

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)		
RUIZ, JOYCE ESG New Hire Application	5/28 AP	AP	CMG New Hire Application		
ESG Emergency Contact Info	5/28	AP	CMG Emergency Contact Info		
Employment Eligibility – I-9- 2 forms of ID - copies			Employment Eligibility – I-9 2 forms of ID - copies		
(1) DL	5/28		(1)		
(2) SSCVD	5/28		(2)		
W-4	5/28		W-4		
ESG BACKGROUND RELEASE FORM	5/28		CMG BACKGROUND RELEASE FORM		
			E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:	starts 6/2/08		EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Suzlon

LAST NAME: Ruiz
Apellido Nombre

FIRST NAME: Jorge MIDDLE INITIAL: _____
Primero Nombre Segunda Inicial

ADDRESS: 311 14th Street
Direccion

CITY: Heron Lake STATE: MN ZIP: 56137
Ciudad Estado Zona Postal

HOME PHONE #: 507 793 0012 CELL PHONE #: 507 221-0847
Teléfono Celular teléfono

DATE OF BIRTH: 02-03-77
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 584-95-7477
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: <u>Alejandra Rios Perez</u>	Nombre
PHONE #: <u>507-831-1487</u>	Teléfono

FOR CMG USE ONLY:

HIRE DATE: 5/28/08 START DATE: 4/2/08 TERM DATE: _____

SALARY (Hourly): 10.00 SHIFT DIFFERENTIAL _____ SHIFT: -DAY 2-NIGHT 3-OVERNIGHT

DEPARTMENT: _____ SUPERVISOR: _____

PRIMARY LANGUAGE: _____ WORKERS COMP CODE: _____

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



Solicitud

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

Información personal—

Apellido RUIZ Primer nombre JORGE

Segundo nombre _____

Dirección (número de casa y calle) 311 145+

Cuidad/estado/código postal—
AERON LAKE MN 56137

Tfno. de la casa 507-793 0012 Tfno. para recados _____

Compañía/empleador _____

Todas las ofertas de empleo son condicionales hasta que se muestre evidencia satisfactoria de su identidad y su situación legal para trabajar en los EEUU.

¿Está usted autorizado legalmente para trabajar en los Estados Unidos de América? SÍ NO

Certificación y autorización del solicitante

Yo certifico que todas las declaraciones hechas en mi solicitud son ciertas y exactas y que no he omitido información ni he proporcionado información falsa o engañosa. Entiendo que cualquier omisión o tergiversación tendrá como resultado mi descalificación para el empleo o, si se descubre después de haber empezado a trabajar, mi despido.

Si se me contrata, acepto respetar y seguir las normas y procedimientos de Employer Solutions Group.

Jorge Ruiz [Firma] 05-28-07
Nombre (en letra de imprenta o a máquina) Firma del solicitante Fecha

Una copia o facsímile tendrán la misma validez que una firma original.

For ESSG Office Use Only				
DH _____	NHW _____	I-9 _____	_____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Proof of Insurance _____	Drug Tests _____

Forma W-4(SP) (2008)

Propósito. Llene la Forma W-4(SP) para que su empleador o patrono pueda retenerle el impuesto federal sobre el ingreso correcto de su paga. Debido a que su situación tributaria pudiera cambiar, usted pudiera querer recalcular su retención cada año.

Exención de la retención. Si usted está exento, llene sólo las líneas 1, 2, 3, 4 y 7 y firme la forma para validarla. Su exención para el 2007 vence el 16 de febrero del 2008. Vea la Publicación 505, *Tax Withholding and Estimated Tax* (Retención del impuesto e impuesto estimado), en inglés.

Aviso: Usted no puede reclamar la exención de la retención si: (a) su ingreso excede de \$850 e incluye más de \$300 de ingreso no derivado del trabajo (por ejemplo, intereses y dividendos) y (b) otra persona puede reclamarlo a usted como dependiente en su declaración de impuestos.

Instrucciones básicas. Si usted no está exento, llene la **Hoja de Trabajo para Descuentos Personales**, más abajo. Las hojas de trabajo en la página 2 ajustan sus descuentos de la retención basados en las deducciones detalladas, ciertos créditos, ajustes al ingreso o situaciones de dos asalariados/dos empleos. Llene todas las hojas de trabajo que le apliquen. Sin embargo, usted pudiera reclamar menos (o cero) descuentos.

