

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>MURZ, Leonel</i>	<i>06/05/08</i>		EMPLOYEE NAME: (Last, First)		
ESG New Hire Application	<i>3</i>	<i>AP</i>	CMG New Hire Application		
ESG Emergency Contact Info			CMG Emergency Contact Info		
Employment Eligibility – I-9- 2 forms of ID - copies			Employment Eligibility – I-9 2 forms of ID - copies		
(1) <i>Perm. Res</i>			(1)		
(2) <i>cvd</i>			(2)		
W-4			W-4		
ESG BACKGROUND RELEASE FORM			CMG BACKGROUND RELEASE FORM		
			E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:	<i>Starts 6/9/08</i>		EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767

06/9/08
Mgmt
SF



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Suzlon

LAST NAME: Munez
Apellido Nombre

FIRST NAME: Leonel MIDDLE INITIAL: Eliseo
Primero Nombre Segunda Inicial

ADDRESS: 1914 N. Richard Pl.
Direccion

CITY: Sioux Falls STATE: SD ZIP: 57103
Ciudad Estado Zona Postal

HOME PHONE #: _____ CELL PHONE #: 605-323-5801
Teléfono Celular teléfono

DATE OF BIRTH: 2-26-75
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 615-24-4771
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) HISP.
Origen étnia

EMERGENCY CONTACT INFORMATION	
INFORMACIÓN DE CONTACTO DE EMERGENCIA	
NAME: <u>Maria Barrera</u>	Nombre
PHONE #: <u>605-521-2625</u>	Teléfono

FOR CMG USE ONLY:

HIRE DATE: 6/5/08 START DATE: 6/9/08 TERM DATE: _____

SALARY (Hourly): 10.00 SHIFT DIFFERENTIAL SHIFT: 1-DAY 2-NIGHT 3-OVERNIGHT

DEPARTMENT: _____ SUPERVISOR: _____

PRIMARY LANGUAGE: Spanish WORKERS COMP CODE: _____

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

Revised: February 2008

Employer Solutions Staffing Group LLC

New Hire Application

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

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Munez First Name Leonel Middle Initial E.
 Street Address 1914 N. Richard Pl.
 City/State/Zip Sioux Falls SD 57103
 Home Phone 605-323-5801 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 rehiring.

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.

Leonel E. Munez Leonel E. Munez 6-5-08
 Name (Print or type) Applicant's Signature Date

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

For ESSG Office Use Only

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

Form W-4 (2008)

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

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

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

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

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

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

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

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent.	A
B	Enter "1" if: <ul style="list-style-type: none"> • 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. 	B
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; 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. 1545-0047 <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 <i>Leonel E. Nunez</i>		2 Your social security number <i>615 24 4771</i>
Home address (number and street or rural route) <i>1914 N. Richard Pl.</i>		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold 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 <i>Siox Falls SD 57103</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
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		
Under penalties or 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 ▶ <i>6-5-08</i>
8 Employee's name and address (Employer completes lines 9 and 10 only if sending to the IRS)		9 City, state and zip 10 Employer identification number (EIN)

LISTS OF ACCEPTABLE DOCUMENTS

LIST A

Documents that Establish Both
Identity and Employment
Eligibility

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Eligibility

OR

AND

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

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

Form I-9, Employment Eligibility Verification

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

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

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

Print Name: Last <u>Nunez</u>	First <u>Leonel</u>	Middle Initial <u>Eliseo</u>	Maiden Name
Address (Street Name and Number) <u>1914 N. Richard Pl.</u>		Apt. #	Date of Birth (month/day/year) <u>2-26-75</u>
City <u>Sioux Falls</u>	State <u>SD</u>	Zip Code <u>57103</u>	Social Security # <u>615-24-4771</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 029-262-376

An alien authorized to work until _____
(Alien # or Admission #)

