

| ESG NEW HIRE PAPERWORK | Date received & initials completed | DATE FAXED & INITIALS | CMG NEW HIRE PAPERWORK | Date received & initials completed | DATE FAXED & INITIALS |
|--|------------------------------------|-----------------------|--|------------------------------------|-----------------------|
| EMPLOYEE NAME: (Last, First) <i>Bramfield, James</i> | ↓ | ↓ | EMPLOYEE NAME: (Last, First) | ↓ | ↓ |
| ESG New Hire Application | | | CMG New Hire Application | 12/31 <i>AP</i> | <i>AP</i> |
| ESG Emergency Contact Info | | | CMG Emergency Contact Info | 12/31 <i>AP</i> | 1/2/08 |
| Employment Eligibility - I-9- 2 forms of ID - copies | | | Employment Eligibility - I-9 2 forms of ID - copies | | |
| (1) | | | (1) <i>DL</i> | 12/31 <i>AP</i> | |
| (2) | | | (2) <i>SS rec.</i> | | |
| W-4 | | | W-4 | 12/31 <i>AP</i> | |
| ESG BACKGROUND RELEASE FORM | | | CMG BACKGROUND RELEASE FORM | 12/31 | |
| | | | E-VERIFY | | |
| | | | CMG HANDBOOK-date reviewed and distributed with new employee | 12/31 | |
| Additional information: | <i>Starts 1/2/08</i> | | EMPLOYEE CONFIDENTIALITY AGREEMENT | 12/31 | |

CMG CORPORATE FAX NUMBER: 303-736-7767



EMPLOYEE INFORMATION SHEET

STRICTLY CONFIDENTIAL

LAST NAME: Broomfield
Apellido Nombre

FIRST NAME: James MIDDLE INITIAL: RF
Primero Nombre Segunda Inicial

ADDRESS: 1092 211th St
Direccion

CITY: Hardwick STATE: MN ZIP: 56134
Ciudad Estado Zona Postal

HOME PHONE #: (507) 669-2233 CELL PHONE #: (507) 382-4278
Teléfono Celular teléfono

DATE OF BIRTH: 8/5/87
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 560-99-7304
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) White
origen étnia

| |
|--|
| EMERGENCY CONTACT INFORMATION INFORMACIÓN DE CONTACTO DE EMERGENCIA NAME: <u>Patty Broomfield</u> Nombre PHONE #: <u>(507) 669 2233</u> Teléfono |
|--|

FOR CMG USE ONLY:

HIRE DATE: 12/31/07 START DATE: 01/02/08

TERM DATE: _____ SALARY (Hourly): 10.00

SHIFT: 1-DAY 2-NIGHT 3-OVERNIGHT

1-DAY BUSSER 2-NIGHT BUSSER

DEPARTMENT: _____
SUPERVISOR: _____
BADGE #: _____
PRIMARY LANGUAGE: _____
WORKERS COMP CODE: _____

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

| | |
|--------------------------|------|
| CMG Consultant Signature | Date |
|--------------------------|------|



SUMMARY

This associate handbook is intended to facilitate communication between you, CMG, and **SUZLON ROTOR CORPORATION**. It is not to be considered an employment contract obligating you, CMG, or **SUZLON ROTOR CORPORATION** to any indefinite employment relationship.

Reading the entire handbook at least one time will give you a good idea of its general content. Then, you will be able to use it easily as a quick reference manual. Revisions and updates are made to this information from time to time and will be communicated to you. It is your responsibility to stay informed of all updates to this handbook.



ACKNOWLEDGMENT

The associate handbook was reviewed with me, and I have received my personal copy. I also acknowledge that I have been given the opportunity to ask questions and express concerns during my orientation. Additionally, I understand and support the following:

1. This handbook is intended as a guide and **not** an employment agreement that creates a contractual relationship, and that the employment relationship may be terminated at the will of either party at any time.
2. The changing needs of the business will require alteration in method, practices and policies, and the company will unilaterally revise, as necessary, to meet these changing needs.
3. I agree to **notify** my CMG Consultant **immediately** of any change in my personal data such as phone number, address, emergency notification, etc.
4. I am responsible for the information provided herein and will, upon my separation, return this handbook to my CMG Consultant.

Date: 12-31-07

Associate's Signature: James Broomfield

Associate's Printed Name: James Broomfield

Social Security #: 560-99-7304

Orientation provided by: [Signature]



EMPLOYEE CONFIDENTIALITY AGREEMENT

In consideration of my employment at Corporate Management Group, Inc. (CMG), I understand and agree that it is my duty not to disclose confidential information as specified in this agreement.

