falls SD 57117</u>	Your last job title <u>kill floor - pulling FAT</u>	
Telephone <u>(605) 330-3132</u>		

Reason for leaving (be specific) moved TO Worthington

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Cleaned machinery with chemicals AND SANITIZED kill floor - used fat puller to remove FAT from hogs AND MADE more money Thats why moved

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE

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

Name <u>ERIC ANDUJA</u>	Supervisor name <u>Richard</u>	
Position <u>CARPENTER, ROOFER</u>	Employment dates	Pay or salary
Company <u>S AND S CONSTRUCTION</u>	From <u>10-07</u>	Start <u>\$1065</u>
Address <u>General Delivery</u>	To <u>10-07</u>	Final <u>\$1200</u>
<u>Pine Ridge SD 57770</u>	Your last job title <u>SAME</u>	
Telephone (605) <u>454-4283</u>	Reason for leaving (be specific) <u>moved to Sioux Falls</u>	

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

Remodeling houses, hangin sheet rock, tearing off shingles, putting shingles back on etc.  
\$1.35 Raise in Two years

Name <u>ERIC ANDUJA</u>	Supervisor name <u>JIM</u>	
Position <u>CONCRETE LABORER</u>	Employment dates	Pay or salary
Company <u>PARSONS EVERGREEN</u>	From <u>7-03</u>	Start <u>\$13.00</u>
Address <u>Ellworth Air Force Base</u>	To <u>3-04</u>	Final <u>\$14.00</u>
<u>Box Elder SD</u>	Your last job title <u>SAM</u>	
Telephone ( ) _____	Reason for leaving (be specific) <u>JOB ENDED</u>	

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Built footings and foundations for houses  
\$2.00 RAISE AFTER 3 MONTHS

Who were you referred by? Work force

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

**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: Eric J Anduja (PLEASE PRINT) DATE: 5-15-08
- 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? 50 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)
- 10.) Have you ever been convicted of a felony? Yes  No If so, when? \_\_\_\_\_  
(CIRCLE)
- 11.) Have you ever been terminated from a job? Yes  No If "yes", explain: \_\_\_\_\_  
(CIRCLE)
- 12.) On average how often are you absent from work per month?  Never 1-2 times 3+ times Reason? \_\_\_\_\_  
(CIRCLE)

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

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

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

Do you have full range of motion with your head, neck, & upper body?  Yes - No Can you lift & carry up to 50lbs if needed?  Yes - No  
Can you work in a kneeling position?  Yes - No Can you work in a standing position (on your feet) for a 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: John Morrells

Are you currently working right now? Yes  No If "yes", why are you looking to leave your employer? \_\_\_\_\_

If "no", how long have you been looking for employment? 2 weeks

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: \_\_\_\_\_

Name and title of reference/company: \_\_\_\_\_

Comments: \_\_\_\_\_

**NOTES**

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



Date: 5-15-08

## Interview Questions:

1. I'd like to know why I should hire you, so please give me 3 good qualities about yourself.

Hard working dependable, honest

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?

Hopefully still working here!!

3. What was the longest period you stayed in a job? What did you like about that kept you there for that long?

3 years - pay

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?

Gets along with everybody

5. Tell us about your experience in training and guiding others in work-instructions, safety requirements, or company policies.

Trained at Swift

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?

Lift Ham 50# - 100#

7. What types of repetitive assembly tasks have you done in any previous jobs?

John Maxwell

8. When was the last time you had a conflict with a co-worker or supervisor? How did you both resolve it?

Ø

9. Do you have anything that would limit you from not working here?

Ø

10. Are you currently able to perform the essential duties of the job for which you are applying for?

Ø

100%

**PLEASE READ AND TELL THE INTERVIEWER THE CORRECT MATH ANSWER:**

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

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

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

**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