

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>Grant, Jubal</i>			EMPLOYEE NAME: (Last, First)		
ESG New Hire Application	<i>1/7 AD</i>	<i>AD</i>	CMG New Hire Application		
ESG Emergency Contact Info	<i>1/7</i>	<i>1/7</i>	CMG Emergency Contact Info		
Employment Eligibility - I-9- 2 forms of ID - copies			Employment Eligibility - I-9- 2 forms of ID - copies		
(1) <i>ID card</i>	<i>1/7</i>		(1)		
(2) <i>SS card</i>	<i>1/7</i>		(2)		
W-4	<i>1/7</i>		W-4		
ESG BACKGROUND RELEASE FORM	<i>1/7</i>		CMG BACKGROUND RELEASE FORM		
<i>CMG Time</i>	<i>1/7</i>		E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:	<i>Starts 1/14/08</i>		EMPLOYEE CONFIDENTIALITY AGREEMENT		

**CMG CORPORATE FAX NUMBER: 303-736-7767**

*01/14/08*  
*Nights*



# EMPLOYEE INFORMATION SHEET

STRICTLY CONFIDENTIAL

LAST NAME: Grant  
Apellido Nombre

FIRST NAME: Jubal MIDDLE INITIAL: Dean  
Primer Nombre Segunda Inicial

ADDRESS: 219 N. Prairie  
Direccion

CITY: Siock Falls STATE: S.D. ZIP: 57104  
Ciudad Estado Zona Postal

HOME PHONE #: 491-2267 CELL PHONE #:  
Teléfono Celular teléfono

DATE OF BIRTH: 9-15-78  
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 503-96-2389  
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) Native  
origen étnia

### EMERGENCY CONTACT INFORMATION

INFORMACIÓN DE CONTACTO DE EMERGENCIA

NAME: Helen Cournoyer  
Nombre

PHONE #: 605 491-2267  
Teléfono

### FOR CMG USE ONLY:

HIRE DATE: 01/03/08 START DATE: 01/14/07

TERM DATE: \_\_\_\_\_ SALARY (Hourly): 10.60

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: \_\_\_\_\_

# 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 Grant First Name Jubal Middle Initial D  
 Street Address 219 N. prairie  
 City/State/Zip Sioux Falls, S.D. 57104  
 Home Phone 605-491-2267 Message Phone \_\_\_\_\_  
 Company/Employer \_\_\_\_\_

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.

Jubal Grant Name (Print or type)      Jubal Grant Applicant's Signature      1-3-08 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 (2007)

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

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

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

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

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

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax

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

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A 1

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 \$1,000 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 F \_\_\_\_\_

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub 972, Child Tax Credit, for more information. G \_\_\_\_\_

- If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child.
- If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.

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 1

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 <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b>	OMB No. 1545-0074 <b>2007</b>
▶ <b>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.</b>		
1 Type or print your first name and middle initial. <i>Jehal D.</i>	Last name <i>Grant</i>	2 Your social security number <i>503 96 2389</i>
Home address (number and street or rural route) <i>219 N. Prairie</i>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code <i>SIOUX FALLS, S.D. 57104</i>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here <span style="float: right;">▶</span> 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) <i>Jehal D. Grant</i>		Date <i>1-3-08</i>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)



**Employer  
Solutions  
Staffing  
Group LLC**

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

Website: [www.employersolutionsgroup.com](http://www.employersolutionsgroup.com)

## EMPLOYMENT ELIGIBILITY VERIFICATION

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

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

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

# Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

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

Print Name: Last <u>Grant</u>	First <u>Jacob</u>	Middle Initial <u>D</u>	Maiden Name
Address (Street Name and Number) <u>219 N. Virginia</u>		Apt. # <u>1</u>	Date of Birth (month/day/year) <u>9-15-78</u>
City <u>Sioux Falls</u>	State <u>S-D.</u>	Zip Code <u>57104</u>	Social Security # <u>503-96-2389</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien #) A \_\_\_\_\_
- An alien authorized to work until \_\_\_\_\_