CMG employs people on a temporary basis, assigning them to work for client companies. CMG is dependent upon client companies for continued business success. Any information pertaining to client companies is the property of CMG and is necessary for its growth.

Realizing the importance of this material, and as a condition of my temporary assignment with CMG, I agree that:

I will guarantee to safeguard CMG's client information received during my temporary assignment with CMG. I will not disclose any information gained through the performance of my job without authorization by CMG. I agree to keep all confidential matters of CMG secret during my temporary assignment with them and at the end of my temporary assignment shall not disclose any such information without specific written authorization from CMG. Upon the request of CMG, I agree to deliver to CMG upon termination of my temporary assignment, for whatever reason, all memorandums, notes, records, reports, manuals or other documents of confidential nature. It is understood that while on Suzlon Rotor Corporation premises, CMG employees will conduct themselves in accordance to the expectations of the Suzlon Rotor Corporation employees. CMG agrees that terms and conditions of Suzlon Rotor Corporation's contracts with their clients extend to CMG.

12-31-07
Date

Jimmy Bloomfield
Signature

Revised: 10/07



Background Investigation Information Release Form

I consent to have a consumer report made as to my credit history, employment history, motor vehicle driving record, social security information, criminal record, and other pertinent information for employment purposes, including initial hiring decisions, promotions, reassignments, and/or retention. I hereby authorize **Corporate Management Group, Inc.** to obtain a background report containing the foregoing information from Express Screening, P.O. Box 812289, Boca Raton, Florida 33481.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request To Express Screening within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify Express Screening, its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Express Screening, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Express Screening, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

I AUTHORIZE CMG TO CONTACT PRIOR EMPLOYER YES NO

12-31-07

DATE

Jerry Broomfield
APPLICANT'S SIGNATURE

Printed Name: James Broomfield

Social Security No. 560-99-7304

Birth date: 8-5-1987

Address: 1092 211th St

City/State/Zip: Hardwick, MN, 56134

†Responses to these questions are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another person in the event we discover adverse information during our background investigation.

Form W-4 (2007)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

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 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 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.

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/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.

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 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

| | | | |
|--|---|----------|----------|
| A | Enter "1" for yourself if no one else can claim you as a dependent | A | <u>1</u> |
| B | Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. | 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>0</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 | F | <u>0</u> |
| (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) | | | |
| G | Child Tax Credit (including additional child tax credit). See Pub 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child. • If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children. | 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>3</u> |
| For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. | | | |

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

| | | |
|---|---|--|
| Form W-4 | Employee's Withholding Allowance Certificate | OMB No. 1545-0074 2007 |
| ▶ 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. | | |
| 1 Type or print your first name and middle initial. Last name | James RP Broomfield | 2 Your social security number 560 99 7309 |
| Home address (number and street or rural route) | 1092 21 st St | 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 | Hardwick, MN 56134 | 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>3</u> |
| 6 Additional amount, if any, you want withheld from each paycheck | | 6 \$ <u>0</u> |
| 7 I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ | 7 <u>7</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.) ▶ | Jimmy Broomfield | Date ▶ 12-31-07 |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) | 9 Office code (optional) | 10 Employer identification number (EIN) |

Department of Homeland Security
U.S. Citizenship and Immigration Services

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>Broomfield</u> | First <u>James</u> | Middle Initial <u>RP</u> | Maiden Name |
| Address (Street Name and Number) <u>1092 211th St</u> | | Apt. # | Date of Birth (month/day/year) <u>8-5-07</u> |
| City <u>Hardwick</u> | State <u>MN</u> | Zip Code <u>56134</u> | Social Security # <u>560-99-7304</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: James Broomfield Date (month/day/year): 12/31/07

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

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

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

| List A | OR | List B | AND | List C |
|---------------------------------|----|----------------------|-----|--------------------|
| Document title: _____ | | <u>DL</u> | | <u>SS</u> |
| Issuing authority: _____ | | <u>MN</u> | | <u>US GOVT</u> |
| Document #: _____ | | <u>5119128103011</u> | | <u>560-99-7304</u> |
| Expiration Date (if any): _____ | | <u>8-5-08</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) 12/31/07 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>CMG 12000 Washington St Ste 290 Thornton CO 80241</u> | | Date (month/day/year) <u>12/31/07</u> |

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

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

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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

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



NUMI DTE:12/31/07 SSN:560-99-7304 XC: UNIT:023 PG:001

SOCIAL SECURITY ADMINISTRATION
SOCIAL SECURITY NUMBER VERIFICATION

OUR RECORDS INDICATE THAT SOCIAL SECURITY NUMBER 560-99-7304 IS
ASSIGNED TO JAMESROBERT , PATRICK , BROOMFIELD , .

