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) Salinas Canales, Jose			**EMPLOYEE NAME: (Last, First)**		
ESG New Hire Application	5/12 AP	AP	CMG New Hire Application		
ESG Emergency Contact Info	5/12	5/19	CMG Emergency Contact Info		
Employment Eligibility – I-9- 2 forms of ID - copies			Employment Eligibility – I-9 2 forms of ID - copies		
(1) DL	5/12		(1)		
(2) SS crd	5/12		(2)		
W-4	5/12		W-4		
ESG BACKGROUND RELEASE FORM	5/12		CMG BACKGROUND RELEASE FORM		
			E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:	Starts 5/19/08		EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767

Suzlon

EMPLOYEE INFORMATION SHEET

STRICTLY CONFIDENTIAL

LAST NAME: Salinas Canales
Apellido Nombre

FIRST NAME: José **MIDDLE INITIAL:** Juan Manuel
Primero Nombre Segunda Inicial

ADDRESS: 1305 8th AVE
Direccion

CITY: worthington **STATE:** MN **ZIP:** 56187
Ciudad Estado Zona Postal

HOME PHONE #: _____ **CELL PHONE #:** (507) 370-0481
Teléfono Celular teléfono

DATE OF BIRTH: 02/13/1987
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 729-09-5303
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) Hispanic
origen étnia

EMERGENCY CONTACT INFORMATION
INFORMACIÓN DE CONTACTO DE EMERGENCIA

NAME: José Luis Salinas
Nombre

PHONE #: (507) 329-0286
Teléfono

FOR CMG USE ONLY:

HIRE DATE: 5/12/08 **START DATE:** 5/19/08

TERM DATE: _____ **SALARY (Hourly):** 10.00

SHIFT: 1-DAY 2-NIGHT 3-OVERNIGHT

(1-DAY BUSSER) 2 – NIGHT BUSSER

DEPARTMENT: _____

SUPERVISOR: _____

BADGE #: _____

PRIMARY LANGUAGE: _____

WORKERS COMP CODE: _____

EMPLOYMENT STATUS

Agency Referral ___ **CMG Recruit** ✓

CMG Rollover Date: _____

Client Rollover Date: _____

Revised: Sept. 2007

Employer Solutions Staffing Group LLC

Solicitud

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

Información personal—

Apellido Salinas Canales **Primer nombre** José

Segundo nombre Juan Manuel

Dirección (número de casa y calle) 1305 8th AVE

Cuidad/estado/código postal—

Worthington, MN — 56187

Tfno. de la casa _____ **Tfno. para recados** (507) 370-0481

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.

José J. M. Salinas C.	[signature]	05/12/08
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: • 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 ____
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 ____
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, *Child and Dependent Care Expenses* (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, *Child Tax Credit* (Crédito Tributario por Hijos), en inglés, para mayor información. • 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.**

- 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. José J. M.	Apellido Salinas Canales	2 Su número de seguro social 729 09 5303
Dirección (número de casa y calle o ruta rural) 1305 8th AVE	3 ☒ Soltero ☐ Casado ☐ 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".	
Ciudad o pueblo, estado y código postal *(ZIP)* worthington, MN, 56187	4 Si su apellido es distinto al que aparece en su tarjeta de seguro social, marque este encasillado. Debe llamar al 1-800-772-1213 para una nueva tarjeta. ▶ ☐	

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**)	5 0
6	Cantidad adicional, si hay alguna, que usted quiere que le retengan de su cheque de pago	6 $
7	Yo reclamo la exención de la retención para el 2007 y certifico que cumplo con ambas de las siguientes condiciones para la exención: • 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

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.) ▶ [signature] Fecha ▶ 05/12/08

8 Nombre y dirección del empleador o patrono: (Empleador o patrono: Llene 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 Eligibilidad Para Trabajar**	O	LISTA B **Documentos que Establecen la Identidad**	Y	LISTA C **Documentos que Establecen la Elegibilidad para el Empleo**
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 Identificacion 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 condicir 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 guadería		

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

OMB No. 1615-0047; Expires 06/30/08

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	First	Middle Initial	Maiden Name
Salinas Canales	Jose	Juan M.	

