

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)			EMPLOYEE NAME: (Last, First) Fraser, James		
ESG New Hire Application	12/14		CMG New Hire Application	12/14 AP	AP
ESG Emergency Contact Info	12/14		CMG Emergency Contact Info	12/14	
Employment Eligibility - I-9- 2 forms of ID - copies			Employment Eligibility - I-9- 2 forms of ID - copies		
(1) DL	12/14		(1) DL	12/14	
(2) SS card	12/14		(2) SS card	12/14	
W-4	12/14		W-4	12/14	
ESG BACKGROUND RELEASE FORM			CMG BACKGROUND RELEASE FORM		
			E-VERIFY	12/14	
			CMG HANDBOOK-date reviewed and distributed with new employee	12/14	
Additional information:			EMPLOYEE CONFIDENTIALITY AGREEMENT	12/14	

CMG CORPORATE FAX NUMBER: 303-736-7767

Starts 12/17/07



EMPLOYEE INFORMATION SHEET

STRICTLY CONFIDENTIAL

LAST NAME: Fraser
Apellido Nombre

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

ADDRESS: 631 Mill St
Direccion

CITY: Edgerton STATE: MN ZIP: 56128
Ciudad Estado Zona Postal

HOME PHONE #: 507-442-3648 CELL PHONE #: _____
Teléfono Celular teléfono

DATE OF BIRTH: Mar 23rd 1959
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 477-17-8591
Numero de Seguro Social

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

ETHNIC ID: (WHITE, BLACK, HISPANIC, ASIAN, INDIAN) white
origen étnia

EMERGENCY CONTACT INFORMATION
INFORMACIÓN DE CONTACTO DE EMERGENCIA

NAME: Robert Fraser
Nombre

PHONE #: 507-442-4311
Teléfono

FOR CMG USE ONLY:

HIRE DATE: 12/14/07 START DATE: 12/17/07
TERM DATE: _____ SALARY (Hourly): 8.50
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 _____ CMG Recruit X
CMG Rollover Date: _____
Client Rollover Date: _____

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 _____
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 _____
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"> • 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 _____
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"> • 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 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2007</div>
1 Type or print your first name and middle initial. Last name <i>James R</i> <i>Fraser</i>		2 Your social security number <i>477 17 8591</i>
Home address (number and street or rural route) <i>631 Mill St</i>		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 <i>Edgerton, MN, 56128</i>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>0</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption. • 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 ▶ <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.) ▶ <i>James R Fraser</i>		Date ▶ <i>12/14/07</i>
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)



**Employer
Solutions
Staffing
Group LLC**

7300 Metro Blvd, Suite 635
Edina, MN 55439
Tel. 952.835.1288
Fax 952.835.1255

Website: www.employersolutionsgroup.com

EMPLOYMENT ELIGIBILITY VERIFICATION

After you are hired and before you start work, you are required by law to provide certain documents that verify you are eligible to work and establish your identity. The following is a list of acceptable documents.

One from this column	OR	One from each of these two columns	
<p>Documents that establish both Identity and Employment Eligibility</p> <ul style="list-style-type: none"> ○ U.S. Passport (unexpired or expired) ○ Certificate of U.S. Citizenship (INS Form N-560 or 5-570) ○ Unexpired foreign with attached I-551 stamp or attached INS form I-94 indicating unexpired employment authorization ○ Alien Registration Receipt Card (INS form I-688) ○ Unexpired Employment Authorization Card (INS form I-688A) ○ Unexpired Reentry Permit (INS form I-327) ○ Unexpired Refugee Travel Document (INS form I-571) ○ Unexpired Employment Authorization Document issued by the INS, which contains a photograph (INS form I-688B) 		<p>Documents that establish Identity</p> <ul style="list-style-type: none"> ○ Drivers License or ID card issued by a state or outlying possession of the U.S. provided it contains a photograph or information such as name, date or birth, sex, height, eye color, and address ○ 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, sex, height, eye color, and address ○ School ID with photograph ○ Voter's registration card ○ U.S. Military dependent's card ○ Military dependent's card ○ U.S. Coast Guard Merchant Mariner card ○ Native American tribal document ○ Driver's license issued by a Canadian government authority <p>For persons under age 18 who are unable to present a document listed above:</p> <ul style="list-style-type: none"> ○ School record or report card ○ Clinic, doctor, or hospital record ○ Day-care or nursery school card 	<p>Documents that establish Employment Eligibility</p> <ul style="list-style-type: none"> ○ U.S. Social Security Card issued by the Social Security administration (other than a card stating it is not valid for employment) ○ Certification of Birth Abroad issued by the Department of State (form FS-545 or DS-1350) ○ Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the U.S., bearing an official seal ○ Native American Tribal document ○ U.S. Citizen ID card (INS form I-197) ○ ID card for use of Resident Citizen in the U.S. (INS form I-179) ○ Unexpired employment authorization document issued by the INS (other than those listed in the first column)

