

ESG NEW HIRE PAPERWORK	Date received & initials completed	DATE FAXED & INITIALS	CMG NEW HIRE PAPERWORK	Date received & initials completed	DATE FAXED & INITIALS
EMPLOYEE NAME: (Last, First)			EMPLOYEE NAME: (Last, First)		
Muricia, Leonor					
ESG New Hire Application	6/25 AP	AP	CMG New Hire Application		
ESG Emergency Contact Info	6/25		CMG Emergency Contact Info		
Employment Eligibility - I-9- 2 forms of ID - copies			Employment Eligibility - I-9 2 forms of ID - copies		
(1) Emp. Auth card	6/25		(1)		
(2)			(2)		
W-4	6/25		W-4		
ESG BACKGROUND RELEASE FORM	6/25		CMG BACKGROUND RELEASE FORM		
			E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:	Starts 6/30/08		EMPLOYEE CONFIDENTIALITY AGREEMENT		

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



# EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Suzlon

LAST NAME: Murcia  
Apellido Nombre

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

ADDRESS: 615 Clark St  
Direccion

CITY: Washington STATE: MA ZIP: 56187  
Ciudad Estado Zona Postal

HOME PHONE #: 507) 343-1029 CELL PHONE #: 507) 360-6590  
Teléfono Celular teléfono

DATE OF BIRTH: 9-23-73  
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 475-43-3934  
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: Pedro Murcia  
Nombre

PHONE #: 507) 360-6590  
Teléfono

### FOR CMG USE ONLY:

HIRE DATE: 6/25/08 START DATE: 6/30/08 TERM DATE: \_\_\_\_\_

SALARY (Hourly): 10.60 SHIFT DIFFERENTIAL  SHIFT: 1-DAY  2-NIGHT  3-OVERNIGHT

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

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

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

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

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



# Solicitud

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

Información personal—

Apellido Murcia Primer nombre Leonar

Segundo nombre NA

Dirección (número de casa y calle) 615 Clair St Worthington MN 56187

Cuidad/estado/código postal—

Tfno. de la casa 507)343-1029 Tfno. para recados 507)343-9099

Compañía/empleador \_\_\_\_\_

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

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

## Certificación y autorización del solicitante

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

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

Leonar Murcia Leonar Murcia 6-25-08  
Nombre (en letra de imprenta o a máquina) Firma del solicitante Fecha

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

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

# Forma W-4(SP) (2008)

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

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

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

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

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

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

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

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

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

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

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

A Añote "1" para usted mismo si nadie más le puede reclamar como dependiente. A \_\_\_\_\_

B Añote "1" si: B \_\_\_\_\_

- Usted es soltero y tiene sólo un empleo; o
- Usted es casado, tiene sólo un empleo y su cónyuge no trabaja; o
- Sus sueldos o salarios de un segundo empleo o los de su cónyuge (o el total de los dos) son de \$1,000 ó menos.

C Añote "1" para su cónyuge. Pero, usted puede escoger anotar "-0-" si es casado y tiene un cónyuge que trabaja o si tiene más de un empleo. (Anotando "-0-" pudiera ayudarle a evitar que le retengan una cantidad de impuesto demasiado baja.) C \_\_\_\_\_

D Añote el número de dependientes (que no sean su cónyuge o usted mismo) que usted reclamará en su declaración de impuestos. D \_\_\_\_\_

E Añote "1" si usted presentará como cabeza de familia en su declaración de impuestos (vea las condiciones bajo Cabeza de familia, arriba) E \_\_\_\_\_

F Añote "1" si usted tiene por lo menos \$1,500 en gastos del cuidado de hijos o dependientes por los cuales usted piensa reclamar un crédito (Aviso: No incluya pagos de pensión para hijos menores. Vea la Pub. 503, *Child and Dependent Care Expenses* (Gastos de cuidado de hijos menores y dependientes), en inglés, para más detalles.) F \_\_\_\_\_

G Crédito tributario por hijos (incluyendo el crédito tributario adicional por hijos). Vea la Pub. 972, *Child Tax Credit* (Crédito Tributario por Hijos), en inglés, para mayor información. G \_\_\_\_\_

- Si su ingreso total será menor de \$57,000 (\$85,000 si es casado), añote "2" para cada hijo(a) elegible.
- Si su ingreso total será de entre \$57,000 y \$84,000 (\$85,000 y \$119,000 si es casado), añote "1" para cada hijo elegible más "1" adicional si usted tiene cuatro o más hijos elegibles.

H Sume las líneas desde la A hasta la G, inclusive, y añote el total aquí. (Aviso: Esto pudiera ser distinto del número de exenciones que usted reclame en su declaración de impuestos.) H \_\_\_\_\_

Para que sea lo más exacto posible, complete todas las hojas de trabajo que correspondan.

