

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) Olson, m. les	04/07/08	AB	EMPLOYEE NAME: (Last, First)		
ESG New Hire Application		4/14	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)			(1)		
(2)			(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:	Starts 4/14/08		EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767

04/14/08



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Suzlon

LAST NAME: Olson
Apellido Nombre

FIRST NAME: Miles MIDDLE INITIAL: S
Primero Nombre Segunda Inicial

ADDRESS: 107 5th St. N.E.
Direccion

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

HOME PHONE #: _____ CELL PHONE #: (605) 929-3497
Teléfono Celular teléfono

DATE OF BIRTH: 3-23-86
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 553-89-6300
Numero de Seguro Social

GENDER: FEMALE _____ MALE X MARITAL STATUS: MARRIED _____ SINGLE X
Género Mujer Masculino Estado Civil Casado Soltero

ETHNIC ID: (WHITE, BLACK, HISPANIC, ASIAN, INDIAN) White
Origen étnia

EMERGENCY CONTACT INFORMATION

INFORMACIÓN DE CONTACTO DE EMERGENCIA

NAME: Lisa Olson
Nombre

PHONE #: (507) 562-0192
Teléfono

FOR CMG USE ONLY:

HIRE DATE: 04/07/08 START DATE: 04/14/08 TERM DATE: _____

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

DEPARTMENT: _____ SUPERVISOR: _____

PRIMARY LANGUAGE: _____ WORKERS COMP CODE: _____

EMPLOYMENT STATUS

Agency Referral _____ CMG Recruit ✓

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 O'ison First Name Miles Middle Initial S
 Street Address 107 5th St. N.E.
 City/State/Zip Pipestone, MN 56164
 Home Phone Cell (605) 929-3497 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.

Miles Olson Name (Print or type) Miles Olson Applicant's Signature 4-7-08 Date

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

For ESSG Office Use Only

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

Form W-4 (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	1
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	0
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	0
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	0
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	0
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	0
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	0
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	2
	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 <small>Department of the Treasury Internal Revenue Service</small>	Employee's Withholding Allowance Certificate	<small>OMB No. 1545-0074</small> 2008
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.		
Type or print your first name and middle initial. Miles S.		Last name Olson
Home address (number and street or rural route) 107 5th St. N.E.		2 Your social security number 553 89 6300
City or town, state, and ZIP code Pipestone, MN 56164		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
		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	2
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. ▶ 7		
<small>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.</small>		
Employee's signature <small>(Form is not valid unless you sign it.)</small>		Date
Miles Olson		4-7-08
8 Employee's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office use only	10 Employer identification number (EIN)

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)

Department of Homeland Security
U.S. Citizenship and Immigration Services

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 Olson	First Miles	Middle Initial S	Maiden Name
Address (Street Name and Number) 107 5th St. N.E.		Apt. #	Date of Birth (month/day/year) 3-23-86
City Pipestone	State MN	Zip Code 56164	Social Security # 553-89-6300

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 <i>Miles Olson</i>	Date (month/day/year) 4-7-08
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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: _____		DL		Birth Cert.
Issuing authority: _____		MIN		CA
Document #: _____		K431154318908		39100-1599
Expiration Date (if any): _____		3-23-2011		
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) **4/7/08 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 <i>Ashley Postma</i>	Print Name Ashley Postma	Title Admin Assistant
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) ESSG 7361 Ohms Lane 405 Edina MN 55439		Date (month/day/year) 4/7/08

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)
--	-----------------------

MINNESOTA
DRIVER'S LICENSE



MILES SCOTT OLSON
107 5TH ST NE
PIPESTONE, MN 56164

Date of Birth 03-23-1986
Sex M Eyes BLU Class D
Height 5-10 Weight 140 DONOR

ISSUED 04-2007 EXPIRES 03-23-2011

K431154368908

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN JOAQUIN
STOCKTON, CALIFORNIA

104 -

3900 - 1599

STATE BIRTH CERTIFICATE NUMBER		CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1A. NAME OF CHILD—FIRST	11B. MIDDLE		11C. LAST			
	MILES	SCOTT		OLSON			
PLACE OF BIRTH	2. SEX	3A. THE BIRTH SINGLE, TWIN, 3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH—MONTH, DAY, YEAR		4B. HOUR—(24 HOUR CLOCK TIME)		
	MALE	SINGLE	MARCH 23, 1986		0359		
FATHER OF CHILD	5A. NAME OF FATHER—FIRST		5B. MIDDLE	5C. LAST		7. STATE OF BIRTH	8. AGE OF FATHER
	SCOTT		KEVIN	OLSON		MINNESOTA	27
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST		9B. MIDDLE	9C. LAST (BIRTH NAME)		10. STATE OF BIRTH	11. AGE OF MOTHER
	KATHLEEN		JO	HENSLEY		CALIFORNIA	22
PARENT'S CERTIFICATION	1. CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12A. PARENT OR OTHER INFORMANT—SIGNATURE		12B. RELATIONSHIP TO CHILD	12C. DATE SIGNED	
			<i>Kathleen Jo Hensley</i>		mother	3-24-86	
ATTENDANT'S CERTIFICATION	1. CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED		13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—DEGREE OR TITLE		13B. LICENSE NUMBER	13C. DATE SIGNED	
			<i>[Signature]</i>		6553508	3-25-86	
LOCAL REGISTRAR	14. REQUEST OMISSION FROM SOLICITATION LISTS		13D. TYPED NAME AND ADDRESS		17. DATE ACCEPTED FOR REGISTRATION		
			GEORGE C. SCOTT, M.D. 1234 E. NORTH ST #101 MANTECA, CA 95336		MAR 28 1986		
	15. DEATH—ENTER DATE OF DEATH		16. LOCAL REGISTRAR—SIGNATURE				
			<i>Jogi Chauhan M.D.</i>				

000830550

CERTIFIED COPY OF VITAL RECORDS

MAR 11 2008

STATE OF CALIFORNIA }
COUNTY OF SAN JOAQUIN } SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of San Joaquin County Recorder.

