



# EMPLOYEE INFORMATION SHEET

STRICTLY CONFIDENTIAL

LAST NAME: Trujillo  
Apellido Nombre

FIRST NAME: LeeAnn MIDDLE INITIAL: \_\_\_\_\_  
Primero Nombre Segunda Inicial

ADDRESS: 110 2nd AVE SE Apt #104  
Direccion

CITY: Pipestone STATE: MN ZIP: 56164  
Ciudad Estado Zona Postal

HOME PHONE #: 507-562-0341 CELL PHONE #: \_\_\_\_\_  
Teléfono Celular teléfono

DATE OF BIRTH: 9-25-76  
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 455-49-6173  
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>Lydia Liseiro</u>
Nombre	
PHONE #:	<u>507-562-0286</u>
Teléfono	

### FOR CMG USE ONLY:

HIRE DATE: 1/31/08 START DATE: 2/1/08

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

SHIFT -DAY  2-NIGHT  3-OVERNIGHT

1-DAY BUSSER 2-NIGHT BUSSER

DEPARTMENT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

BADGE #: \_\_\_\_\_

PRIMARY LANGUAGE: \_\_\_\_\_

WORKERS COMP CODE: \_\_\_\_\_

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

# Form W-4 (2008)

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

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

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

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

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

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

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

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

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

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

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

B Enter "1" if: B \_\_\_\_\_

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C \_\_\_\_\_

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D \_\_\_\_\_

E Enter "1" if you will file as head of household on your tax return (see conditions under **Head of household** above) E \_\_\_\_\_

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit 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.

- If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.
- If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children. G \_\_\_\_\_

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H \_\_\_\_\_

For accuracy, complete all worksheets that apply.

- 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	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="margin:0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2008</div>
1 Type or print your first name and middle initial. Last name <div style="font-size: 1.2em; font-family: cursive;">LeeAnn Trujillo</div>		2 Your social security number <div style="font-size: 1.2em; font-family: cursive;">455 44 6173</div>
Home address (number and street or rural route) <div style="font-size: 1.2em; font-family: cursive;">110 2nd AVE SE Apt #104</div>		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code <div style="font-size: 1.2em; font-family: cursive;">Pipestone, MN 56164</div>		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 <span style="font-size: 1.2em; font-family: cursive;">1</span>
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <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">▶ 7</span>		
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 <small>(Form is not valid unless you sign it.)</small>		Date <span style="font-size: 1.2em; font-family: cursive;">2-18-08</span>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office use only 10 Employer identification number (EIN)

# 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>Trujillo</u>	First <u>LeeAnn</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>110 2nd AVE SE</u>		Apt. # <u>104</u>	Date of Birth (month/day/year) <u>9/25/1976</u>
City <u>Pipestone</u>	State <u>MN</u>	Zip Code <u>56164</u>	Social Security # <u>455-49-6173</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>LeeAnn Trujillo</u>	Date (month/day/year) <u>1-18-07</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>Social Security Card</u>		<u>MN Driver's License</u>
Issuing authority: _____		<u>U.S. Gov't.</u>		<u>Minnesota</u>
Document #: _____		<u>455-49-6173</u>		<u>R128144457711</u>
Expiration Date (if any): _____				<u>9-25-09</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) 2-19-07 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Jessica R. Fraser</u>	Print Name <u>Jessica R. Fraser</u>	Title <u>On-site Mgr</u>
Business or Organization Name <u>CMG</u>	Address (Street Name and Number, City, State, Zip Code) <u>1349S Clayton Cr. Thornton CO 80241</u>	Date (month/day/year) <u>1-24-07</u>

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

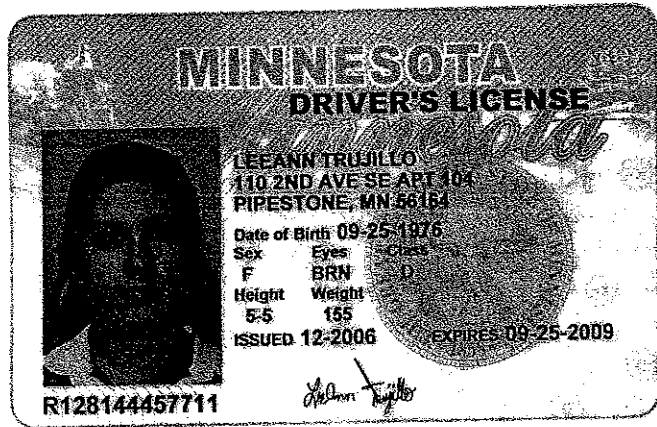
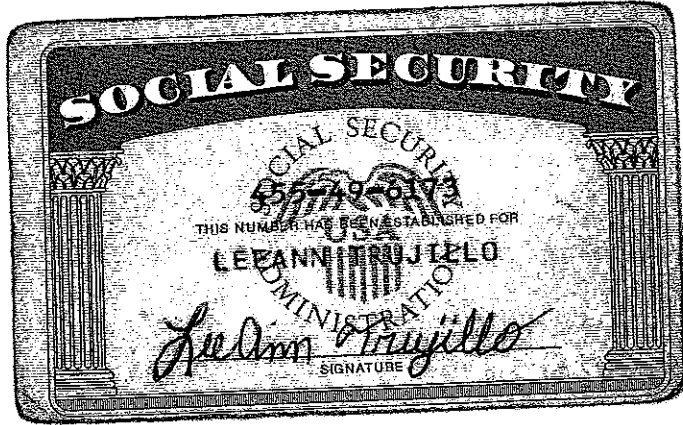
A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if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

