

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) Garcia, Graciela	05/28/08		EMPLOYEE NAME: (Last, First)		
ESG New Hire Application		AP	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) ID			(1)		
(2) SS card			(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: Start 6/9/08			EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767

Old 09/08  
Days



# EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Sutton

LAST NAME: ~~Stae~~ Garcia Graciela  
Apellido Nombre

FIRST NAME: Graciela MIDDLE INITIAL: \_\_\_\_\_  
Primero Nombre Segunda Inicial

ADDRESS: 801 N Cleveland  
Direccion

CITY: SIoux FALLS STATE: SD ZIP: 57103  
Ciudad Estado Zona Postal

HOME PHONE #: 605 336 0264 CELL PHONE #: \_\_\_\_\_  
Teléfono Celular teléfono

DATE OF BIRTH: 7-26-1975  
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 457-436710  
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) Ispano  
Origen étnia

EMERGENCY CONTACT INFORMATION	
INFORMACIÓN DE CONTACTO DE EMERGENCIA	
NAME: <u>Graciela Garcia</u>	Nombre
PHONE #: <u>605 336 0264</u>	Teléfono

**FOR CMG USE ONLY:**

HIRE DATE: 05/28/08 START DATE: 06/09/08 TERM DATE: \_\_\_\_\_

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

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

PRIMARY LANGUAGE: \_\_\_\_\_ WORKERS COMP CODE: \_\_\_\_\_

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

# Employer Solutions Staffing Group LLC

## New Hire Application

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

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Garcia First Name Graciela Middle Initial \_\_\_\_\_  
 Street Address 801 N. Cleveland Ave. #107  
 City/State/Zip Sioux Falls SD. 57103  
 Home Phone 605 336 0264 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.

Garcia Graciela Graciela 5-28-08  
 Name (Print or type) Applicant's Signature Date

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

### For ESSG Office Use Only

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

# Form W-4 (2008)

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

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

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

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

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

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

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

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

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

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

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

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

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

A	Enter "1" for yourself if no one else can claim you as a dependent.	A
B	Enter "1" if: <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
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	Child Tax Credit (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
	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>▶ 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 <b>Garcia</b>		2 Your social security number <b>457-43-6710</b>
Home address (number and street or rural route) <b>801 N. Cleveland Ave. #107</b> City or town, state, and ZIP code <b>SIoux FALLS SD. 57103</b>		3 <input type="checkbox"/> Single <input checked="" 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>
		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 <b>5</b>
6 Additional amount, if any, you want withheld from each paycheck		6 \$
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. ▶ <b>7</b>		
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 <small>(Form is not valid unless you sign it.)</small> ▶ <b>Graciela</b>		Date ▶ <b>5-28-08</b>
8 Employer's name and address (Employer: Complete lines 9 and 10 only if sending to the IRS.)		9 Check one box only. 10 Employer identification number (EIN)



**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>Garcia</u>	First <u>Graciela</u>	Middle Initial	Maiden Name <u>G</u>
Address (Street Name and Number) <u>801 N Cleveland Ave.</u>		Apt. # <u>107</u>	Date of Birth (month/day/year) <u>7-26-1975</u>
City <u>SIoux FALLS</u>	State <u>SD</u>	Zip Code <u>57103</u>	Social Security # <u>457-43-6710</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: Graciela Garcia Date (month/day/year): 5-28-08

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

Preparer's/Translator's Signature	Print Name
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 Govt</u>
Document #: _____		<u>4310791</u>		<u>457-43-6710</u>
Expiration Date (if any): _____		<u>5-3-2012</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>[Signature]</u>	Print Name <u>Ashley Postma</u>	Title <u>Admin Assistant</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>ESSG 701 Ohms Lane Ste 405 Edina MN 55439</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