Employee's Signature
Leonel Nunez

Date (month/day/year)
6-5-08

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

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

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

Document title:	List A	OR	List B	AND	List C
Issuing authority:	<u>Permanent Resident</u>				
Document #:	<u>US Govt</u>				
Expiration Date (if any):	<u>115900042</u>				
Document #:	<u>05/23/2011</u>				
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) 06/05/08 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>Sarah Evans</u>	Print Name <u>Sarah Evans</u>	Title <u>Recruiter</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>556 BDL Dr. Mansfield, MN 55439</u>		Date (month/day/year) <u>06/05/08</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)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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: 06/05/2008
Page: 1 of 1

Case Verification Number: 2008157163511PG

Initial Verification:

Last Name:	Nunezbarrera	First Name:	Leonele
Middle Initial:		Maiden Name:	
Social Security Number:	615-24-4771	Date of Birth:	02/26/1975
Hire Date:	06/05/2008	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	029262376	I-94 Number:	
Card Number:	SPM0115900042		
Document Type:	I-551	Doc. Expiration Date:	
Initiated By:	KTHO9064	Initiated On:	06/05/2008

Initial Verification Results:

Last Name:	NUNEZ BARRERA	First Name:	LEONEL
		Expire Date:	INDEFINITE

[Click to Enlarge](#)

Initial Eligibility: EMPLOYMENT AUTHORIZED

SSA Referral:

Referral By:	Referral Date:
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Verification Response:

Eligibility:	Response Date:
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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:
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DHS Referral:

Referral By:	Referral Date:
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DHS Referral Results:

Eligibility:	Response Date:
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Case Resolution:

Resolve Option:	Resolved Authorized		
Resolved By:	KTHO9064	Resolved On:	06/05/2008



REQUEST A NEW ASSIGNMENT UPON COMPLETION OF AN ASSIGNMENT

Minnesota Statute Section 268.095, subd. 2 (d) states in part—"An applicant who, within 5 calendar days after completion of a suitable temporary job assignment from a staffing service employer, (1) fails without good cause to affirmatively request an additional job assignment, or (2) refuses without good cause an additional suitable job assignment offered, shall be considered to have quit employment.

"This paragraph shall apply only if, at the time of beginning of employment with the staffing service employer, the applicant signed and was provided a copy of a separate document written in clear and concise language that informed the applicant of this paragraph and that unemployment benefits may be affected.

"For purposes of this paragraph, "good cause" shall be a reason that is significant and would compel an average, reasonable worker, who would otherwise want an additional temporary job assignment with the staffing service employer, (1) to fail to contact the staffing service employer, or (2) to refuse an offered assignment."

You will be an employee of Employer Solutions Staffing Group while on probation at any client company assignment. Should an assignment end for any reason, you must contact Employer Solutions Staffing Group within 5 business days for another assignment. You must stay in contact with Employer Solutions Staffing Group at least once a week until you are placed on another assignment.

I furthermore understand that if I fail to request an additional assignment I will be considered to have quit my employment with Employer Solutions Staffing Group. I understand that unemployment benefits may be affected if I do not request an additional work assignment.

To request an additional assignment, I need to call (952) 835-1288 (1.866.496.7573) between the hours of 8:00 AM - 5:00 PM Monday through Thursday, 8:00 AM - 3:00 PM Friday.

I have read and I understand the above policy.



Signature

Print Name _____
Date Leonel E. Vonez



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!**

Leonel E. Nunez
Your Name

1914 N. Richard Pl. Apt#
Your Address

S. Duffalls SD 57103
Your City, State, Zip Code

(605) 323-5801
Your Telephone Number

EMERGENCY CONTACT INFORMATION

Maria Barrera
Name

Mama
Relationship

Address

City, State, Zip Code

(605) 521-2625
Telephone Number

()
Alternate Telephone Number



STATEMENT OF CONFIDENTIALITY

This agreement made this 5 day of June, 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

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
	Munoz	Leonel	E		
Minnesota Driver's License Number				Date Signed	
				6-5-08	

Leonel E. Munoz
Signature

**DRUG AND ALCOHOL
TESTING CONSENT FORM**

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

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

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

Leonel E Nunez

Individual's Name

6-5-08

Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

Employee Referral Form

I, Leonel E. Nunez was referred to work at Suzlon Rotor Corporation
(Your Name)

by Leonel E. Nunez an employee of Suzlon Rotor Corporation.
(Name of current SRC employee)

Leonel E. Nunez
Signature

6-5-08
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.