"You have the employees, we have the solutions."

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 of 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>Fraser</u>	First <u>Jones</u>	Middle Initial <u>R</u>	Maiden Name
Address (Street Name and Number) <u>631 Mill St</u>		Apt. #	Date of Birth (month/day/year) <u>03/23/1989</u>
City <u>Edgerston</u>	State <u>MN</u>	Zip Code <u>54128</u>	Social Security # <u>477-17-8591</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: [Signature] Date (month/day/year): 12/14/07

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 Card</u>
Issuing authority: _____		<u>MN</u>		<u>US GOV</u>
Document #: _____		<u>W743285776914</u>		<u>477-17-8591</u>
Expiration Date (if any): _____		<u>3-23-2010</u>		
Document #: _____				
Expiration Date (if any): _____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 12/14/07 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>[Signature]</u>	Print Name <u>Ashley Postma</u>	Title <u>Admin Assistant</u>
Business or Organization Name <u>CMG 1711 HWY 755 Pipestone MN 56164</u>	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year) <u>12/14/07</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) _____

MINNESOTA
DRIVER'S LICENSE

Minnesota

JAMES ROBERT FRASER
631 MILL ST
EDGERTON, MN 55428

Date of Birth 03-23-1989 AGE 18-05-23-2007
Sex M Eyes BLU
Height 6-2 Weight 155
ISSUED 03-2007 EXPIRES 03-23-2010

W743285776914



James Fraser

SOCIAL SECURITY

DEPARTMENT OF HEALTH & HUMAN SERVICES

THIS NUMBER HAS BEEN ESTABLISHED FOR

JAMES ROBERT FRASER

James Fraser
SIGNATURE



SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 12/14/2007
Page: 1 of 1

Case Verification Number: 2007348153530FK

Initial Verification:

Last Name:	fraser	First Name:	james
Middle Initial:		Maiden Name:	
Social Security Number:	477-17-8591	Date of Birth:	03/23/1989
Hire Date:	12/14/2007	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:	12/14/2007

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

CMG Consultant Signature	Date
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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: 12/14/07

Associate's Signature: 

Associate's Printed Name: James Fraser

Social Security #: 477-17-8591

Orientation provided by: 



EMPLOYEE CONFIDENTIALITY AGREEMENT

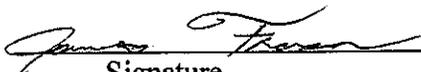
In consideration of my employment at Corporate Management Group, Inc. (CMG), I understand and agree that it is my duty not to disclose confidential information as specified in this agreement.

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.

12/14/07
Date


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

12/14/07

DATE

James Fraser

APPLICANT'S SIGNATURE

Printed Name: James Fraser

Social Security No. 477-17-8591

Birth date: 3/23/89

Address: 631 Mill St

Edgerton

City/State/Zip: Edgerton, MN 56128

†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.