YOUR SOCIAL SECURITY CARD IS THE OFFICIAL VERIFICATION OF YOUR SOCIAL SECURITY
NUMBER. THIS PRINTOUT DOES NOT VERIFY YOUR RIGHT TO WORK IN THE UNITED STATES.

PROTECT YOUR SOCIAL SECURITY NUMBER FROM FRAUD AND IDENTITY THEFT. BE CAREFUL
WHO YOU SHARE YOUR NUMBER WITH.

SOCIAL SECURITY ADMINISTRATION
2400 W 49TH STREET STE 100
SIOUX FALLS, SD 57105-6555



RANDY LUEKING
DISTRICT MANAGER

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 01/02/2008
Page: 1 of 1

Case Verification Number: 2008002104533XW

Initial Verification:

| | | | |
|-------------------------|---------------------|-----------------------|--|
| Last Name: | Broomfield | First Name: | James |
| Middle Initial: | | Maiden Name: | |
| Social Security Number: | 560-99-7304 | Date of Birth: | 08/05/1987 |
| Hire Date: | 12/31/2007 | 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: | APOS3210 | Initiated On: | 01/02/2008 |

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 By: Resolved On:

SENSITIVE BUT UNCLASSIFIED



APPLICATION FOR EMPLOYMENT

DATE 12-31-07

Name Broomfield James Robert Patrick

Address 1092 211th St Hardwick MN 56134

Telephone (807) 669-2233 Social Security No. 560 - 99 - 7304

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

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

Current Position _____
 Current Wage _____
 Shift _____

Are you available to work overtime? Yes
 No

| TYPE OF SCHOOL | NAME OF SCHOOL | MAJOR & DEGREE |
|----------------------|-------------------------------------|--|
| High School | <u>Luverne High School</u> | |
| College | <u>Minnesota West (Worthington)</u> | <u>Associate of Science in Preprofessional Studies</u> |
| Bus. or Trade School | | |
| Professional School | | |

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

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

DO YOU HAVE A DRIVER'S LICENSE? Yes No

Please list two Emergency Contacts other than relatives.

Name Sarah Kenemper
 Address 721 N 15th St Sioux Falls, SD 57104
 Telephone (807) 381 4742

Name Anoop Atre
 Address 721 N 15th St Sioux Falls SD 57104
 Telephone ()

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 Builder's Supply Co. Phone (605) 336-2790
 Address 3501 N. Lewis Ave Sioux Falls, SD Supervisor Todd Englund
 Reason for leaving (be specific) Left for school
 Position/Duties:
Driver - Load, unload, and deliver products to customers.
Doing some finish work on metal frames. Cleaning and
organizing shop

Name of employer Highland Construction Phone (507) 376-9460
 Address 1660 Rowe Ave, Worthington, MN 57187 Supervisor Ron Totten
 Reason for leaving (be specific) Left for school
 Position/Duties:
Back paneler - Hung dry wall, ~~also~~ and also cut dry wall for next
house

Name of employer Walmart Phone (507) 376-6446
 Address 1055 Ryans Rd Worthington, MN 57187 Supervisor Mickel
 Reason for leaving (be specific) Left for school
 Position/Duties:
Sporting goods Associate - Handle hunting and fishing licenses,
fire arms transactions, restocked shelves, and cleaned area

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: James Broomfield DATE: 12-31-07
2.) Are you willing to consent to a post job offered drug screen? Yes - No
3.) Are you willing to consent to a post job offered health assessment? Yes - No
4.) Can you legally work in this country? Yes - No
5.) Do you have reliable transportation to get to work? Yes - No
6.) How far away do you live from Suzlon Rotor Corporation? 0-10 10-25 25-50 50-75 75-100 100+ Miles
7.) Which shift works best for your schedule: 7am-3:30pm 3pm-11:30pm 11pm-7:30am
8.) Is the starting pay of \$10 per hour acceptable? Yes - No
10.) Have you ever been convicted of a felony? Yes - No
11.) Have you ever been terminated from a job? Yes - No
12.) On average how often are you absent from work per month? Never 1-2 times 3+ times

*** 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?

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:

12-31-07

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, James RP Broomfield was referred to work at Suzlon Rotor Corporation
(Your Name)

by James W Broomfield an employee of Suzlon Rotor Corporation.
(Name of current SRC employee)

Jimmy Broomfield
Signature

12-31-07
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.