FORMULARIO DE SOLICITUD DE EMPLEO

SOLICITANTES TENDRÁN QUE HACERSE UNA PRUEBA DEL USO DE DROGAS ILEGALES

FAVOR DE COMPLETAR PÁGINAS 1-4. Fecha 5-28-08

Nombre Leonel Nunez
Apellido Primer nombre, 2do Nombre y nombre de soltera

Su Domicilio 1914 N. Richard Pl. Sioux Falls SD 57103
Numero, Calle, Ciudad, Estado, Código postal

Cuánto tiempo _____ No. de seguro 615 - 24 - 2471
social

No. de teléfono (605) 323-5801

Su edad si es menor de 18 años _____ Recomendado/a por Carlos Medina

Puesto que solicita (1) Ang _____
Dias/horas que puede trabajar
Ninguna preferencia. _____ juev. X
lunes X _____ viern. X
miércoles X _____ sáb. _____
miérc. X _____ domingo _____

¿Cuántas horas puede trabajar por semana? 40-50 ¿Puede trabajar de noche? Yes

Trabajo que espera HORARIO REGULAR _____ HORARIO PARCIAL _____ HORARIO REGULAR O PARCIAL

¿Cuándo puede empezar? Any day

¿Tiene responsabilidades u obligaciones que no lo/la permitirían cumplir con los horarios específicos?
 No _____ Sí Explique por favor _____

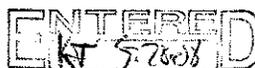
¿Preve usted cualquiera ausencia del trabajo de vez en cuando o regularmente?
 No _____ Sí Explique por favor _____

TIPO DE ESCUELA	NOMBRE DE ESCUELA	UBICACIÓN (dirección completa)	NÚMERO DE AÑOS TERMINADOS	ESPECIALIDAD O TÍTULO
Colegio secundario	<u>El Estudiante</u>	<u>8^o</u>		
Universidad				
Escuela empresarial				
Escuela de Especialidad				

¿Ha sido usted alguna vez declarado culpable por un delito? No _____ Sí

Si marcó sí, explique cuántas condenas, que clase de delito(s) que lo/la lluevó a ser condenada, cuánto tiempo hace que lo cometió, la sentencia que se le aplicó y si tuvo que asistir a un programa de rehabilitación:

2nd 8499



FORMULARIO DE SOLICITUD DE EMPLEO

TIENE UD. LICENCIA DE CONDUCIR? Sí No

¿Cuál es su medio de transporte para trabajar? Carro

Su número de conductor 01237465 de cuál estado SD

Conductor particular Comercial /Público (CDL) Chofer

Fecha en que se vence 5-23-011

¿Ha tenido algún accidente durante los últimos 3 años? Sí No

¿Cuántos? _____

¿Ha recibido una multa en los últimos 3 años? Sí No

¿Cuántas? _____

OFFICE USE ONLY

Typing Yes No

_____ WPM

Personal Computer Yes No

_____ PC _____ Mac

10-key Yes No

Word Processing Yes No

_____ WPM

Other _____

Skills _____

Por favor escriba dos referencias que no sean parientes o empleadores previos

Nombre Betty Navarro Nombre _____

Posición _____ Posición _____

Empresa _____ Empresa _____

Dirección _____ Dirección _____

Teléfono (____) _____ Teléfono (____) _____

El formulario de solicitud de empleo a veces no permite un sumario adecuado del solicitante. Utilice el espacio abajo para describir sus calificaciones para el puesto que usted solicita o para añadir información que usted desea incluir.