Address (Street Name and Number)	Apt. #	Date of Birth (month/day/year)
1305 8th AVE		2-13-87

City	State	Zip Code	Social Security #
worthington	MN	56187	729-09-5303

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 058-652-120
- ☐ An alien authorized to work until _____

(Alien # or Admission #) _____

Employee's Signature: [signature] Date (month/day/year): 05/12/08

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		SS Card
Issuing authority:		MN		US Gov't
Document #:		E555092196315		729-09-5303
Expiration Date (if any):		2-13-2012		
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)* 5/12/08 **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	Print Name	Title
[signature]	Ashley Postma	Admin Assistant

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)
ESSG, 7301 Ohms Lane 405 Edina MN 55439	5/12/08

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

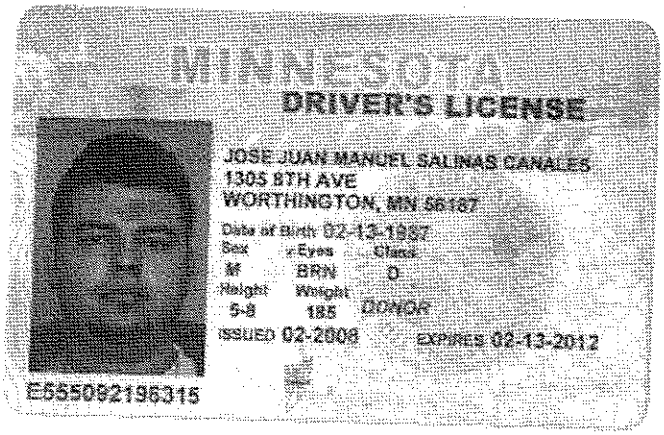
A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)

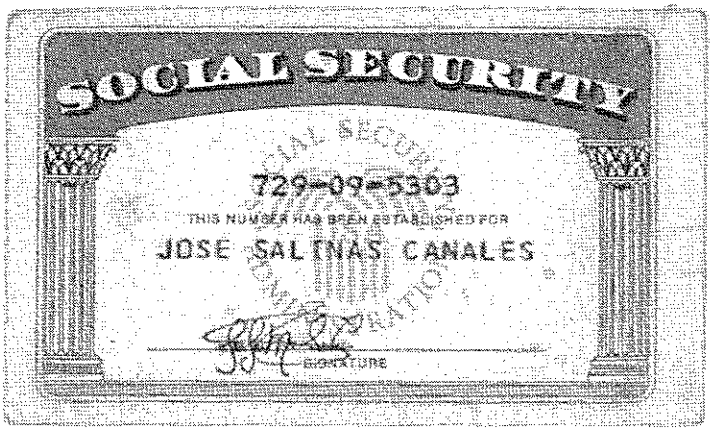
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

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
JOSE JUAN MANUEL SALINAS CANALES
1305 8TH AVE
WORTHINGTON, MN 56187
Date of Birth 02-13-1987
Sex M
Eyes BRN
Class D
Height 5-9
Weight 185
DONOR
ISSUED 02-2008
EXPIRES 02-13-2012
E555092196315


SOCIAL SECURITY
729-09-5303
THIS NUMBER HAS BEEN ESTABLISHED FOR
JOSE SALINAS CANALES
SIGNATURE

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 05/12/2008
Page: 1 of 1

Case Verification Number: 2008133113103NU

Initial Verification:

Last Name:	Salinascanales	First Name:	Jose
Middle Initial:		Maiden Name:	
Social Security Number:	729-09-5303	Date of Birth:	02/13/1987
Hire Date:	05/12/2008	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	058652120	I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	
Initiated By:	KTHO9064	Initiated On:	05/12/2008

Initial Verification Results:

Last Name:	SALINAS CANALES	First Name:	JOSE JUAN
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:	05/12/2008

SENSITIVE BUT UNCLASSIFIED

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

Su Nombre: José Juan Manuel Salinas Canales

Dirección: 1305 8th AVE Worthington, MN. 56187

Teléfono de la casa:
(507) 370-0481

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

1. Nombre: José Luis Salinas

Teléfono (trabajo): _____

Teléfono (casa): (507) 329-0286

2. Nombre: Belem Salinas

Teléfono (trabajo): _____

Teléfono (casa): (507) 329-1926

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 First Middle	Social Security #	Birthdate
Salinas Canales, José Juan Manuel	729 09 5303	02 13 1987
Minnesota Driver's License Number	**Date Signed**	
ES5509219631 5	5-12-08	

Signature _____

Employer Solutions Staffing Group LLC

STATEMENT OF CONFIDENTIALITY

This agreement made this 12 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.