US10791



**GRACIELA GARCIA**

801 N. CLEVELAND AVE. #107 SIOUX FALLS, SD 57103

DOB: 7/26/1975 SEX: F

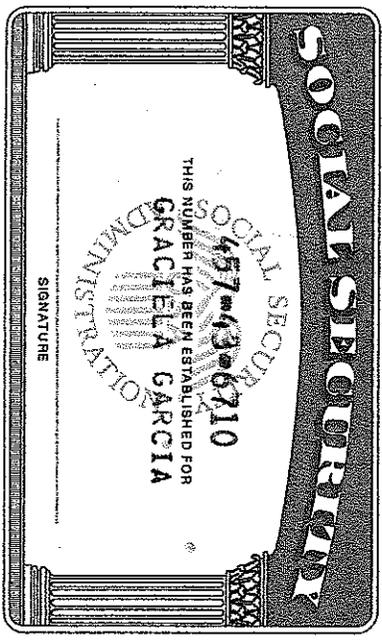
HT: 5'05" WT: 140  
EYES: Brn HAIR: Bk

Signature:

*Graciela Garcia*

ISSUED: 5/3/2008

EXP: 5/3/2012



## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 06/02/2008  
Page: 1 of 1

Case Verification Number: 2008154085500AC

**Initial Verification:**

Last Name:	Garcia	First Name:	Garciela
Middle Initial:		Maiden Name:	
Social Security Number:	457-43-6710	Date of Birth:	07/26/1975
Hire Date:	05/30/2008	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:	06/02/2008

**Initial Verification Results:**

Initial Eligibility: EMPLOYMENT AUTHORIZED

**SSA Referral:**

Referral By: Referral Date:

**Verification Response:**

Eligibility: Response Date:

**SSA Resubmittal:**

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

**Resubmittal Verification Results:**

Eligibility:

**Additional Verification:**

Comments:  
Initiated By: Initiated On:

**Verification Response:**

Eligibility: Response Date:

**DHS Referral:**

Referral By: Referral Date:

**DHS Referral Results:**

Eligibility: Response Date:

**Case Resolution:**

Resolve Option:	Resolved Authorized		
Resolved By:	SEVA4775	Resolved On:	06/02/2008

SENSITIVE BUT UNCLASSIFIED



## REQUEST A NEW ASSIGNMENT UPON COMPLETION OF AN ASSIGNMENT

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

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

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

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

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

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

I have read and I understand the above policy.

Gracicia  
Signature

Gracicia  
Print Name

5-28-08  
Date



**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!**

Garcia Gracilia

Your Name

801 N Cleveland Ave Apt# 107

Your Address

Sioux Falls SD. 57103

Your City, State, Zip Code

(605) 336 0264

Your Telephone Number

---

### EMERGENCY CONTACT INFORMATION

Romero Mendez

Name

Relationship

235 1/2 N. CLIF AVE.

Address

SIoux FALLS SD. 57103.

City, State, Zip Code

(605) 334 3795

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.

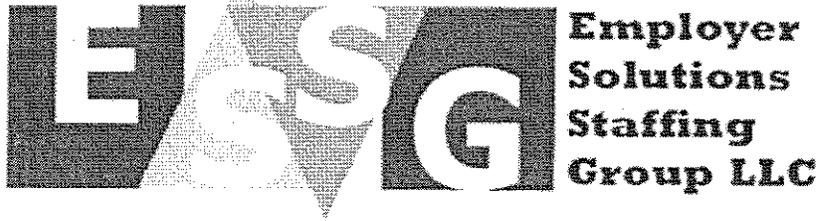
I do hereby fully release and discharge Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims from damages that I may have or that may accrue to me on account of the results of any aspect of any criminal and driving record background investigation.

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
	Garcia	Graciela		457-43-6710	7-26-1975
Minnesota Driver's License Number				Date Signed	
				5-28-08	

GRACIELA  
Signature



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.

ERCIELA

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.

