

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) Claro, Maria			EMPLOYEE NAME: (Last, First)		
ESG New Hire Application	12/28 AP	AP	CMG New Hire Application		
ESG Emergency Contact Info	12/28 AP	12/31	CMG Emergency Contact Info		
Employment Eligibility - I-9- 2 forms of ID - copies			Employment Eligibility - I-9 2 forms of ID - copies		
(1) Passport	12/28 AP		(1)		
(2) DL	12/28 AP		(2)		
W-4	12/28 AP		W-4		
ESG BACKGROUND RELEASE FORM	12/28 AP		CMG BACKGROUND RELEASE FORM		
CMG Time	12/28 AP		E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:	starts 1/14/07		EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767



EMPLOYEE INFORMATION SHEET

STRICTLY CONFIDENTIAL

LAST NAME: CLARO
Apellido Nombre

FIRST NAME: MARIA MIDDLE INITIAL: B.
Primero Nombre Segunda Inicial

ADDRESS: 114 N. Broadway P.O. Box 24
Direccion

CITY: Trosky STATE: Mn. ZIP: 56177
Ciudad Estado Zona Postal

HOME PHONE #: 507-348-3059 CELL PHONE #: 507-25-1822
Teléfono Celular teléfono

DATE OF BIRTH: 7-8-62
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 475-35-3592
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) ASIAN
origen étnia

EMERGENCY CONTACT INFORMATION	
INFORMACIÓN DE CONTACTO DE EMERGENCIA	
NAME: <u>MILA OR DON MITCHELL</u>	
PHONE #: <u>507-348-8803</u>	<u>507-227-1917 MILA (CELL)</u>
	<u>227-9128 DON (CELL)</u>

FOR CMG USE ONLY:

HIRE DATE: 12/28/07 START DATE: 1/14/07

TERM DATE: _____ SALARY (Hourly): 10

SHIFT: 1-DAY 2-NIGHT 3-OVERNIGHT
1-DAY BUSSER 2-NIGHT BUSSER

DEPARTMENT: _____
SUPERVISOR: _____
BADGE #: _____
PRIMARY LANGUAGE: _____
WORKERS COMP CODE: _____

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

Employer Solutions Staffing Group LLC

New Hire Application

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

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name CLARO First Name MARIA Middle Initial B.
 Street Address 114 N Broadway P.O. Box 24
 City/State/Zip Trosky Mn. 56177
 Home Phone 507-348-3059 Message Phone 507-251-1822
 Company/Employer GOLD 'N PLUMP

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Are you legally authorized to work in the United States of America? YES NO

Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group LLC (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

MARIA B. CLARO Name (Print or type) Maria B. Claro Applicant's Signature 12/28/07 Date

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

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

Form W-4 (2007)

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

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

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

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

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

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

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

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

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

B Enter "1" if:
 { • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. } . . . **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 . . . **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 \$57,000 (\$85,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.
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 W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ 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.		2007
1 Type or print your first name and middle initial. <i>MARIA B.</i>		Last name <i>CIARO</i>		2 Your social security number <i>475 81 3592</i>
Home address (number and street or rural route) <i>114 N. Broadway</i>		City or town, state, and ZIP code <i>P.O. Box 24</i>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
<i>TROSKY Mn. 56177</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 <i>0</i>
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption. • 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 ▶ 7				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ▶ <i>Maria P. Ciaro</i>		Date ▶ <i>12/28/07</i>		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)	10 Employer identification number (EIN)



**Employer
Solutions
Staffing
Group LLC**

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

Website: www.employersolutionsgroup.com

EMPLOYMENT ELIGIBILITY VERIFICATION

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

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

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

Employment Eligibility Verification

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

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

Print Name: Last <u>CLARO</u>	First <u>MAKKA</u>	Middle Initial <u>P</u>	Maiden Name
Address (Street Name and Number) <u>114 N. Broadway P.O. Box 24</u>		Apt. #	Date of Birth (month/day/year) <u>7/8/62</u>
City <u>TROSKY</u>	State <u>Mn.</u>	Zip Code <u>56122</u>	Social Security # <u>475-31-3592</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>Makka P. Claro</u>	Date (month/day/year) <u>12/28/07</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>PASSPORT</u>		<u>DL</u>		
Issuing authority: <u>USA</u>		<u>MN</u>		
Document #: <u>423013397</u>		<u>T670271980713</u>		
Expiration Date (if any): <u>4/25/2017</u>		<u>7-8-09</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) 12/28/07 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>Ashley Postma</u>	Print Name <u>Ashley Postma</u>	Title <u>Admin Assistant</u>
Business or Organization Name <u>ESSG 7300 Metro Blvd 635 Edina MN 55349</u>		Address (Street Name and Number, City, State, Zip Code)
		Date (month/day/year) <u>12/28/07</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)
--	-----------------------

**MINNESOTA
DRIVER'S LICENSE**



MARIA BOHOLANO CLARO
114 N BROADWAY ST PO BOX 24
TROSKY, MN 56177

Date of Birth 07-08-1962

Sex	Eyes	Class
F	BRN	D

Height	Weight
4-11	170

ISSUED 06-2005



EXPIRES 07-08-2009

Maria B. Claro

T670271980713

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 12/31/2007
Page: 1 of 1

Case Verification Number: 2007365090446QW

Initial Verification:

Last Name:	Claro	First Name:	Maria
Middle Initial:		Maiden Name:	
Social Security Number:	475-35-3592	Date of Birth:	07/08/1962
Hire Date:	12/28/2007	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:	SEVA4775	Initiated On:	12/31/2007

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



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!