Cabeza de familia. Por lo general, usted puede reclamar el estado de cabeza de familia para efectos de la declaración de impuesto sólo si no está casado y paga más del 50% de los costos de mantener el hogar para usted y para su(s) dependiente(s) u otros individuos calificados.

Créditos tributarios. Usted puede tomar en cuenta créditos tributarios previstos al calcular su número permisible de descuentos de la retención. Los créditos por gastos del cuidado de hijos o de dependientes y el crédito tributario por hijos pueden ser reclamados usando la **Hoja de Trabajo para Descuentos Personales**, abajo. Vea la Publicación 919, *How Do I Adjust My Tax Withholding?* (¿Cómo Ajusto la Retención de mi Impuesto?), en inglés, para obtener información sobre la conversión de sus otros créditos a descuentos de la retención.

Ingreso que no proviene de sueldos o salarios. Si usted tiene una suma cuantiosa de ingreso que no proviene de sueldos o salarios, tal como de intereses o dividendos, considere hacer pagos de impuesto estimado usando la Forma 1040-ES, *Estimated Tax for Individuals* (Impuesto Estimado para Individuos), en inglés. De lo contrario, usted pudiera deber impuesto adicional. Si recibió ingreso por concepto de pensión o anualidad, vea la Publicación 919 para saber si usted tiene que ajustar su impuesto retenido en la Forma W-4(SP).

Dos asalariados/dos empleos. Si usted tiene un cónyuge que trabaja o si tiene más de un empleo, calcule el número total de exenciones al cual usted tiene derecho de reclamar en todos los empleos usando la hoja de trabajo de sólo una Forma W-4(SP). Su retención usualmente será la más precisa cuando todos los descuentos son reclamados en la Forma W-4(SP) para el empleo que paga más y cero descuentos son reclamados en los otros empleos.

Extranjero no residente. Si usted es un extranjero no residente, vea las *Instructions for Form 8233* (Instrucciones para la Forma 8233), disponibles en inglés, antes de llenar esta Forma W-4(SP).

Revise su retención. Después de que su Forma W-4(SP) entre en vigencia, use la Publicación 919, en inglés, para saber cómo la cantidad en dólares que a usted se le está siendo retenida se compara con la cantidad total de impuestos prevista para el 2007. Vea la Publicación 919, especialmente si sus ingresos exceden de \$130,000 (Soltero) o de \$180,000 (Casado).

Hoja de Trabajo para Descuentos Personales (Guárdela para su archivo.)

A	Anote "1" para usted mismo si nadie más le puede reclamar como dependiente.	A	_____
B	Anote "1" si: <ul style="list-style-type: none"> • Usted es soltero y tiene sólo un empleo; o • Usted es casado, tiene sólo un empleo y su cónyuge no trabaja; o • Sus sueldos o salarios de un segundo empleo o los de su cónyuge (o el total de los dos) son de \$1,000 ó menos. 	B	1
C	Anote "1" para su cónyuge. Pero, usted puede escoger anotar "-0-" si es casado y tiene un cónyuge que trabaja o si tiene más de un empleo. (Anotando "-0-" pudiera ayudarle a evitar que le retengan una cantidad de impuesto demasiado baja.)	C	_____
D	Anote el número de dependientes (que no sean su cónyuge o usted mismo) que usted reclamará en su declaración de impuestos.	D	2
E	Anote "1" si usted presentará como cabeza de familia en su declaración de impuestos (vea las condiciones bajo Cabeza de familia , arriba)	E	_____
F	Anote "1" si usted tiene por lo menos \$1,500 en gastos del cuidado de hijos o dependientes por los cuales usted piensa reclamar un crédito (Aviso: No incluya pagos de pensión para hijos menores. Vea la Pub. 503, <i>Child and Dependent Care Expenses</i> (Gastos de cuidado de hijos menores y dependientes), en inglés, para más detalles.)	F	_____
G	Crédito tributario por hijos (incluyendo el crédito tributario adicional por hijos). Vea la Pub. 972, <i>Child Tax Credit</i> (Crédito Tributario por Hijos), en inglés, para mayor información. <ul style="list-style-type: none"> • Si su ingreso total será menor de \$57,000 (\$85,000 si es casado), anote "2" para cada hijo(a) elegible. • Si su ingreso total será de entre \$57,000 y \$84,000 (\$85,000 y \$119,000 si es casado), anote "1" para cada hijo elegible más "1" adicional si usted tiene cuatro o más hijos elegibles. 	G	_____
H	Sume las líneas desde la A hasta la G, inclusive, y anote el total aquí. (Aviso: Esto pudiera ser distinto del número de exenciones que usted reclame en su declaración de impuestos.)	H	_____
	Para que sea lo más exacto posible, complete todas las hojas de trabajo que correspondan. <ul style="list-style-type: none"> • Si usted piensa detallar sus deducciones o reclamar ajustes a su ingreso y desea reducir su impuesto retenido, vea la Hoja de Trabajo para Deducciones y Ajustes en la página 2. • Si usted tiene más de un empleo o es casado y tanto usted como su cónyuge trabajan y sus remuneraciones combinadas de todos los empleos exceden de \$35,000 (\$25,000 si es casado), vea la Hoja de Trabajo para Dos Asalariados/Dos Empleos en la página 2 a fin de evitar la retención insuficiente de los impuestos. • Si ninguna de las condiciones de arriba le corresponde, deténgase aquí y anote en la línea 5 de la Forma W-4(SP), más abajo, la cantidad de la línea H. 		