Garcia

Individual's Name

5-28-08

Date

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

# CMG ENTERED

## Corporate Management Group, Inc.

### Formulario de solicitud de empleo

Fecha <u>5-13-08</u>				
Nombre	<u>Eraciela</u>	<u>Garcia</u>		
	Nombre	Segundo nombre	Primer apellido	Segundo apellido
Domicilio	<u>801 N. Cleveland Ave. #107 Sioux Falls, SD. 57103</u>			
	Numero	Calle	Ciudad	Estado    Codigo
Telefono <u>605 336-02-64</u>	No. de seguro social <u>457 - 43 - 6710</u>			
Menor de 18 anos? <input type="checkbox"/> Si <input checked="" type="checkbox"/> NO, Si su contestacion fue si, Puede comprobar elegibilidad para trabajar? <input type="checkbox"/> Si <input checked="" type="checkbox"/> NO				
Tiene autoorizacion para trabajar el los EE.UU.? <input checked="" type="checkbox"/> SI <input type="checkbox"/> NO. Necesita comprobar su elegibilidad si es contratado/a.				
Puesto que solicita <u>el que sea</u>			Horas Extraordinarias? <input checked="" type="checkbox"/> Si <input type="checkbox"/> No	
Y sueldo que espera <u>\$ 10.00</u>				
Turno _____				

TIPO DE ESCUELA	NOMBRE DE ESCUELA	MAYOR O TITULO
Colegio secundario		
Universidad		
Escuela de formation empresarial O industrial		
Escuela Profesional		

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

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

TIENE LICENCIA DE CONDUCIR?  Si  No

Por favor escriba dos referencias que no sean familiares.

Nombre German Varela  
 Direction 4106 Harixy place  
SIoux FALLS SD  
 Telefono 609 55 30 388

Nombre Angelica Mendez  
 Direction 3.7900 S. Norton Ave.  
SIoux FALLS SD  
 Telefono 609 334-04-19

MILITAR

USTED ALGUNA VEZ HA ESTADO EN LAS FUERZAS ARMADAS?

Si  No

1st shift

ES USTED MIEMBRO DE LA GUARDIA NACIONAL?

Si  No

Especialidad \_\_\_\_\_ Fecha en que se alistó \_\_\_\_\_ Fecha de baja \_\_\_\_\_

**Experiencia laboral**

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

El Texas

Nombre de empleador Julio Gutierrez Numero de telefono (605) 491 18-16

Domicilio Restauran Texas Supervisor Luis

Motivo por el cual dejo el trabajo ( sea especifico/a)  
por pocas horas / Few hours. 2 months

Posiciones/Deberes:  
Mesera / waitress

Nombre de empleador Catty Numero de telefono (605) 849 67 19

Domicilio Alpena Meat Packing Huron Supervisor Carmen

Motivo por el que dejo el trabajo (sea especifico/a)  
Motivo de salud / Sickness  
1 yr 2 months

Posiciones/Deberes:  
empaque Meat Packer.

Nombre de empleador \_\_\_\_\_ Numero de telefono ( \_\_\_\_\_ ) \_\_\_\_\_

Domicilio \_\_\_\_\_ Supervisor \_\_\_\_\_

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

Posiciones/Deberes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Nombre de solicitante Graciela Garcia Fecha 5-13-08

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

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

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

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

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

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

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

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

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

Alguna vez lo han despedido de un trabajo? Si  No

Si es que si, explique la razon \_\_\_\_\_  
 Por lo regular, cuantas veces por mes falta de su trabajo? Nunca  1-2 veces  3+ veces   
 Por cual razon? \_\_\_\_\_

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

Is the application signed ~~Yes~~ No  Are both the application and questions above completed? ~~Yes~~ No   
 Was the applicant on time for their interview? ~~Yes~~ No  How did the applicant hear about CMG/Suzlon Friend  
**PHYSICAL JOB REQUIREMENTS. ASK THE APPLICANT IF THEY CAN PERFORM THE FOLLOWING:**