MARIA P. COARO
Your Name

114 N. Broadway P.O. Box 24 Apt#
Your Address

Trosky Mn. 56177
Your City, State, Zip Code

(507) 348-3059 Home (507) 251-1822 (Cell)
Your Telephone Number

EMERGENCY CONTACT INFORMATION

Mila or Don Mitchell
Name

sister and Brother in law
Relationship

420 1st St. S
Address

Trosky Mn. 56177
City, State, Zip Code

(507) 348-8803
Telephone Number

227-1917 (MILA'S cell)
(507) 227-9928 (Don's Cell)
Alternate Telephone Number

Background Investigation Information Release Form

Please read this form carefully and be aware that by allowing Employer Solutions Staffing Group LLC to investigate your background with state and federal agencies, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal and driving record background check and review.

I understand that a successful criminal and driving record background investigation is a condition of my employment by Employer Solutions Staffing Group LLC to work at facilities of

_____ and, further, that Employer Solutions Staffing Group may, at its discretion, conduct periodic criminal and driving record background investigations on me during the course of my employment with Employer Solutions Staffing Group.

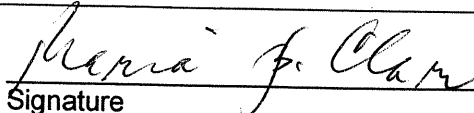
I agree to waive and relinquish all claims I may have against Employer Solutions Staffing Group LLC and its officers, agents, servants and employees as a result of my participation in any criminal and driving record background investigation.

I do hereby fully release and discharge Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims from damages that I may have or that may accrue to me on account of the results of any aspect of any criminal and driving record background investigation.

I further agree to indemnify and hold harmless and defend Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims resulting from damages sustained by me or arising out of, connected with, or in any way associated with, any of the activities of any criminal and driving record background investigation and review.

I have read and fully understand this Waiver and Release of All Claims.

Employee Full Legal Name (Printed)	Last CLARO	First MARIA	Middle B.	Social Security # 4835 3592 7862	Birthdate 7 8 62
Minnesota Driver's License Number T670271980713				Date Signed 12/28/07	


12/28/07

 Signature



STATEMENT OF CONFIDENTIALITY

This agreement made this 28 day of December, 2007, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and hereafter referred to as "employee".

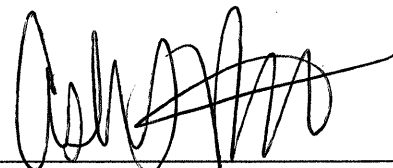
WITNESSETH:

For the duration of my employment and after resignation or termination of this employment with employer, for any reason whatsoever, the employee shall not use or disclose to any other person or company, and confidential or proprietary information or know-how related to the business of the employer.

In view of the difficulty of determining the amount of damages that may result to the employer from a violation of any of the provisions hereof, the employee agrees to pay to the employer the sum of \$10,000 as liquidated damages for every such violation; provided, however, that the payment of such amount as liquidated damages shall not be construed as a release or waiver by the employer of the right to prevent any such violation in equity or otherwise.



Employee Signature



Employer Solutions Staffing Group LLC, Representative

**DRUG AND ALCOHOL
TESTING CONSENT FORM**

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

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

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

Maria B. Clark

Individual's Name

~~12/18~~ 12/28/07

Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

* Jan 14th 1st shift

CVMIG

Corporate Management Group, Inc.

APPLICATION FOR EMPLOYMENT

DATE 10-23-07

Name CLARO MARIA BOLLICANO

Address 114 N. Broadway P.O. Box 24, Trosky, Pa. 15617

Telephone (807) 348-3059 Social Security No. 471-35-3592

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 TRAY PACKING Are you available to work overtime? Yes No
 Current Wage \$11.75
 Shift DAY

TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR & DEGREE
High School	<u>MADALYONS High Sch.</u>	
College	<u>Philippine</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 <u>Doug & Gerri Mitchell</u>	Name <u>Archie & Russell Road</u>
Address <u>Trosky Pa. 15617</u>	Address <u>6th St. Pipestone 1117 56164</u>
Telephone <u>(807) 348-7723</u>	Telephone <u>(807) 821-2137</u>