Corte aquí y entregue su Forma W-4(SP) a su empleador. Guarde la parte de arriba en sus archivos.

Forma W-4(SP) Department of the Treasury Internal Revenue Service	Certificado de Exención de la Retención del Empleado ▶ Su derecho a reclamar un cierto número de descuentos o a declararse exento de la retención de impuestos está sujeto a examen por el IRS. Su empleador o patrono quizás debiera enviar una copia de esta forma al IRS.	OMB No. 1545-0074 2008
1 Escriba a máquina o en letra de imprenta su primer nombre e inicial del segundo. Jorge		Apellido Ruiz
Dirección (número de casa y calle o ruta rural) 311 145T HERON LAKE MN 56137		2 Su número de seguro social 504 95 7477
Ciudad o pueblo, estado y código postal (ZIP)		3 <input type="checkbox"/> Soltero <input checked="" type="checkbox"/> Casado <input type="checkbox"/> Casado, pero retiene con la tasa mayor de Soltero. Nota: Si es casado, pero está legalmente separado, o si su cónyuge es un extranjero no residente, marque el encasillado para "Soltero".
5 Número total de exenciones que reclama usted (de la línea H, arriba, o de la hoja de trabajo que aplica en la página 2).		6 \$ 3
7 Yo reclamo la exención de la retención para el 2007 y certifico que cumplo con ambas de las siguientes condiciones para la exención: <ul style="list-style-type: none"> • El año pasado tuve derecho a un reembolso de todos los impuestos federales sobre el ingreso retenidos porque yo no tenía ninguna obligación tributaria y • Este año yo tengo previsto un reembolso de todos los impuestos federales sobre el ingreso retenidos porque tengo previsto el no tener una obligación tributaria. Si usted cumple con ambas condiciones, escriba "Exempt" (Exento) aquí.		7 7
Bajo pena de perjurio, yo declaro que he examinado este certificado y que a mi mejor saber y entender, es verdadero, correcto y completo.		
Firma del empleado (La forma no es válida a menos que usted la firme.) Jorge		Fecha 05-28-08
8 Nombre y dirección del empleador o patrono: (Empleador o patrono: Llène las líneas 8 y 10 sólo si envía este certificado al IRS.)		9 Código de oficina (opcional)
		10 Número de identificación del empleador o patrono (EIN)