(Alien # or Admission #)

Employee's Signature <u>Jacob Grant</u>	Date (month/day/year) <u>1-3-08</u>
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**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

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

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

List A	OR	List B	AND	List C
Document title: _____		<u>ID Card</u>		<u>SS card</u>
Issuing authority: _____		<u>SD</u>		<u>US GOV</u>
Document #: _____		<u>01157558</u>		<u>503-96-2389</u>
Expiration Date (if any): _____		<u>9/15/2011</u>		
Document #: _____				
Expiration Date (if any): _____				

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 1/3/08 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.)**

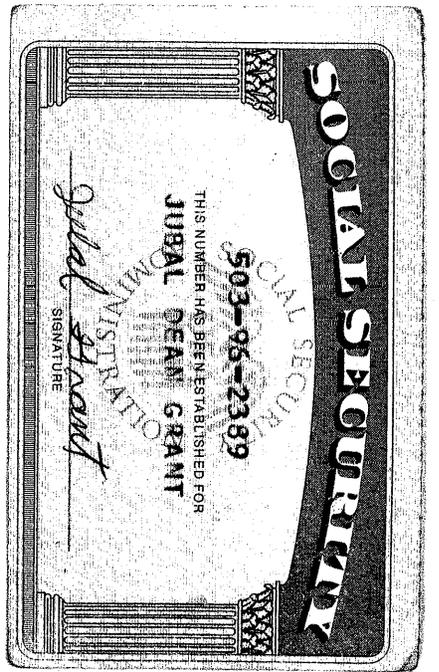
Signature of Employer or Authorized Representative <u>Ashley Postma</u>	Print Name <u>Ashley Postma</u>	Title <u>Admin Assistant</u>
Business or Organization Name <u>FSSG 7300 Metro Blvd</u>	Address (Street Name and Number, City, State, Zip Code) <u>1635 Edina MN 55439</u>	Date (month/day/year) <u>1/7/08</u>

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

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	

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

Signature of Employer or Authorized Representative	Date (month/day/year)
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## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 01/08/2008  
Page: 1 of 1

Case Verification Number: 2008008093416BM

**Initial Verification:**

Last Name:	Grant	First Name:	Jubal
Middle Initial:		Maiden Name:	
Social Security Number:	503-96-2389	Date of Birth:	09/15/1978
Hire Date:	01/03/2008	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:	SEVA4775	Initiated On:	01/08/2008

**Initial Verification Results:**

Initial Eligibility: EMPLOYMENT AUTHORIZED

**SSA Referral:**

Referral By: Referral Date:

**Verification Response:**

Eligibility: Response Date:

**SSA Resubmittal:**

Last Name:		First Name:	
Middle Initial:		Maiden Name:	
Social Security Number:		Date of Birth:	
Initiated By:		Initiated On:	

**Resubmittal Verification Results:**

Eligibility:

**Additional Verification:**

Comments:  
Initiated By: Initiated On:

**Verification Response:**

Eligibility: Response Date:

**DHS Referral:**

Referral By: Referral Date:

**DHS Referral Results:**

Eligibility: Response Date:

**Case Resolution:**

Resolve Option:  
Resolved By: Resolved On:

SENSITIVE BUT UNCLASSIFIED



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!

Jebal Grant  
Your Name

219 N. prairie Apt# 1  
Your Address

Sioux Falls, S.D. 57104  
Your City, State, Zip Code

(605) 491 2267  
Your Telephone Number

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**EMERGENCY CONTACT INFORMATION**

Helen Coarneyer  
Name

Mother  
Relationship

\_\_\_\_\_  
Address

Sioux Falls  
City, State, Zip Code

( ) 491 2267  
Telephone Number

( )  
Alternate Telephone Number

## 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
	Grant	Jubal	D	503-96-2389	9-17-78
Minnesota Driver's License Number				Date Signed	
				1-3-08	

  
 \_\_\_\_\_  
 Signature



**STATEMENT OF CONFIDENTIALITY**

This agreement made this 3<sup>rd</sup> day of Jan, 2007, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and hereafter referred to as "employee".