- Si usted piensa detallar sus deducciones o reclamar ajustes a su ingreso y desea reducir su impuesto retenido, vea la Hoja de Trabajo para Deducciones y Ajustes en la página 2.
- Si usted tiene más de un empleo o es casado y tanto usted como su cónyuge trabajan y sus remuneraciones combinadas de todos los empleos exceden de \$35,000 (\$25,000 si es casado), vea la Hoja de Trabajo para Dos Asalariados/Dos Empleos en la página 2 a fin de evitar la retención insuficiente de los impuestos.
- Si ninguna de las condiciones de arriba le corresponde, deténgase aquí y añote en la línea 5 de la Forma W-4(SP), más abajo, la cantidad de la línea H.

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

Forma <b>W-4(SP)</b> Department of the Treasury Internal Revenue Service	<b>Certificado de Exención de la Retención del Empleado</b> ▶ Su derecho a reclamar un cierto número de descuentos o a declararse exento de la retención de impuestos está sujeto a examen por el IRS. Su empleador o patrono quizás debiera enviar una copia de esta forma al IRS.	OMB No. 1545-0074 <b>2008</b>
1 Escriba a máquina o en letra de imprenta su primer nombre e inicial del segundo. <span style="float: right;">Apellido</span> Leonard	2 Su número de seguro social 475-43-3934	
Dirección (número de casa y calle o ruta rural) 615 Clary St		
Ciudad o pueblo, estado y código postal (ZIP) Washington VA 22187		
5 Número total de exenciones que reclama usted (de la línea H, arriba, o de la hoja de trabajo que aplica en la página 2). <span style="float: right;">5 _____</span>	3 <input type="checkbox"/> Soltero <input checked="" type="checkbox"/> Casado <input type="checkbox"/> Casado, pero retiene con la tasa mayor de Soltero. Nota: Si es casado, pero está legalmente separado, o si su cónyuge es un extranjero no residente, marque el encasillado para "Soltero".	
6 Cantidad adicional, si hay alguna, que usted quiere que le retengan de su cheque de pago <span style="float: right;">6 \$ _____</span>	4 Si su apellido es distinto al que aparece en su tarjeta de seguro social, marque este encasillado. Debe llamar al 1-800-772-1213 para una nueva tarjeta. <input type="checkbox"/>	
7 Yo reclamo la exención de la retención para el 2007 y certifico que cumplo con ambas de las siguientes condiciones para la exención: • El año pasado tuve derecho a un reembolso de todos los impuestos federales sobre el ingreso retenidos porque yo no tenía ninguna obligación tributaria y. • Este año yo tengo previsto un reembolso de todos los impuestos federales sobre el ingreso retenidos porque tengo previsto el no tener una obligación tributaria. Si usted cumple con ambas condiciones, escriba "Exempt" (Exento) aquí. <span style="float: right;">▶ 7 _____</span>		
Bajo pena de perjurio, yo declaro que he examinado este certificado y que a mi mejor saber y entender, es verdadero, correcto y completo.		
Firma del empleado (La forma no es válida a menos que usted la firme.) ▶ Leonard Clary		Fecha ▶ 6-25-08
8 Nombre y dirección del empleador o patrono: (Empleador o patrono: Llène las líneas 8 y 10 sólo si envía este certificado al IRS.)	9 Código de oficina (opcional)	10 Número de identificación del empleador o patrono (EIN)

## LISTAS DE DOCUMENTOS ACEPTABLES

### LISTA A

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

### LISTA B

**Documentos que Establecen  
la Identidad**

### LISTA C

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

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

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

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>Maricia</u>	First <u>Leonor</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>615 Clark St Wn</u>		Apt. # <u>50187</u>	Date of Birth (month/day/year) <u>9-23-73</u>
City <u>Worthington</u>	State <u>Mn</u>	Zip Code <u>56187</u>	Social Security #

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 9-16-08

(Alien # or Admission #) DT2-414-769

Employee's Signature <u>Leonor Maricia</u>	Date (month/day/year) <u>6-25-08</u>
-----------------------------------------------	-----------------------------------------

**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>Emp. Auth. Card</u>				
Issuing authority: <u>US Govt</u>				
Document #: <u>0719251799</u>				
Expiration Date (if any): <u>9/16/08</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) 6/25/08 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 Pastma</u>	Print Name <u>Ashley Pastma</u>	Title <u>Admin Assistant</u>
Business or Organization Name and Address (Street, Name and Number, City, State, Zip Code) <u>ESSG 7301 Ohmns knest 405 Edina MN 55139</u>		Date (month/day/year) <u>6/25/08</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):
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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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**EMPLOYMENT AUTHORIZATION CARD**

The person identified is authorized to work in the U.S. for the validity of this card.