LISTAS DE DOCUMENTOS ACEPTABLES

LISTA A

**Documentos que Establecen
Ambas la Identidad y Elegibilidad
Para Trabajar**

LISTA B

**Documentos que Establecen
la Identidad**

LISTA C

**Documentos que Establecen
la Elegibilidad para el
Empleo**

	O	Y
1. Pasaporte Estadounidense (vigente o vencido)	1. Licencia de conducir o Tarjeta de Identificación (ID) emitida por el estado o territorio de los Estados Unidos si contienen fotografía o el nombre, fecha de nacimiento, género, altura, color de ojos y dirección	1. Tarjeta de Seguro Social de los Estados Unidos emitida por la Administración de Seguro Social (con excepción de una tarjeta que indique que no se encuentra apto(a) para trabajar)
2. Tarjeta de Residencia Permanente o Tarjeta de Registro de Extranjeros (Formulario I-551)	2. Tarjeta de Identificación (ID) emitida por agencias o entidades del gobierno federal, estatal o local o si contiene una fotografía o información tal como el nombre, fecha de nacimiento, sexo, estatura, color de ojos y dirección	2. Partida de nacimiento en el extranjero emitida por el Departamento de Estado (Formulario FS-545 o Formulario DS-1350)
3. Pasaporte extranjero vigente con un timbre temporal I-551	3. Identificación estudiantil con fotografía	3. Una copia original o certificada de la partida de nacimiento emitida por el estado, condado, autoridad municipal o territorio de los Estados Unidos con sello oficial
4. Tarjeta de Autorización de Empleo vigente con fotografía (Formulario I-766, I-688, I-688A, I-688B)	4. Tarjeta de registro de votante	4. Documento tribal de Nativo-Americano
	5. Tarjeta Militar de los Estados Unidos o tarjeta del servicio militar	5. Tarjeta de Identificación de Ciudadano(a) Estadounidense (Formulario I-197)
5. Pasaporte extranjero vigente con Registro de Entrada y Salida Vigente, Formulario I-94, llevando el mismo nombre que figura en el pasaporte y conteniendo una certificación del estado no inmigrante del extranjero, si ese estado autoriza a el extranjero a trabajar para el empleador	6. Tarjeta Militar de Identificación de dependientes	6. Tarjeta emitida para el uso de Ciudadano Residente en los Estados Unidos (Formulario I-179)
	7. Tarjeta de Marino Mercante de la Guardia Costera Estadounidense	
	8. Documento tribal de Nativo-Americano	7. Autorización de Empleo vigente emitida por DHS (que no sea una de las de la lista A)
	9. Licencia de conducir emitida por el gobierno canadiense	
	Para personas menores de 18 años de edad que no puedan presentar los documentos en la lista anterior:	
	10. Expediente académico o tarjeta de calificaciones	
	11. Informe médico, de clínica u hospital	
	12. Registro de guardería	

En la parte 8 del Manual para Empleadores (M-274) encontrará ejemplos de muchos de estos documentos.

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 Ruiz	First Jorge	Middle Initial	Maiden Name
Address (Street Name and Number) 311 14th Heron Lake MN		Apt. # 56137	Date of Birth (month/day/year) 02-03-77
City	State	Zip Code	Social Security # 584 95-7477

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: **Jorge Ruiz** Date (month/day/year): **05-28-08**

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

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

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

List A	OR	List B	AND	List C
Document title: _____		DL MN		SS Card
Issuing authority: _____		0623049011811		US Govt
Document #: _____		2-3-2010		584-95-7477
Expiration Date (if any): _____				
Document #: _____				
Expiration Date (if any): _____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) **5/28/08 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative 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 Chmms lane ste 405 Edina MN 55439		Date (month/day/year) 5/28/08

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) _____

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**



JORGE LUIS RUIZ NIEVES
 1246 1/2 5TH AVENUE
 WINDOM, MN 56101

Date of Birth 02-03-1977

Sex	Eyes	Class
M	BRN	D
Height	Weight	
5-5	190	

ISSUED 02-2008 EXPIRES 02-03-2010

C623049011811 *Jorge Ruiz*

SOCIAL SECURITY

584-95-7477

THIS NUMBER HAS BEEN ESTABLISHED FOR

JORGE L RUIZ NIEVES

JORGE L RUIZ NIEVES

SIGNATURE

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 05/28/2008
Page: 1 of 1

Case Verification Number: 2008149113526RC

Initial Verification:

Last Name:	Ruiznieves	First Name:	Jorge
Middle Initial:		Maiden Name:	
Social Security Number:	584-95-7477	Date of Birth:	02/03/1977
Hire Date:	05/28/2008	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:	05/28/2008

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 On:	05/28/2008
Resolved By:	KTHO9064		

SENSITIVE BUT UNCLASSIFIED

**INFORMACIÓN PARA NOTIFICACIÓN EN CASO DE EMERGENCIA
DE EMPLOYER SOLUTIONS STAFFING GROUP**

Su Nombre: Jorge Ruiz

Dirección: 3111 145T HERON LAKE 56137

Teléfono de la casa: 507 221-0547

Persona(s) a contactar en caso de emergencia en el trabajo (en orden de preferencia):

1. Nombre: Alejandro Rios

Teléfono (trabajo): 507 831-1407

Teléfono (casa): _____

2. Nombre: Maria Soto

Teléfono (trabajo): _____

Teléfono (casa): 507 831-1606

Información adicional que usted quiere que Employer Solutions Staffing Group y nuestros clientes sepan en caso de emergencia:

Background Investigation Information Release Form

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

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

_____, and, further, that Employer Solutions Staffing Group may, at its discretion, conduct periodic criminal and driving record background investigations on me during the course of my employment with Employer Solutions Staffing Group.

