

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>Hopkins, Fawcett</i>	↓ <i>02/08/08</i>	↓	EMPLOYEE NAME: (Last, First)	↓	↓
ESG New Hire Application	<i>SE</i>		CMG New Hire Application		
ESG Emergency Contact Info			CMG Emergency Contact Info		
Employment Eligibility – I-9- 2 forms of ID - copies			Employment Eligibility – I-9 2 forms of ID - copies		
(1)			(1)		
(2)			(2)		
W-4			W-4		
ESG BACKGROUND RELEASE FORM			CMG BACKGROUND RELEASE FORM		
			E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:			EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767

*02/11/08*



# EMPLOYEE INFORMATION SHEET

STRICTLY CONFIDENTIAL

LAST NAME: Hopkins  
Apellido Nombre

FIRST NAME: Farrand MIDDLE INITIAL: E  
Primer Nombre Segunda Inicial

ADDRESS: 617 N. Lewis Apt #104  
Direccion

CITY: Sioux Falls STATE: SD ZIP: 57103  
Ciudad Estado Zona Postal

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: (605) 491-3022  
Teléfono Celular teléfono

DATE OF BIRTH: 4/17/77  
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 503-02-5396  
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) Indian  
origen étnia

<b>EMERGENCY CONTACT INFORMATION</b> INFORMACIÓN DE CONTACTO DE EMERGENCIA	
NAME: <u>Barb Druezen</u> Nombre	
PHONE #: <u>(605) 384-3627 / 465</u> Teléfono	

**FOR CMG USE ONLY:**

HIRE DATE: 02/07/08 START DATE: 02/11/08

TERM DATE: \_\_\_\_\_ SALARY (Hourly): 18

SHIFT: 1-DAY 2-NIGHT 3-OVERNIGHT

1-DAY BUSSER 2-NIGHT BUSSER

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

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

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

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

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

<b>EMPLOYMENT STATUS</b>	
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 Hopkins First Name Farrand Middle Initial E  
 Street Address 617 N. Lewis Apt #104  
 City/State/Zip Sioux Falls SD 57103  
 Home Phone (605) 491-3022 Message Phone \_\_\_\_\_  
 Company/Employer CMG

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.

Farrand E. Hopkins Name (Print or type)  
Farrand Hopkins Applicant's Signature  
2-7-08 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 \$160,000 (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	<u>0</u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.	D	<u>1</u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).	E	<u>1</u>
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	<u>0</u>
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	<u>0</u>
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>4</u>
For accuracy, complete all worksheets that apply.		• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

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

Form <b>W-4</b> 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; text-align: center;">2008</div>
1 Type or print your first name and middle initial. Last name <b>Farrand E Hopkins</b>		2 Your social security number <b>503 02 5394</b>
Home address (number and street or rural route) <b>1217 N. Lewis Apt #104</b>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code <b>Sioux Falls, SD 57103</b>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>4</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>        </u>
7 I claim exemption from withholding for 2008 and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here. ▶		7 <u>        </u>
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 ▶ <b>2-7-08</b>
8 Employer's name and address. (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office use only 10 Employer identification number (EIN)

## LISTS OF ACCEPTABLE DOCUMENTS

<b>LIST A</b> Documents that Establish Both Identity and Employment Eligibility	<b>LIST B</b> Documents that Establish Identity	<b>LIST C</b> Documents that Establish Employment Eligibility
<b>OR</b>		<b>AND</b>
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>
	<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>Hopkins</u>	First <u>Farrand</u>	Middle Initial <u>E</u>	Maiden Name
Address (Street Name and Number) <u>1017 N. Lewis Apt #104</u>		Apt. #	Date of Birth (month/day/year) <u>4-17-77</u>
City <u>Sioux Falls</u>	State <u>SD</u>	Zip Code <u>57103</u>	Social Security # <u>503-02-5394</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>Farrand Hopkins</u>	Date (month/day/year) <u>2-7-08</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>ID Card</u>		<u>Social Security</u>
Issuing authority: _____		<u>SD</u>		<u>US Govt</u>
Document #: _____		<u>00919188</u>		<u>503-02-5396</u>
Expiration Date (if any): _____		<u>04/17/2012</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) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative <u>Sarah Evans</u>	Print Name <u>Sarah Evans</u>	Title <u>Recruiter</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>ESS6 7300 Metro Blvd U35 Edina MN 55439</u>		Date (month/day/year) <u>02/08/08</u>