FORMULARIO DE SOLICITUD DE EMPLEO

MILITAR

¿ALGUNA VEZ HA ESTADO EN LAS FUERZAS ARMADAS? Sí No

¿ES UD. MIEMBRO DE LA GUARDIA NACIONAL? Sí No

Especialidad _____ Fecha que se alistó _____ Fecha de baja _____

EXPERIENCIA LABORAL

Por favor escriba su experiencia laboral en los últimos cinco años comenzando con su puesto más reciente
Si era trabajador autónomo, escriba el nombre de la empresa. Adjunte páginas adicionales si es necesario.

Nombre <u>DRS Roofin Construction</u>	Supervisor <u>Jerry</u>	
Posición <u>labor</u>	Fechas de empleo	Sueldo o salario
Empresa _____	del <u>April 2007</u>	Sueldo inicial <u>\$1250</u>
Dirección <u>SIOUX Falls SD.</u>	al <u>January 2003</u>	Al final <u>\$1300</u>
Teléfono <u>(605) 333-1698</u>	Su último puesto/título	

Siempre

Motivo por el cual dejó el trabajo (sea específico) lay off

Escriba el puesto o la posición, sus deberes, sus habilidades que utilizó, o aprendió y si recibió promoción mientras que trabajó allí.

Todo Relacionado con Roof

Nombre <u>M.J. Dalsin</u>	Supervisor _____	
Posición <u>foreman</u>	Fechas de empleo	Sueldo o salario
Empresa _____	del <u>April 2000</u>	Sueldo inicial <u>\$925</u>
Dirección <u>1800 Delaware st.</u>	al <u>April - 2007</u>	Al final <u>\$1400</u>
Teléfono () _____	Su último puesto/título	

MJS

Motivo por el cual dejó el trabajo (sea específico) _____

Escriba el puesto o la posición, sus deberes, sus habilidades que utilizó o aprendió y si recibió promoción mientras que trabajó allí.

FORMULARIO DE SOLICITUD DE EMPLEO

EXPERIENCIA LABORAL

Por favor escriba su experiencia laboral en los últimos cinco años comenzando con su puesto más reciente
Si era trabajador autónomo, escriba el nombre de la empresa. Adjunte páginas adicionales si es necesario.

Nombre _____	Supervisor _____	
Posición _____	Fechas de empleo	Sueldo o salario
Empresa _____	del	Sueldo inicial
Dirección _____	al	Al final
Teléfono (____) _____	Su último puesto/título	
Motivo por el cual dejó el trabajo (sea específico)		
Escriba el puesto o la posición, sus deberes, sus habilidades que utilizó o aprendió y si recibió promoción mientras que trabajó allí		

Nombre _____	Supervisor _____	
Posición _____	Fechas de empleo	Sueldo o salario
Empresa _____	del	Sueldo inicial
Dirección _____	al	Al final
Teléfono (____) _____	Su último puesto/título	
Motivo por el cual dejó el trabajo (sea específico)		
Escriba el puesto o la posición, sus deberes, sus habilidades que utilizó o aprendió y si recibió promoción mientras que trabajó allí		

¿Quién lo recomendó? Carlos Medina Carlos Medina

¿Podemos comunicarnos con su empleador? Sí No

¿Llenó usted esta solicitud de trabajo o recibió ayuda? Sí No (por favor explique abajo)

POR FAVOR LEA ATENTAMENTE

DOCUMENTO DE RENUNCIA DEL FORMULARIO DE SOLICITUD

Por favor escriba sus iniciales en los espacios que se proporcionan abajo como una indicación que usted ha leído y ha comprendido cada frase.