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

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

I further agree to indemnify and hold harmless and defend Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims resulting from damages sustained by me or arising out of, connected with, or in any way associated with, any of the activities of any criminal and driving record background investigation and review.

I have read and fully understand this Waiver and Release of All Claims.

Employee Full Legal Name (Printed)	Last Ruiz	First Jose	Middle	Social Security # 584 95 7477	Birthdate 02 03 77
Minnesota Driver's License Number C623049011811				Date Signed 05-28-08	

Jose Ruiz
Signature



STATEMENT OF CONFIDENTIALITY

This agreement made this 28 day of May, 2008, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and hereafter referred to as "employee".

WITNESSETH:

For the duration of my employment and after resignation or termination of this employment with employer, for any reason whatsoever, the employee shall not use or disclose to any other person or company, and confidential or proprietary information or know-how related to the business of the employer.

In view of the difficulty of determining the amount of damages which may result to the employer from a violation of any of the provisions hereof, the employee agrees to pay to the employer the sum of \$10,000 as liquidated damages for every such violation; provided, however, that the payment of such amount as liquidated damages shall not be construed as a release or waiver by the employer of the right to prevent any such violation in equity or otherwise.

Dorise Ruiz

Employee Signature

[Handwritten Signature]

Employer Solutions Staffing Group LLC, Representative

**DRUG AND ALCOHOL
TESTING CONSENT FORM**

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

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

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

Jorge Ruiz

Individual's Name

05-28-08

Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

1st shift
Delo/2/08



ENTERED

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 05-21-08

Name Jorge Luis Ruiz Nieves
Last First Middle Maiden

Present address 311 14 ST HERON LAKE MI 56137
Number Street City State Zip

How long _____ Social Security No. 514-95-7477

Telephone 507-221-0847

If under 18, please list age YES Referred by _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific) No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? 40 Can you work nights?

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

When available for work? TO DAY

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

Do you anticipate any absences from work on a regular basis?
 No Yes If so, please explain _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School		<u>7 GRADES</u>		
College				
Bus. or Trade School				
Professional School				

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. _____

APPLICATION FOR EMPLOYMENT

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

What is your means of transportation to work? _____

Driver's license number C623049011511 State of issue MN

Operator Commercial (CDL) ___ Chauffeur ___

Expiration date 02-03-2010

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 Personal Computer ___ Yes ___ No 10-key ___ Yes ___ No

___ WPM ___ PC ___ Mac

Word Processing ___ Yes ___ No Other _____

___ WPM Skills _____

Please list two references other than relatives or previous employers.

Name Javier Romero Name Ever Arabela

Position pastor church Position Francia

Company _____ Company _____

Address _____ Address Worthington MN

Telephone (507) 542-5282 Telephone (507) 370-0983

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.

Empty space for additional information.

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>PM-BEEF Windsor AN</u>		Supervisor name <u>Liza Hernandez</u>	
Position <u>QA</u>		Employment dates	Pay or salary <u>11:00</u>
Company <u>P.M. BEEF</u>		From <u>05-12-01</u>	Start <u>11.00</u>
Address _____		To <u>01-16-05</u>	Final <u>11.85</u>
Telephone (507) <u>831-0224</u>		Your last job title _____	
Reason for leaving (be specific) <u>Something different.</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <p align="center">* Quality Control ↳ Production</p>			

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.			

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 _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From _____</td> <td>Start _____</td> </tr> <tr> <td>To _____</td> <td>Final _____</td> </tr> </table> Your last job title _____	Employment dates	Pay or salary	From _____	Start _____	To _____	Final _____
Employment dates	Pay or salary						
From _____	Start _____						
To _____	Final _____						
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.							

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From _____</td> <td>Start _____</td> </tr> <tr> <td>To _____</td> <td>Final _____</td> </tr> </table> Your last job title _____	Employment dates	Pay or salary	From _____	Start _____	To _____	Final _____
Employment dates	Pay or salary						
From _____	Start _____						
To _____	Final _____						
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? _____