ENTERED
SK

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: MARIA B. CCAKO DATE: 10-25-07
(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? 7.5 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 Part-time
(CIRCLE) (CIRCLE)
- 7.) Which shift works better with your schedule. 1st (5am-3:30pm) or 2nd (3pm-1am)? Will you work any shift? Yes - No
(CIRCLE) (CIRCLE)
- 8.) Are you willing to work a Fixed Rotating Shift (4 days on & 4 days off) including weekends & Holiday? Yes - No Overtime? Yes - No
(CIRCLE) (CIRCLE)
- 9.) Is the starting pay of \$9 per hour acceptable? Yes - No If no, starting pay desired \$ _____ 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) or in an emergency
- 2.) On average how often are you absent from work per month? Never 1-2 times 3+ times Reason? Pirestone Newspaper
(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? part-time help
 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

Answered call phone

Employee Referral Form

I, Marisa Claro
Michael Signon was referred to work at Suzlon Rotor
(Your Name)
Corporation by Michael Signon an employee of Suzlon Rotor
(Name of current SRC employee)
Corporation.

Marisa B. Claro
Signature

12/26/07
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.

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 CLARO	First MARIA	Middle Initial B.
Street/PO Box	City	State ZIP Code
Permanent Address 114 N. Broadway P.O. Box 24 Trosky Mn. 56177		
Telephone Number Home - 507 348-3059	Message Telephone Number	
Cell 507 215-1822		
Are you 18 years or older? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Social Security Number 475 - 35 - 3592	
Position Applying For	Date You Can Start Nov. 1st.	
Are You Currently Employed? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	If YES, may we contact your present employer? YES <input checked="" 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 type="checkbox"/> NO <input checked="" type="checkbox"/> If NO, Highest Grade Completed	Studies in High School 4th year Highschool (Philippines)
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SPECIAL TRAINING OR EDUCATION BEYOND HIGH SCHOOL

Name of School & Location	Course of Study	Type of Degree, Certificate or Occupational License
MANDALUYONG High Sch. Philippines		

MILITARY SERVICE RECORD

Are you a Veteran? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Branch	Dates of Service From To
---	--------	-----------------------------

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.

ENTERED
10/11/04

SUZLON INTERVIEW GUIDE

APPLICANT PLEASE ANSWER THE FOLLOWING QUESTIONS:

(If you are unsure how to answer, you may leave the question blank)

1. APPLICANT NAME MARIA B. CLARK Date Aug. 3, '06
(Please Print)

2. Are you willing to consent to a post job offered drug screen? Yes No If No, why? _____

3. Are you willing to consent to a post job offered health assessment? Yes No If No, Why? _____

4. Have you ever worked in a manufacturing plant? Yes No Are you willing to work overtime if necessary? Yes No

5. Can you legally work in this country? Yes No If Yes by what means? US citizen Resident Alien Other _____

6. Do you have reliable transportation to get to work? Yes No How far will you travel in miles. 8 Will you need a ride?

7. Do you have a shift choice? 1st Shift (5am-3:30pm) Yes No and/or 2nd shift (3pm-1am) Yes No I WILL WORK ANY SHIFT

Are you willing to work: Fixed Rotating Shift Work including Weekends and Holidays? Yes No

8. Is starting pay of \$9-11 per hour acceptable? Yes No If No, starting pay desired \$ _____ per hour?
STARTING PAY - Ranges from \$9-\$11 per hours depending upon "durable goods" manufacturing experience. (Applicants with no work experience or non-manufacturing plant experience, i.e. food processing, maintenance or construction, farm labor, hospitality services, health care, office, or sales, etc will start at a lower rate of pay, but reviewed each 6 months.

9. When are you available for employment? _____ Do you require notice to your current employer? Yes No

10. Have you ever had any experience with reading metric numbers or measurements? Yes No
Can you read instruction manuals, printed diagrams or other materials, etc? Yes No

11. Have you had any other jobs not listed on your application? none
Company _____ Why did you leave them off? _____
Company _____ Why did you leave them off? _____

12. Have you ever been terminated from a job? Yes No If "yes," explain; _____
Are you on layoff subject to recall? Yes No

13. On average how often are you absent from work per month? None 1-2 Times 3 or more times. Reason? or sometimes if my son is sick.

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

14. Is the Application signed? Is the Self Identification completed? Is the Application and Questions Above complete?

15. PHYSICAL JOB REQUIREMENTS. Ask the applicant if they can perform the following;
Do you have full motion of your head, neck and upper body? Yes No
Can you work in a KNEELING position? Yes No
Can you bend and lift from floor level up to 25 pounds? Yes No
Can you work STANDING up(on your feet) for a 10 hour shift? Yes No
Can you work around fumes or dust? Yes No
Can you wear a respirator? Give examples when you have. Yes No

16. Type of Manufacturing experience / jobs held N/A - NO POWERTOOLS / GRINDERS.

Interviewer notes: INDS 7 YRS. IS US. CITIZEN.
LIVES IN TROSKY /

R [Signature]
M 104
48 50 114 9

Continue on back of page if needed.

Questions asked (or concerns)? _____

Interviewer initials: [Signature] OPTIONS; Hire Place on hold / background check-OR Other \$9.00

HOLD