Employee Signature

Employer Solutions Staffing Group LLC, Representative

DRUG AND ALCOHOL
TESTING CONSENT FORM

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

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

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

José Juan Manuel Salinas Canales
Individual's Name

05/12/08
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4. DATE 5-7-08

Name Salinas Canales, José Juan Manuel
Last First Middle Maiden

Present address 1305 8th AVE Worthington, MN. 56187
Number Street City State Zip

How long 1 years 6 month

Social Security No 727 - 09 - 5303

Telephone (507) 370-0481

If under 18, please list age 21

Referred by Pedro Gaston

Position applied for (1) _____

and salary desired (2) Open
(Be specific)

Days/hours available to work
No Pref ____ Thur ✓
Mon ✓ Fri ✓
Tue ✓ Sat ✓
Wed ✓ Sun ____

How many hours can you work weekly? Open Can you work nights? NO

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

When available for work? _____

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	El Salvador		11	
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? X 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 _____

RECEIVED
MAY 5 2008

APPLICATION FOR EMPLOYMENT

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

What is your means of transportation to work? car

Driver's license number E555092196315 State of issue MN - 02-2008

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date 02-13-2012

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

If so, how many? ___

Have you had any moving violations during the past three years? ___ Yes X 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 José Salinas
Position ___
Company ___
Address ___
Telephone (507) 329-0286

Name Belem Salinas
Position ___
Company ___
Address ___
Telephone (507) 329-1926

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 X 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 Salinas Canales, Jose Juan Manuel
Position Clean up.
Company Monogram Foods
Address Chandler
Telephone (301) 677-2325

Supervisor name Jose Carrera

Employment dates	Pay or salary
From September 2007	Start 9:75 hr.
To Date	Final 10:25 hr.

Your last job title _____

Reason for leaving (be specific) Still employed.

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 _____

Employment dates	Pay or salary
From	Start
To	Final

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 _____

Employment dates	Pay or salary
From	Start
To	Final

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.

Name _____
Position _____
Company _____
Address _____
_____
Telephone (_____) _____

Supervisor name _____

Employment dates	Pay or salary
From	Start
To	Final

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? Pedro Gaston

May we contact your present employer? ✓ Yes __ No

Did you complete this application yourself __ Yes ✓ No

If not, who did? Belem Salinas

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: Jose Juan Salinas Canales (PLEASE PRINT) DATE: 5-7-08

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? Resident (CIRCLE) (CIRCLE)

5.) Do you have reliable transportation to get to work? (Yes) - No How far will you travel in miles?_____ 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 $_____ per hour (CIRCLE)

10.) Have you ever been conficted 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? Referral

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? mine

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: Monogram.

Are you currently working right now? (Yes) - No If "yes", why are you looking to leave your employer? less pay

If "no", how long have you been looking for employment? —

Are you on layoff subject to recall? Yes - (No) Where have you had interviews or filled out applications at? —

When are you available for employment? ASAP Do you need to give a 2 week notice with your employer? Yes - (No)

REFERENCE CHECKS

CMG requires two work related reference checks from past employers. Who should we contact?

Name and title of reference/company: _____
Comments:

Name and title of reference/company: _____
Comments:

NOTES

PLEASE READ CAREFULLY
APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc., (hereinafte 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 X _____ Date: 5-7-08

Employee Referral Form

I, Jose Salinas was referred to work at Suzlon Rotor Corporation
(Your Name)

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

Signature

5/09/08
Date

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

Jose Juan Manuel Salinas Canales

PORFAVOR LEYA LAS PREGUNTAS Y PONGALE LAS RESPUESTAS CORRECTAS:

1. Al prinsipio 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 partes

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

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

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

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

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

30 partes.

Jose Juan Manuel Salinas Canales

Interview Questions:

1. I'd like to know why I should hire you, so please give me 3 good qualities about yourself.
   1. Fast worker
   2. Follow the rules
   3. Punctual.
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 at Sucken
3. What was the longest period you stayed in a job? What did you like about that kept you there for that long? 9 months.
4. How comfortable are you in working in a team environment? Give examples of places where you worked in a team environment? What do you see are the benefits of a team environment atmosphere? Yes. There is help in team.
5. Tell us about your experience in training and guiding others in work-instructions, safety requirements, or company policies. Yes. Cleaned machinery. Helped others ten at Sucken.
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? 95lbs. Needed pads at work.
7. What types of repetitive assembly tasks have you done in any previous jobs? Cleaning machines all day long.
8. When was the last time you had a conflict with a co-worker or supervisor? How did you both resolve it? Never.
9. Do you have anything that would limit you from not working here? None.
10. Are you currently able to perform the essential duties of the job for which you are applying for? Yes.