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

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: Jorge Ruiz DATE: 05-21-08
(PLEASE PRINT)
- 2.) Are you willing to consent to a post job offered drug screen? Yes No If no, why? _____
(CIRCLE)
- 3.) Are you willing to consent to a post job offered health assessment? Yes No If no, why? _____
(CIRCLE)
- 4.) Can you legally work in this country? Yes - No If yes, by what means? US Citizen - Resident Alien - Other? _____
(CIRCLE) (CIRCLE)
- 5.) Do you have reliable transportation to get to work? Yes - No How far will you travel in miles? 75 Will you need a ride Yes - No
(CIRCLE) (CIRCLE)
- 6.) How far away do you live from Suzlon Rotor Corporation? 0-10 10-25 25-50 50-75 75-100 100+ Miles
(CIRCLE)
- 7.) Which shift works best for your schedule: 7am-3:30pm 3pm-11:30pm 11pm-7:30am Will you work any shift? Yes-No
(CIRCLE) (CIRCLE)
- 8.) Is the starting pay of \$10 per hour acceptable? Yes - No If no, starting pay desired \$ 10.00 per hour
(CIRCLE)
- 10.) Have you ever been convicted of a felony? Yes - No If so, when? _____
(CIRCLE)
- 11.) Have you ever been terminated from a job? Yes - No If "yes", explain: _____
(CIRCLE)
- 12.) On average how often are you absent from work per month? Never 1-2 times 3+ times Reason? _____
(CIRCLE)

***** APPLICANT PLEASE DO NOT WRITE BELOW THIS LINE**

Is the application signed Yes - No Are both the application and questions above completed? Yes - No
Was the applicant on time for their interview? Yes - No How did the applicant hear about CMG/Suzlon? _____

PHYSICAL JOB REQUIREMENTS. ASK THE APPLICANT IF THEY CAN PERFORM THE FOLLOWING:

Do you have full range of motion with your head, neck, & upper body? Yes - No Can you lift & carry up to 50lbs if needed? Yes - No
Can you work in a kneeling position? Yes - No Can you work in a standing position (on your feet) for a 8 hour shift? Yes - No
Can you work near fumes & dust for a 8 hour shift? Yes - No Have you ever worn a respirator? Yes - No Where? _____

BASIC INTERVIEW QUESTIONS

Have you ever worked in a mfg environment before? Yes - No If "yes", where? And tell me about your job responsibilities/duties: _____

Are you currently working right now? Yes - No If "yes", why are you looking to leave your employer? _____
If "no", how long have you been looking for employment? 3 months

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: P.M. Window RW
Comments: N/A

Name and title of reference/company: _____
Comments: _____

NOTES

**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

George Ruiz

Date: 05-21-08

Interview Questions:

1. I'd like to know why I should hire you, so please give me 3 good qualities about yourself. *Good person Good w/ friends Reliable*
2. Where do you see yourself in a year from now? What goals have you set for yourself? How do you plan on reaching those goals? *Working*
3. What was the longest period you stayed in a job? What did you like about that kept you there for that long? *PM-7 years Close to home*
4. How comfortable are you in working in a team environment? Give examples of places where you worked in a team environment? What do you see are the benefits of a team environment atmosphere? *Gets along w/ everybody*
5. Tell us about your experience in training and guiding others in work-instructions, safety requirements, or company policies. *Trained*
6. What heavy objects have you moved or handled in any previous jobs? What did the objects weigh? Did you use a forklift to move objects? *both*
7. What types of repetitive assembly tasks have you done in any previous jobs? *Packaging*
8. When was the last time you had a conflict with a co-worker or supervisor? How did you both resolve it? *0*
9. Do you have anything that would limit you from not working here? *0*
10. Are you currently able to perform the essential duties of the job for which you are applying for? *Yes*



PORFAVOR LEYA LAS PREGUNTAS Y PONGALE LAS RESPUESTAS CORRECTAS:

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

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

3. Usted tiene 6 cajas con 20 partes en cada caja. Al fin del dia usted uso 3 y media cajas de partes. Cuantas partes le sobran a usted? 20 60

4. Al principio de su turno de trabajo usted empieza con 150 partes. Durante el turno usted uso 86 partes. Cuantas partes le sobraron al fin del dia?
$$\begin{array}{r} 150 \\ - 86 \\ \hline 84 \end{array}$$
 84

5. Usted usa 12 partes por hora. Cuantas partes usara despues de 5 horas? 30

6. Usted tiene 4 cajas con 20 partes en cada caja. Al fin del dia usted uso 2 y media cajas de partes. Cuantas partes le sobran a usted? 80 - 30

Employee Referral Form

I, Jorge Ruiz was referred to work at Suzlon Rotor Corporation
(Your Name)

by Pedro Gaston an employee of Suzlon Rotor Corporation.
(Name of current SRC employee)

Jorge Ruiz
Signature

05-28-05
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.