NAME **MURICIA, LEONOR**

*Muricia Leonor*

A# 072-414-769

CARD # **LIN0719251799**

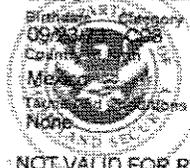
Birthdate: 09/23/78 Category: C-28 Sex: F

Country: Mexico

Employer: None

Expiration: None

Remarks: None



fingerprint  
not  
available

**NOT VALID FOR REENTRY TO U.S.**

CARD VALID FROM 09/17/07 EXPIRES 09/16/08

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 06/25/2008  
Page: 1 of 1

Case Verification Number: 2008177163207GL

**Initial Verification:**

Last Name:	Muricia	First Name:	Leonor
Middle Initial:		Maiden Name:	
Social Security Number:	475-43-3934	Date of Birth:	09/23/1973
Hire Date:	06/25/2008	Citizenship Status:	Alien Authorized to Work (Alien or I94 # required)
Alien Number:	072414769	I-94 Number:	
Document Type:	I-688A	Doc. Expiration Date:	09/16/2008
Initiated By:	KTHO9064	Initiated On:	06/25/2008

**Initial Verification Results:**

Last Name:	MAGANA	First Name:	LEONOR
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:
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**Additional Verification:**

Comments:	
Initiated By:	Initiated On:

**Verification Response:**

Eligibility:	Response Date:
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**DHS Referral:**

Referral By:	Referral Date:
--------------	----------------

**DHS Referral Results:**

Eligibility:	Response Date:
--------------	----------------

**Case Resolution:**

Resolve Option:	Resolved Authorized		
Resolved By:	KTHO9064	Resolved On:	06/25/2008

SENSITIVE BUT UNCLASSIFIED

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

Su Nombre: Leanos Murcia

Dirección: 615 Clary St Washington DC

Teléfono de la casa: 507 343-1029

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

1. Nombre: Genia Noguera

Teléfono (trabajo): ~~507) 343-9099~~

Teléfono (casa): 507) 343-9099

2. Nombre: Pedro Murcia

Teléfono (trabajo): 507) 372-2121

Teléfono (casa): 507) 360-0590

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

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STATEMENT OF CONFIDENTIALITY

This agreement made this 25 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.

Xheonar Murcia  
Employee Signature

[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
	Municia	LEONOR		_____ _____ _____	9/23/73
Minnesota Driver's License Number				Date Signed	
				6/25/08	

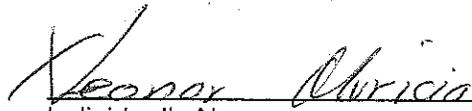
*Municia Leonor*  
 \_\_\_\_\_  
 Signature

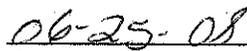
**DRUG AND ALCOHOL  
TESTING CONSENT FORM**

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.

  
\_\_\_\_\_  
Individual's Name

  
\_\_\_\_\_  
Date

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



## APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

**PLEASE COMPLETE PAGES 1-5** DATE 05-27-08

Name Muricio Leonor  
Last First Middle Maiden

Present address 615 Cary St Worthington Mn 56187  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. 475-43-3934

Telephone (701) 360-6590 cel  
343-1029 Home

If under 18, please list age \_\_\_\_\_ Referred by \_\_\_\_\_

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

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? Yes

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

When available for work? any time

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

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

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Kennebec High School</u>	<u>W.A. and Mexico</u>	<u>19</u>	
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

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

*Zud Just.*

ENTERED  
 KT 6-24-08

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? My Car

Driver's license number 2576270561518 State of issue Mn

Operator  Commercial (CDL)  Chauffeur

Expiration date 10-30-09

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

If so, how many? \_\_\_\_\_

Have you had any moving violations during the past three years?  Yes  No

If so, how many? \_\_\_\_\_

OFFICE USE ONLY

Typing  Yes  No      Personal Computer  Yes  No      10-key  Yes  No

\_\_\_\_\_ WPM      \_\_\_\_\_ PC \_\_\_\_\_ Mac

Word Processing  Yes  No      Other \_\_\_\_\_

\_\_\_\_\_ WPM      Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

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

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Empty space for additional information.

**APPLICATION FOR EMPLOYMENT**

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_ Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? \_\_ Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**WORK EXPERIENCE**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name <u>Jessica Moricia</u>	Supervisor name _____	
Position <u>Table Plate</u>	Employment dates	Pay or salary
Company <u>Swift</u>	From <u>November</u>	Start <u>11:50</u>
Address _____	To <u>March</u>	Final <u>11:50</u>
Telephone ( ) _____	Your last job title _____	

*(Swift)*

Reason for leaving (be specific) I don't have baby sitter in the morning.