Ni la aceptación de esta solicitud ni la consiguiente entrada en cualquier tipo de relación de empleo, sea en el puesto solicitado o cualquier otro puesto a pesar de los contenidos de los manuales del empleado, manuales del personal, planes de beneficios/ventajas, declaraciones de políticas y documentos similares que puedan surgir de vez en cuando u otras prácticas empresariales, servirán para crear un contrato de empleo verdadero o implicado. LN No para conceder cualquier derecho para permanecer como un empleado de CMG, o de otro modo para cambiar de cualquier manera la relación de empleo a voluntad entre la Compañía y el/la abajo firmante, LN y esa relación no se podrá de cambiar excepto con un instrumento escrito y firmado por el Propietario/Gerente General de la Compañía. LN Tanto el/la abajo firmante como la Compañía pueden terminar la relación de empleo en cualquier momento, sin aviso o razón. LN Si soy contratado/a, entiendo que la Compañía puede cambiar o modificar unilateralmente sus beneficios, políticas y procedimientos y esos cambios pueden incluir la reducción de beneficios. LN

Yo autorizo la investigación de todas las declaraciones hechas en esta solicitud. Yo entiendo que la distorsión o la omisión de los hechos requeridos es suficiente razón para despido en cualquier momento sin previo aviso. LN Por la presente le concedo autorización a la Compañía el derecho de ponerse en contacto con las escuelas, empleadores previos (salvo los indicados), referencias y otros y descargo a la Compañía de cualquiera responsabilidad que haya resultado de tal contacto.

Yo entiendo que, con respecto al procesamiento de rutina de la solicitud de empleo, la Compañía puede pedir un informe de consumidor de una agencia proveedora de informes de consumidor que incluye la información acerca de mi historia de cuentas de crédito, referencias, mi reputación en general, características personales y manera de vivir. LN La Compañía me proporcionará toda información adicional acerca de la naturaleza y alcance de cualquier informe que ha pedido, siguiendo mi solicitud por escrito, como es requerido por la ley de informe de crédito justo (Fair Credit Reporting Act). LN

Además entiendo que mi empleo con la Compañía será de prueba durante noventa (90) días y en cualquier momento de este periodo de prueba o al partir de entonces, mi relación de empleo con la Compañía se puede terminar por cualquier razón y por cualquier parte. LN

Firma del solicitante

Scott Kirby

Fecha:

5-28-08

Corporate Management Group, Inc. ofrece la igualdad de oportunidades de empleo. Cumplimos con una política de tomar decisiones laborales sin discriminación contra raza, color, religión, sexo, orientación sexual, origen nacional, ciudadanía, edad o discapacidad. Le aseguramos que la oportunidad que tenga de conseguir trabajo con Corporate Management Group, Inc., depende solamente de sus calificaciones.

Gracias por haber completado este formulario de solicitud y por su interés en nuestra empresa.

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: Leonel E Nunez DATE: 5-28-08
(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? 60M. 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 convicted of a felony? Yes No If so, when? _____
(CIRCLE)
- 11.) Have you ever been terminated from a job? Yes No If "yes", explain: _____
(CIRCLE)
- 12.) On average how often are you absent from work per month? Never 1-2 times 3+ times Reason? _____
(CIRCLE)

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

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

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? 1 week

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

Leonel Alvarez

PORFAVOR LEYA LAS PREGUNTAS Y PONGALE LAS RESPUESTAS CORRECTAS:

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

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

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

50

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

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

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

Leonel ~~Ator~~ Nunez

Interview Questions:

- I'd like to know why I should hire you, so please give me 3 good qualities about yourself.
1.) Disposition 2.) Punctual 3.) works hard
- 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?
Work @ Sun
- What was the longest period you stayed in a job? What did you like about that kept you there for that long? 7 yrs. 10 hrs per job
- 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? Comfortable. Others have to break apart.
- Tell us about your experience in training and guiding others in work-instructions, safety requirements, or company policies. YES. ~~was~~ was a few min in Recre...
- 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? 170 lbs. Boxes of product
- What types of repetitive assembly tasks have you done in any previous jobs?
NO Present jobs
- When was the last time you had a conflict with a co-worker or supervisor? How did you both resolve it?
Never
- Do you have anything that would limit you from not working here?
None
- Are you currently able to perform the essential duties of the job for which you are applying for?
YES