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

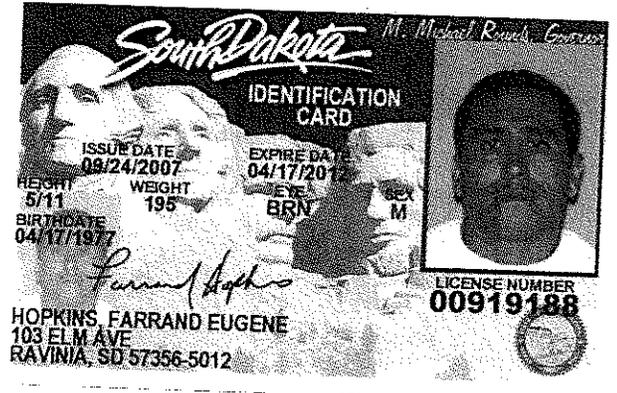
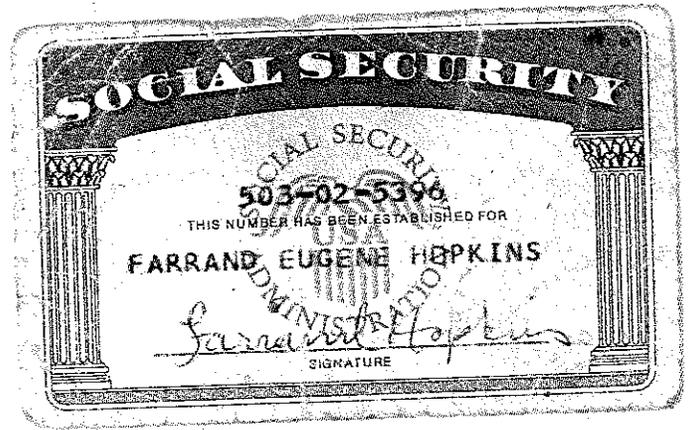
A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility

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



## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 02/08/2008  
Page: 1 of 1

Case Verification Number: 2008039140934PD

**Initial Verification:**

Last Name:	Hopkins	First Name:	Farrand
Middle Initial:		Maiden Name:	
Social Security Number:	503-02-5396	Date of Birth:	04/17/1977
Hire Date:	02/07/2008	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:	02/08/2008

**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:	SEVA4775	Resolved On:	02/08/2008

SENSITIVE BUT UNCLASSIFIED

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 02/08/2008  
Page: 1 of 1

Case Verification Number: 2008039140934PD

**Initial Verification:**

Last Name:	Hopkins	First Name:	Farrand
Middle Initial:		Maiden Name:	
Social Security Number:	503-02-5396	Date of Birth:	04/17/1977
Hire Date:	02/07/2008	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:	02/08/2008

**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

Print Name

Date

Paul Hopkins  
Paul Hopkins  
2.7.08



**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!**

Farrand Hopkins  
Your Name

617 N. Lewis Apt# 104  
Your Address

Sioux Falls SD 57103  
Your City, State, Zip Code

(605) 491-3022  
Your Telephone Number

---

### EMERGENCY CONTACT INFORMATION

Barb Drapeau  
Name

Mother  
Relationship

617 N. Lewis Apt #104  
Address

Sioux Falls, SD 57103  
City, State, Zip Code

(605) 493-384-3621  
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.

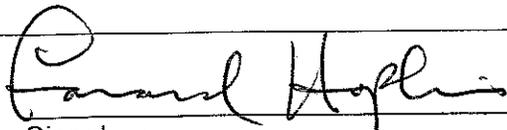
I agree to waive and relinquish all claims I may have against Employer Solutions Staffing Group LLC and its officers, agents, servants and employees as a result of my participation in any criminal and driving record background investigation.

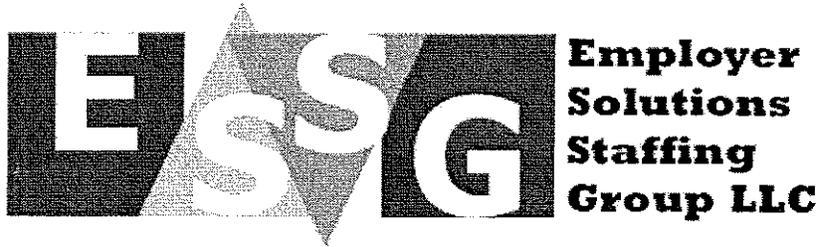
I do hereby fully release and discharge Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims from damages that I may have or that may accrue to me on account of the results of any aspect of any criminal and driving record background investigation.