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

Signature of Employer or Authorized Representative	Date (month/day/year)
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NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

**COPY**



COPY

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

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

Case Verification Number: 2007346153354XJ

**Initial Verification:**

Last Name:	Trujillo	First Name:	LeAnn
Middle Initial:		Maiden Name:	
Social Security Number:	455-49-6173	Date of Birth:	09/25/1976
Hire Date:	01/18/2007	Citizenship Status:	Citizen or National of the United States
Alien Number:		I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	
Initiated By:	APOS3210	Initiated On:	12/12/2007

**Initial Verification Results:**

Initial Eligibility: EMPLOYMENT AUTHORIZED

**SSA Referral:**

Referral By: Referral Date:

**Verification Response:**

Eligibility: Response Date:

**SSA Resubmittal:**

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

**Resubmittal Verification Results:**

Eligibility:

**Additional Verification:**

Comments:  
Initiated By: Initiated On:

**Verification Response:**

Eligibility: Response Date:

**DHS Referral:**

Referral By: Referral Date:

**DHS Referral Results:**

Eligibility: Response Date:

**Case Resolution:**

Resolve Option:  
Resolved By: Resolved On:

SENSITIVE BUT UNCLASSIFIED

# CMV

Corporate Management Group

## APPLICATION FOR EMPLOYMENT

Trujillo, Lee Ann  
 Feb 12th  
 IDs ✓  
 HI. ✓  
 D.S. ✓  
 Starts Tues  
 LM w/ mem - behind out of town

Name Trujillo LeeAnn  
Last First Middle

Address 110 2nd AVE SE Apt # 104 Pipestone MN 56164  
Number Street City State Zip

Telephone (507) 562-0341 Social Security No. 455-49-673

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 Shipping Are you available to work overtime?  Yes  
 Current Wage 9.00/hr  No  
 Shift 1st day's

TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR & DEGREE
High School	<u>Worthington MN</u>	
College	<u>12th</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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

Please list two Emergency Contacts other than relatives.

Name Lydia Liseiro Name \_\_\_\_\_  
 Address Madison SD Address Siox Falls  
 Telephone (507) 530-9196 Telephone (605) 977-3766

**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 Lee Ann Trujillo Date: 12/26/06

Corporate Management Group, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Corporate Management Group, Inc. depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

**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: LeeAnn Trujillo DATE: 12-26-06  
(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? 2 mi 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)  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 \$ \_\_\_\_\_ per hour  
(CIRCLE)
- 0.) Have you ever been convicted of a felony? Yes  No  If so, when? \_\_\_\_\_  
(CIRCLE)
- 1.) Have you ever been terminated from a job? Yes  No  If "yes", explain: \_\_\_\_\_  
(CIRCLE)
- 2.) 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 10 hour shift? Yes - No  
Can you work near fumes & dust for a 10 hour shift? Yes - No Have you ever worn a respirator? Yes - No Where? \_\_\_\_\_

**BASIC INTERVIEW QUESTIONS**

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

**NOTES**

# SUZLON ROTOR CORP. APPLICATION FOR EMPLOYMENT



We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

### PERSONAL INFORMATION (print)

Last <b>Trujillo</b>	First <b>LeeAnn</b>	Middle Initial
Street/PO Box	City	State ZIP Code
Permanent Address <b>110 2nd AVE. SE APT #205 Pipestone MN 56164</b>		
Telephone Number <b>507/862-7391</b>	Message Telephone Number <b>605-<del>862</del> 793-2439</b>	
Are you 18 years or older? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Social Security Number <b>455-49-6173</b>	
Position Applying For <b>Any open</b>	Date You Can Start <b>ASAP</b>	
Are You Currently Employed? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If YES, may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you applied to this company before? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If YES, where and when?	

Do you have a High School Diploma or GED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If NO, Highest Grade Completed	Studies in High School
---	------------------------

### SPECIAL TRAINING OR EDUCATION BEYOND HIGH SCHOOL

Name of School & Location	Course of Study	Type of Degree, Certificate or Occupational License

### MILITARY SERVICE RECORD

Are you a Veteran? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Branch	Dates of Service From _____ To _____
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What type of education, training and work experience did you receive in the military?

### INVITATION FOR SELF-IDENTIFICATION

**Invitation for Self-Identification of Minority, Vietnam Era Veteran, Disabled Veteran, Other Eligible Veteran, or Persons with a Disability**

Submission of information is voluntary; refusal to identify will not adversely affect any applicant or employee. This information will be kept confidential. Please check the appropriate box(es):

SEX: Female  Male       PERSON WITH DISABILITIES: YES  NO   
(Please communicate any special accommodations required.)

#### RACE / ETHNIC GROUP

- Asian/Pacific Islander    African American    Hispanic    Native American Indian or Alaskan Native    White

#### VETERAN STATUS

- Vietnam Era Veteran** on active duty between August 5, 1964, and May 7, 1975.  
 **Disabled Veteran** a person entitled to a disability at 30 percent or more incurred in the line of duty.  
 **Other Veteran** on active duty 180 days or more and served in a campaign for which a badge has been awarded.