**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!

James Fraser

Your Name

631 Mill St

Apt# _____

Your Address

Edgerton MN 56128

Your City, State, Zip Code

(507) 442-3648

Your Telephone Number

EMERGENCY CONTACT INFORMATION

Robert Fraser

Name

Father

Relationship

631 Mill St

Address

Edgerton MN 56128

City, State, Zip Code

(507) 442-3648

Telephone Number

(507) 442-4311

Alternate Telephone Number

CMG

Corporate Management Group, Inc.

APPLICATION FOR EMPLOYMENT

DATE 5/24/07

Name Fraser James Robert
Last First Middle Maiden
 Address 631 Mill St Edgerton MN 56128
Number Street City State Zip
 Telephone (507) 442-3648 Social Security No. 477-17-8591

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>Edgerton Public</u>	<u>Diploma</u>
College		
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 Bob Fraser
 Address 631 Mill St
Edgerton MN
 Telephone (507) 442-3648

Name Cathy Weets
 Address Woodbury MN
 Telephone (1) 651-307-7407

COPY

MILITARY	
HAVE YOU EVER BEEN IN THE ARMED FORCES?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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>Chandler Co-op</u>	Phone (<u>507</u>) <u>442-4971</u>
Address <u>320 Treby Rd, Edgerton MN</u>	Supervisor <u>Mary Ann Zapp</u>
Reason for leaving (be specific) _____	
Position/Duties: <u>Store clerk - handle money, restock shelves, clean, manage cash register, watch store</u>	

Name of employer <u>Fry Ltd</u>	Phone (<u>507</u>) <u>442-4311</u>
Address <u>200 4th Ave N, Edgerton</u>	Supervisor <u>Ken Brands</u>
Reason for leaving (be specific) <u>Summer job</u>	
Position/Duties: <u>Sampling Department - operate sealing machine; check and box finished products</u>	

Name of employer _____	Phone (____) _____
Address _____	Supervisor _____
Reason for leaving (be specific) _____	
Position/Duties: _____ _____ _____	

COPY

PLEASE ANSWER THE FOLLOWING QUESTIONS

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

APPLICANT NAME: James Fraser DATE: 5/24/07

(PLEASE PRINT)

Are you willing to consent to a post job offered drug screen? Yes - No If no, why? _____

(CIRCLE)

Are you willing to consent to a post job offered health assessment? Yes - No If no, why? _____

(CIRCLE)

Can you legally work in this country? Yes - No If yes, by what means? US Citizen Resident Alien - Other? _____

(CIRCLE)

(CIRCLE)

Do you have reliable transportation to get to work? Yes - No How far will you travel in miles? 20 Will you need a ride Yes - No

(CIRCLE)

(CIRCLE)

How far away do you live from Suzlon Rotor Corporation? 0-10 10-25 25-50 50-75 75-100 100+ Miles

(CIRCLE)

Which shift works better with your schedule. 1st (5am-3:30pm) or 2nd (3pm-1am)? Will you work any shift? Yes - No

(CIRCLE)

(CIRCLE)

Are you willing to work a Fixed Rotating Shift (4 days on & 4 days off) including weekends & Holiday? Yes - No Overtime? Yes - No

(CIRCLE)

(CIRCLE)

Is the starting pay of \$9 per hour acceptable? Yes - No If no, starting pay desired \$ _____ per hour

(CIRCLE)

Have you ever been convicted of a felony? Yes - No If so, when? _____

(CIRCLE)

Have you ever been terminated from a job? Yes - No If "yes", explain: _____

(CIRCLE)

On average how often are you absent from work per month? Never 1-2 times 3+ times Reason? Illness

(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 10 hour shift? Yes - No

Can you work near fumes & dust for a 10 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? _____

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: _____

Phone numbers: _____

Name and title of reference/company: _____

Phone numbers: _____

NOTES

COPY

Employee Referral Form

I, James Fraser (Your Name) was referred to work at Suzlon Rotor Corporation by Jason Fraser (Name of current SRC employee) an employee of Suzlon Rotor Corporation.

James Fraser
Signature

5/29/07
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.

COPY