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 <b>HOPKINS</b>	First <b>FARNARD</b>	Middle <b>E</b>	Social Security # <b>503 02 5396</b>	Birthdate <b>4 17 77</b>
Minnesota Driver's License Number				Date Signed	

  
Signature



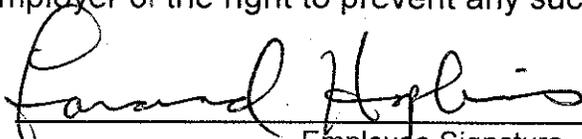
**STATEMENT OF CONFIDENTIALITY**

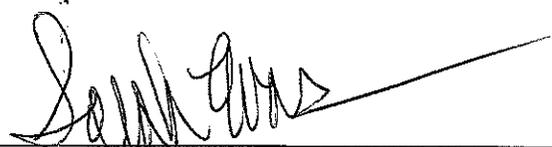
This agreement made this 7 day of Feb., 2008, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and hereafter referred to as "employee".

**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.

Farrand Hopkins  
Individual's Name

2-7-08  
Date

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



02/11/08  
1st Shift

APPLICATION FOR EMPLOYMENT

DATE 2-7-08

Name Hopkins Farrand E  
Last First Middle Maiden

Address 617 N. Lewis Apt 104 Sioux Falls SD 57103  
Number Street City State Zip

Telephone (605) 491-3022 Social Security No. 503 - 02 - 5396

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 10.00  
Shift 1st

Are you available to work overtime?  Yes  
 No

605

TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR & DEGREE
High School		
Marty Indian School	Marty Indian School	Diploma
Collegel		
Marty Community College	Marty Community College	1 yr.
Bus. of 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 Barb Drapcan

Name Travis Beller

Address 763 Elm Ave Sioux Falls SD  
57354

Address \_\_\_\_\_

Telephone (605) 487-7869

Telephone (605) 940-1661

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 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	<u>Berrys Plastic/Aventure</u>	Phone	<u>(605) 221-0773 - Elizabeth</u>
Address	<u>Sibon Falls SD 3205 So. Maadoc Ave</u>	Supervisor	<u>Jim Werner</u>
Reason for leaving (be specific)	<u>Laid off</u>		
Position/Duties:	<u>Machine Operator</u> <u>Packing plastic product - palletizing products, <del>invoicing</del></u>		

HMOS

Name of employer	<u>Fort Randall Casino</u>	Phone	<u>(605) 487-7871</u>
Address	<u>Pickstown SD</u>	Supervisor	<u>Gregg Barr / John Packard</u>
Reason for leaving (be specific)	<u>School (Marty)</u>		
Position/Duties:	<u>Security - Dealing w/ customers on a daily basis, overseeing</u> <u>All money transactions, etc...</u>		

HMOS

Name of employer	<u>Fort Randall Casino</u>	Phone	<u>(605) 487-7871</u>
Address	<u>Pickstown SD</u>	Supervisor	<u>Tracy Zepher</u>
Reason for leaving (be specific)	<u><del>...</del> Inconvenience</u>		
Position/Duties:	<u>Cook</u>		

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: Farrand E Hopkins DATE: 2-7-08  
(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)
- 10.) Have you ever been convicted of a felony? Yes - No If so, when? 2003 Possession  
(CIRCLE)
- 11.) Have you ever been terminated from a job? Yes - No If "yes", explain: Incinerator  
(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? 1 month

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: \_\_\_\_\_

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

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

**NOTES**

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:

2-7-08

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, Farrand Hopkins was referred to work at Suzlon Rotor Corporation  
(Your Name)

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

Paul Hall  
Signature

2-7-08  
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.

## Interview Questions:

### Personal:

1). What makes you different from other applicants/employees? Be specific.

2) Why should I hire you? Give me 3 good qualities about yourself.

3). What is your greatest strength and weakness?

#### Greatest strength:

How does your strength benefit you as an employee?

\* Working mentality  
↳ Always had a job.

#### Your weakness:

How can or do you overcome or compensate for your weakness?

∅

4). When was the last time you missed work and for what reason? How many times have you missed work this past year?

\* 2003 ↳ called in sick.

5). How committed are you to keeping your next job for long term, provided there is room for advancement in learning new skills or improving hourly wages? What was the longest period you stayed in what job? What did you like about the job that kept you there?

\* 4 yrs

\* Long-term ↳ Always work.

### Production:

1). Describe some recent work which required you to take accurate measurements. How important was accuracy in measurement to effectively completing this work?

Dry Wall

2). What heavy objects are you required to move or handle in your current/past job? What do these object weight? For what purpose? What equipment do you use during these tasks? How do these help you?

75# - 100#

\* Berry's plastics lifting 25# - 40#

3). What repetitive assembly tasks have you done in the past? What was the hardest aspect of this work? How did you overcome this? How did you maintain the quality of the assembly over time? What machinery (if any) did you use to help you?

Berry's plastic  
\* Packaging product