

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>Hudson, John</i>	<i>05/05/08</i>	<i>AP</i>	EMPLOYEE NAME: (Last, First)		
ESG New Hire Application		<i>5/5</i>	CMG New Hire Application		
ESG Emergency Contact Info			CMG Emergency Contact Info		
Employment Eligibility - I-9- 2 forms of ID - copies			Employment Eligibility - I-9 2 forms of ID - copies		
(1) <i>SS card</i>			(1)		
(2) <i>ID card</i>			(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:	<i>Starts 5/5/08</i>		EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767

05/05/08



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Sutton

LAST NAME: Knudson
Apellido Nombre

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

ADDRESS: 4909 E. 16th St. Place
Direccion

CITY: Sioux Falls STATE: SD ZIP: 57106
Ciudad Estado Zona Postal

HOME PHONE #: _____ CELL PHONE #: 605-728-6270
Teléfono Celular teléfono

DATE OF BIRTH: 7-30-62
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 503-90-7744
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)
Origen étnia

EMERGENCY CONTACT INFORMATION

INFORMACIÓN DE CONTACTO DE EMERGENCIA

NAME: Paul Knudson
Nombre

PHONE #: 605-213-0020
Teléfono

FOR CMG USE ONLY:

HIRE DATE: 05/05/08 START DATE: 05/05/08 TERM DATE: _____

SALARY (Hourly): 11.00 SHIFT DIFFERENTIAL _____ SHIFT: 1-DAY 2-NIGHT 3-OVERNIGHT

DEPARTMENT: _____ SUPERVISOR: _____

PRIMARY LANGUAGE: _____ WORKERS COMP CODE: _____

EMPLOYMENT STATUS

Agency Referral _____ CMG Recruit

CMG Rollover Date: _____

Client Rollover Date: _____

Revised: February 2008

Employer Solutions Staffing Group LLC

New Hire Application

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

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name KNUDSON First Name JOHN Middle Initial R.
 Street Address 4909 E. 16th PLACE
 City/State/Zip SIoux FALLS, SD 57106
 Home Phone 605-728-6270 Message Phone 605-213-0020
 Company/Employer CMG BROTHER

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.

JOHN R. KNUDSON
Name (Print or type)

JOHN R. KNUDSON
Applicant's Signature

5/5/08
Date

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

For ESSG Office Use Only

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

Form W-4 (2008)

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

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

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

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

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

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

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

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

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

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

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

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

- 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 \$1,500 or less.

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. G _____

- If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.
- 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.

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.

- 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 <small>Department of the Treasury Internal Revenue Service</small>	Employee's Withholding Allowance Certificate	<small>OMB No. 1545-0074</small> 2008
▶ 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 JOHN R. KNUDSON		2 Your social security number 503 90 7744
Home address (number and street or rural route) 4909 E. 16th Place		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code SILOX FALLS SD 57106		
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 3
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"> • 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		
<small>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.</small>		
Employee's signature <small>(Form is not valid unless you sign it.)</small> ▶ JOHN R. KNUDSON		Date ▶ 5-5-09
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS)		9 Check box original <input type="checkbox"/> 10 Employer identification number (EIN)

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
OR		AND
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
9. Driver's license issued by a Canadian government authority	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

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

Form I-9, Employment Eligibility Verification

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

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

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

Print Name Last KNUDSON	First JOHN	Middle Initial R.	Maiden Name
Address (Street Name and Number) 4909 E 16th Place		Apt. #	Date of Birth (month/day/year) 7-30-62
City Sioux Falls	State SD	Zip Code 57106	Social Security # 503-90-7744

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 JOHN R. KNUDSON	Date (month/day/year) 5-5-08
--	--

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: _____		ID Card		SS Card
Issuing authority: _____		SD		US Govt
Document #: _____		0188395		503-90-7744
Expiration Date (if any): _____		7-30-2011		
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) **5/5/08** 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 Ashley Postma	Print Name Ashley Postma	Title Admin Assistant
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) ESSG 7301 Ohmms lane 405 Edina MN 55439		Date (month/day/year) 5/5/08

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): _____
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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)
--	-----------------------

South Dakota M. Michael Rounds, Governor
IDENTIFICATION CARD

ISSUE DATE 11/22/2006 EXPIRE DATE 07/30/2011
HEIGHT 6'00" WEIGHT 210" EYE BLU HAIR BRN SEX M
BIRTHDATE 07/30/1962

John R. Knudson
LICENSE NUMBER 01188395
KNUDSON, JOHN ROBERT
901 S MILLER AVE
MITCHELL, SD 57301-4114

 DONOR

SOCIAL SECURITY

SOCIAL SECURITY
503-90-7744

THIS NUMBER HAS BEEN ESTABLISHED FOR
JOHN ROBERT KNUDSON

John Robert Knudson
SIGNATURE
04/25/2007

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

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

Case Verification Number: 2008126120704BE

Initial Verification:

Last Name:	Knudson	First Name:	John
Middle Initial:		Maiden Name:	
Social Security Number:	503-90-7744	Date of Birth:	07/30/1962
Hire Date:	05/05/2008	Citizenship Status:	Citizen or National of the United States
Alien Number:		I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	
Initiated By:	KTHO9064	Initiated On:	05/05/2008

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:	KTHO9064	Resolved On:	05/05/2008

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.

JOHN R. KNUDSON
Signature
JOHN R. KNUDSON
Print Name
Date 5-5-08



**Employer
Solutions
Staffing
Group LLC**

It is necessary for us to have current information readily available to the supervisor where you are working and also in your employee file. **Thank you for your cooperation. We appreciate you!**

JOHN R. KNudson
Your Name

4909 E 16th Place Apt# _____
Your Address

Sioux Falls SD 57106
Your City, State, Zip Code

(605) 728 - 6270
Your Telephone Number

EMERGENCY CONTACT INFORMATION

Paul W. Knudson
Name

Relationship

Tea S. D.
Address

City, State, Zip Code

(605) 213 - 0020
Telephone Number

(605) 350 - 6849
Alternate Telephone Number
Brother Cell



STATEMENT OF CONFIDENTIALITY

This agreement made this 5 day of May 08, 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.