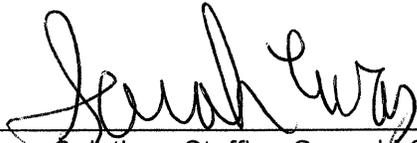
**WITNESSETH:**

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 that 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.

Jabal Grant  
Individual's Name

1-3-08  
Date

**SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6**

\* 14th 2nd shift

# CMIG

Corporate Management Group, Inc.

**APPLICATION FOR EMPLOYMENT**

DATE 1-3-08

Name Grant Jubal Dean  
Last First Middle Maiden

Address 219 N. Prairie Sioux Falls, S.D. 57104  
Number Street City State Zip

Telephone (605) 212-9020 Social Security No. 503 - 96 - 2389

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

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

Current Position NONE Are you available to work overtime?  Yes  No

Current Wage \_\_\_\_\_  
 Shift \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR & DEGREE
High School	<u>Lincoln High school</u>	
College	<u>G.E.D.</u>	
Bus. or Trade School		
Professional School		

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

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

3rd degree burglary sentence 6 years 2002

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

Please list two Emergency Contacts other than relatives.

Name <u>Marjorie Berdeaux</u>	Name <u>Lisa Arlow-Haar</u>
Address <u>219 N. Prairie</u>	Address <u>P.O. Box 998</u>
<u>Sioux Falls, S.D.</u>	<u>wagner, S.D. 57380</u>
Telephone <u>( ) 212-9020</u>	Telephone <u>( ) 384 5843</u>

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: Jacob Grant DATE: 1-3-08  
(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? 100 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 better with your schedule. 1st (5am-3:30pm) or 2nd (3pm-1am)? Will you work any shift?  Yes - No   
(CIRCLE) (CIRCLE)
- 8.) Are you willing to work a Fixed Rotating Shift (4 days on & 4 days off) including weekends & Holiday?  Yes - No  Overtime?  Yes - No   
(CIRCLE) (CIRCLE)
- 9.) Is the starting pay of \$9 per hour acceptable?  Yes - No  If no, starting pay desired \$10.90 per hour  
(CIRCLE)
- 10.) Have you ever been convicted of a felony?  Yes - No  If so, when? 2002  
(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? SICK  
(CIRCLE)

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

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

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

Do you have full range of motion with your head, neck, & upper body?  Yes - No  Can you lift & carry up to 50lbs if needed?  Yes - No   
 Can you work in a kneeling position?  Yes - No  Can you work in a standing position (on your feet) for a 10 hour shift?  Yes - No   
 Can you work near fumes & dust for a 10 hour shift?  Yes - No  Have you ever worn a respirator?  Yes - No  Where? \_\_\_\_\_

BASIC INTERVIEW QUESTIONS

Have you ever worked in a mfg environment before?  Yes - No  If "yes", where? And tell me about your job responsibilities/duties: \_\_\_\_\_  
 Are you currently working right now?  Yes - No  If "yes", why are you looking to leave your employer? NO  
 If "no", how long have you been looking for employment? \_\_\_\_\_  
 Are you on layoff subject to recall?  Yes - No  Where have you had interviews or filled out applications at? \_\_\_\_\_  
 When are you available for employment? \_\_\_\_\_ Do you need to give a 2 week notice with your employer?  Yes - No

REFERENCE CHECKS

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

Name and title of reference/company: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Name and title of reference/company: \* Valerie - Parole Officer 940-4676  
 Comments: \_\_\_\_\_ 367-5780

NOTES

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Employee Referral Form

I, Jebal Grant was referred to work at Suzlon Rotor  
(Your Name)  
Corporation by \_\_\_\_\_ an employee of Suzlon Rotor  
(Name of current SRC employee)  
Corporation.

Jebal Grant \_\_\_\_\_  
Signature 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.

\*Helen Cournoyer  
Mom 491-2267