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

Name <u>Jessica</u>	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company <u>Pizza Hut</u>	From <u>99</u>	Start <u>6:25</u>
Address <u>Wa.</u>	To <u>2003</u>	Final <u>8:75</u>
Telephone ( ) _____	Your last job title _____	

*(445)*

Reason for leaving (be specific) because I moved

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

**APPLICATION FOR EMPLOYMENT**

**WORK EXPERIENCE**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Employment dates</th> <th style="width:50%;">Pay or salary</th> </tr> <tr> <td>From _____</td> <td>Start _____</td> </tr> <tr> <td>To _____</td> <td>Final _____</td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table>	Employment dates	Pay or salary	From _____	Start _____	To _____	Final _____	Your last job title _____	
Employment dates	Pay or salary								
From _____	Start _____								
To _____	Final _____								
Your last job title _____									
Reason for leaving (be specific) _____									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.									

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Employment dates</th> <th style="width:50%;">Pay or salary</th> </tr> <tr> <td>From _____</td> <td>Start _____</td> </tr> <tr> <td>To _____</td> <td>Final _____</td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table>	Employment dates	Pay or salary	From _____	Start _____	To _____	Final _____	Your last job title _____	
Employment dates	Pay or salary								
From _____	Start _____								
To _____	Final _____								
Your last job title _____									
Reason for leaving (be specific) _____									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.									

Who were you referred by? Tomas Vega Ortiz

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

**CMG INTERVIEW GUIDE FOR SUZLON ROTOR CORPORATION**  
**PLEASE ANSWER THE FOLLOWING QUESTIONS**

(IF YOU ARE UNSURE HOW TO ANSWER, YOU MAY LEAVE THE QUESTION BLANK)

- 1.) APPLICANT NAME: Leann Murcia DATE: 05-27-08  
(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? \_\_\_\_\_ 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? Friend

**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: with

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 month

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

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

**REFERENCE CHECKS**

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

Name and title of reference/company: \_\_\_\_\_

Comments: \_\_\_\_\_

Name and title of reference/company: \_\_\_\_\_

Comments: \_\_\_\_\_

**NOTES**

**PLEASE READ CAREFULLY  
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Corporate Management Group, Inc., (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

Leonor Murcia

Date: 05-27-08

Leonar Murtoia

## Interview Questions:

1. I'd like to know why I should hire you, so please give me 3 good qualities about yourself.  
1.) Get along with everyone 2.)
2. Where do you see yourself in a year from now? What goals have you set for yourself? How do you plan on reaching those goals?
3. What was the longest period you stayed in a job? What did you like about that kept you there for that long? 4 1/2
4. How comfortable are you in working in a team environment? Give examples of places where you worked in a team environment? What do you see are the benefits of a team environment atmosphere? Confident
5. Tell us about your experience in training and guiding others in work-instructions, safety requirements, or company policies. ~~Shelf~~ Shelf  
Showed how to use equipment/product
6. What heavy objects have you moved or handled in any previous jobs? What did the objects weigh? Did you use a forklift to move objects?  
30 lbs. Boxes used.
7. What types of repetitive assembly tasks have you done in any previous jobs?  
Shelf assembly
8. When was the last time you had a conflict with a co-worker or supervisor? How did you both resolve it?  
None
9. Do you have anything that would limit you from not working here?  
None
10. Are you currently able to perform the essential duties of the job for which you are applying for?  
Yes

## Employee Referral Form

I, Leonel Clivio was referred to work at Suzlon Rotor Corporation  
(Your Name)

by Tomas Vega Ortiz an employee of Suzlon Rotor Corporation.  
(Name of current SRC employee)

Leonel Clivio  
Signature

06-24-08  
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.**

**PLEASE READ AND TELL THE INTERVIEWER THE CORRECT MATH ANSWER:**

1. At the beginning of the shift you start with 200 parts. During the shift you use 96 parts. How many parts do you have left at the end of the shift? *104 parts.*

2. You use 8 parts per hour. How many parts will you use after 6 hours of work? *48 parts.*

3. You have 6 boxes with 20 parts in each box. At the end of the day you have used 3 and one half boxes of parts. How many parts do you have left? *~~70 parts~~ 50 part*

**PLEASE READ AND TELL THE INTERVIEWER THE CORRECT MATH ANSWER:**

1. At the beginning of the shift you start with 150 parts. During the shift you use 86 parts. How many parts do you have left at the end of the shift? *64 parts*

2. You use 12 parts per hour. How many parts will you use after 5 hours of work? *60*

3. You have 4 boxes with 20 parts in each box. At the end of the day you have used 2 and one half boxes of parts. How many parts do you have left? *30*