JOHN R. KNUDSON
Employee Signature

Sarah Evans
Employer Solutions Staffing Group LLC, Representative

Background Investigation Information Release Form

Please read this form carefully and be aware that by allowing Employer Solutions Staffing Group LLC to investigate your background with state and federal agencies, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal and driving record background check and review.

I understand that a successful criminal and driving record background investigation is a condition of my employment by Employer Solutions Staffing Group LLC to work at facilities of

Suzlon Kotac Corporation

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 <u>KNUDSON</u>	First <u>JOHN</u>	Middle <u>R</u>	Social Security #	Birthdate
				503 90 7744	7 30 62
Minnesota Driver's License Number	5D ID 01188395			Date Signed	
				5-5-08	

JOHN R. KNUDSON
Signature

**DRUG AND ALCOHOL
TESTING CONSENT FORM**

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

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

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

JOHN R. KNOWLSON

Individual's Name

5-5-08

Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6



ENTERED

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

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

Name JOHN ROBERT KNUDSON
Last First Middle Maiden

Present address 4909 E 16th PLACE, SIOUX FALLS SD 57106
Number Street City State Zip

How long 1 Mo. Social Security No. 503 - 90 - 7744

Telephone (605) 738 6270

If under 18, please list age _____ Referred by Shelly Mallon

Position applied for (1) Mould Days/hours available to work
 and salary desired (2) \$ 11.00
 (Be specific) Mon ALL SHIFTS
 Tue ALL SHIFTS Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? 40-50 Can you work nights? NO

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

When available for work? Now

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No Yes If so, please explain some cover dates possibly

Do you anticipate any absences from work on a regular basis?
 No Yes If so, please explain meet w/ my public defender

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Solem High School</u>	<u>Solem SD</u>	<u>4</u>	<u>General</u>
College	<u>Augustana</u>	<u>SIOUX FALLS SD</u>	<u>2</u>	<u>Business</u>
Bus. or Trade School				
<u>Stations</u> Professional School	<u>" "</u>	<u>SIOUX FALLS SD</u>	<u>1</u>	<u>Cosmetology graduated</u> <u>+ Licensed + de hair</u>

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. DWI II offense
DWI IV + III 1997, 2002, completed tx
@ Keystone, Canton 5/2 of 5 8 mo clean time
Released 3 wks ago

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ___ Yes No

What is your means of transportation to work? bus + friends, co-workers

Driver's license number ID SD 01189395 State of issue SD

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date 2011

Have you had any accidents during the past three years? ___ Yes No

If so, how many? _____

Have you had any moving violations during the past three years? ___ Yes No

If so, how many? _____

OFFICE USE ONLY

Typing ___ Yes ___ No

_____ WPM

Personal Computer ___ Yes ___ No

___ PC ___ Mac

10-key ___ Yes ___ No

Word Processing ___ Yes ___ No

_____ WPM

Other _____

Skills _____

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (____) _____ Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

WORK EXPERIENCE

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

Name <u>Regis Hairstylist</u>	Supervisor name <u>T. ONICIA</u>
Position <u>Stylist, Manager</u>	Employment dates <u>3-06</u> Pay or salary
Company <u>Regis</u>	From <u>4-07</u> Start <u>65% comm</u>
Address <u>Empire Mall</u>	To _____ Final _____
<u>Stowe Falls SD</u>	Your last job title <u>Senior Stylist</u>
Telephone <u>(603) 316-3600</u>	

Reason for leaving (be specific) DONT KNOW - TIME FOR CHANGE

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

I previously worked for Regis + managed 9 salons + was an Area Supervisor. I work well w/ people I enjoy people + working w my hands + desire management or supervisor positions

Name <u>J.C. Renny Co</u>	Supervisor name <u>Kim</u>
Position <u>Stylist</u>	Employment dates _____ Pay or salary
Company _____	From <u>11-05</u> Start _____
Address <u>Empire Mall</u>	To <u>2-06</u> Final <u>50% comm</u>
<u>Stowe Falls SD</u>	Your last job title <u>Stylist</u>
Telephone <u>(603) 361-2761</u>	

Reason for leaving (be specific) moved to salon

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

Worked in Full service Hair Salon
Performed all services mostly
Fails, color, cuts

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE

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

Name <u>L'Amber Salon</u>	Supervisor name <u>Charles</u>	
Position <u>manager</u>	Employment dates	Pay or salary
Company <u>" "</u>	From <u>07-96</u>	Start <u>SALARY</u>
Address <u>12109 W. N. Blvd.</u>	To <u>11-03</u>	Final <u>SALARY</u>
<u>N. HOLLYWOOD CA.</u>	Your last job title <u>mgr. STYLIST COORDINATOR</u>	
Telephone <u>(701) 226-2136</u>		

Reason for leaving (be specific) mbm passed away

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

Coordinated all functions for salon of 30 chair salon - managed and supervised 30 stylists, worked behind chair was responsible for wardrobe, set up, shows, makeup hair

Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From _____	Start _____
Address _____	To _____	Final _____
Telephone (____) _____	Your last job title _____	

Reason for leaving (be specific) _____

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

Who were you referred by? Shelly Mallon

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Corporate Management Group, Inc., (hereinafter called "the Company"),

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee Corporate Management Group, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and Corporate Management Group, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant

JOHN R. HUDSON

Date:

5/5/08