Tiene usted movimiento completo de su cabeza, cuello, y cuerpo Si  No   
 Puede usted cargar/levantar hasta 50 libras de peso si es necesario? Si  No   
 Puede Ud. trabajar en sus rodillas? Si  No  Puede Ud. trabajar de pie por 10 horas? Si  No   
 Puede usted trabajar cerca de vapores o polvo por un turno de 10 horas? Si  No   
 alguna vez ha utilizado un respirador? NO  
 alguna vez ha trabajado en un ambiente de fabricacion? Si  No  Si respondo que si, donde?  
 Expliquenos donde y cuales eran sus responsabilidades: \_\_\_\_\_

Esta usted trabajando ahora? Si  No  Porque desea salirse de su trabajo? \_\_\_\_\_  
 Cuanto tiempo lleva en su busqueda? 1 month  
 Esta usted en un descanso temporario? (layoff) Si  No   
 A donde ha solicitado trabajo or entrevistas? \_\_\_\_\_  
 Cuando estara usted disponible para empezar a trabajar? ASAP  
 Require usted dos semanas para avisar su empleo? Si  No   
 Dos referencias: Nombre/Titulo: Comentarios: \_\_\_\_\_

DOCUMENTO DE RENUNCIA  
DEL FORMULARIO DE SOLICITUD

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

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

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

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

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

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

Firma del postulante Graciela Garcia Fecha: 5-13-08

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

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

# CMG

Corporate Management Group, Inc.

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

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

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

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

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

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

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

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

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

NOMBRE Esacielia Garcia (letra de molde)

NUMERO DE SEGURO SOCIAL 457-43-6710

FIRMA Esacielia Garcia FECHA 5-13-08

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

## Employee Referral Form

I, Graciela Garcia was referred to work at Suzlon Rotor  
(Your Name)  
Corporation by Nelson Gonzalez an employee of Suzlon Rotor  
(Name of current SRC employee)  
Corporation.

Graciela Garcia  
Signature

5/21/08  
Date

Employee referral form must be submitted at the time of application. After the applicant's completion of 90 days as an employee the referring employee will receive a \$200 referral bonus on their next payroll check.

**PORFAVOR LEYA LAS PREGUNTAS Y PONGALE LAS RESPUESTAS CORRECTAS:**

1. Al principio de su turno de trabajo usted empieza con 200 partes. Durante el turno usted uso 96 partes. Cuantas partes le sobraron al fin del dia? *Sobraron 104 partes*

2. Usted usa 8 partes por hora. Cuantas partes usara despues de 6 horas? *48 partes*

3. Usted tiene 6 cajas con 20 partes en cada caja. Al fin del dia usted uso 3 y media cajas de partes. Cuantas partes le sobran a usted?  
*50 partes sobran*

~~4.~~ Al principio de su turno de trabajo usted empieza con 150 partes. Durante el turno usted uso 86 partes. Cuantas partes le sobraron al fin del dia? ~~64~~ *partes sobran*  
*64*

5. Usted usa 12 partes por hora. Cuantas partes usara despues de 5 horas? *60 partes*

6. Usted tiene 4 cajas con 20 partes en cada caja. Al fin del dia usted uso 2 y media cajas de partes. Cuantas partes le sobran a usted?  
*30 partes sobran*

Graciela Garcia

## Interview Questions:

1. I'd like to know why I should hire you, so please give me 3 good qualities about yourself.
  1. Punctual
  2. Does work right
  3. Follows all the rules.
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?  
Working.
3. What was the longest period you stayed in a job? What did you like about that kept you there for that long? 1 1/2 2 months.
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? Comfortable. Help each other out.
5. Tell us about your experience in training and guiding others in work-instructions, safety requirements, or company policies. Working on machinery showed new ppl what to do.
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? meat bags
7. What types of repetitive assembly tasks have you done in any previous jobs? Yes.  
meat packing. for 10 hrs. a day.
8. When was the last time you had a conflict with a co-worker or supervisor? How did you both resolve it? Never.
9. Do you have anything that would limit you from not working here? NO.
10. Are you currently able to perform the essential duties of the job for which you are applying for?

Yes.