Gary W. Freeman
GARY W. FREEMAN, Recorder
SAN JOAQUIN COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 04/07/2008
Page: 1 of 1

Case Verification Number: 2008098110915NB

Initial Verification:

Last Name:	Olson	First Name:	Miles
Middle Initial:	S	Maiden Name:	
Social Security Number:	553-89-6300	Date of Birth:	03/23/1986
Hire Date:	04/07/2008	Citizenship Status:	Citizen or National of the United States
Alien Number:		I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	
Initiated By:	KTHO9064	Initiated On:	04/07/2008

Initial Verification Results:

Initial Eligibility: EMPLOYMENT AUTHORIZED

SSA Referral:

Referral By: Referral Date:

Verification Response:

Eligibility: Response Date:

SSA Resubmittal:

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

Resubmittal Verification Results:

Eligibility:

Additional Verification:

Comments:
Initiated By: Initiated On:

Verification Response:

Eligibility: Response Date:

DHS Referral:

Referral By: Referral Date:

DHS Referral Results:

Eligibility: Response Date:

Case Resolution:

Resolve Option:
Resolved By: Resolved On:

SENSITIVE BUT UNCLASSIFIED



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.

Miles Olson
Signature

Miles OLSON
Print Name

4-7-08
Date



**Employer
Solutions
Staffing
Group LLC**

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!**

Miles Olson
Your Name

107 5th St. N.E. Apt# _____
Your Address

Pipestone, MN 56164
Your City, State, Zip Code

(605) 929-3497
Your Telephone Number

EMERGENCY CONTACT INFORMATION

Lisa Olson
Name

Aunt
Relationship

904 industrial Park Road
Address

Pipestone, MN 56164
City, State, Zip Code

(507) 562-0192
Telephone Number

()
Alternate Telephone Number



STATEMENT OF CONFIDENTIALITY

This agreement made this 7 day of April, 2008, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and hereafter referred to as "employee".

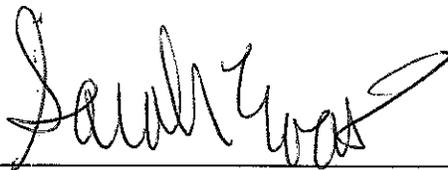
WITNESSETH:

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 which 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
	Olson	Miles	Scott	553 89 6300	3 23 1986
Minnesota Driver's License Number				Date Signed	
K431154368908				4-7-08	

Miles Olson
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

4-7-08

Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

04/14/08

CIMG

Corporate Management Group, Inc.

APPLICATION FOR EMPLOYMENT

DATE 03-04-08

Name Olson Miles Scott
Last First Middle Maiden

Address 107 5th St. N.E. Pipestone MN 56164
Number Street City State Zip

Telephone (507) 562-0192 Social Security No. 553-89-6300

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 _____
Current Wage _____
Shift _____

Are you available to work overtime? Yes No

TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR & DEGREE
High School	Pipestone Area High School	
College		
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 Lisa Olson
Address 904 Industrial Park Road
Trailer # 24
Telephone (507) 562-0192

Name _____
Address _____
Telephone () _____

ENTERED

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: Miles Olson DATE: 03-04-08
 (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)

Which shift works better with your schedule. 1st (5am-3:30pm) or 2nd (3pm-1am)? Will you work any shift? Yes - No
 (CIRCLE) (CIRCLE)

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)

Is the starting pay of \$9 per hour acceptable? Yes - No If no, starting pay desired \$ 10 per hour? _____
 (CIRCLE)

Have you ever been convicted of a felony? Yes - No If so, when? _____
 (CIRCLE)

Have you ever been terminated from a job? Yes - No If "yes", explain: _____
 (CIRCLE)

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

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? Lisa Olson

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

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
 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
 you work near fumes & dust for a 10 hour shift? Yes - No Have you ever worn a respirator? Yes - No Where?

BASIC INTERVIEW QUESTIONS

you ever worked in a mfg environment before? Yes - No If "yes", where? And tell me about your job responsibilities/duties: _____

you currently working right now? Yes - No If "yes", why are you looking to leave your employer? _____

no", how long have you been looking for employment? 1 yr.

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

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?

and title of reference/company: _____
 contacts: _____

and title of reference/company: _____
 contacts: _____

NOTES

Employee Referral Form

I, Miles Olson was referred to work at Suzlon Rotor
(Your Name)

Corporation by Lisa Olson an employee of Suzlon Rotor
(Name of current SRC employee)
Corporation.

Miles Olson
Signature

03-04-08
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.

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 Olson	First Miles	Middle Initial S
Street/PO Box 107 5th St. N.E. City Pipestone State MN ZIP Code 56164		
Permanent Address		Telephone Number (605) 929-3497
		Message Telephone Number (507) 562-0192
Are you 18 years or older? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Social Security Number 553 - 89 - 6300		
Position Applying For Open		Date You Can Start 03-06-08
Are You Currently Employed? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If YES, may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you applied to this company before? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If YES, where and when?

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

MILITARY SERVICE RECORD

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

INVITATION FOR SELF-IDENTIFICATION

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

ENTERED
11 3-7-08

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 Origin 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.

INTERVIEW QUESTIONS

MIKE SOTT OLSEN

1. I'd like to know why I should hire you, so please give me 3 good qualities about yourself.

1. Hardworker
2. works well w/ others
3. Takes Directions

2. Of those 3, which DO YOU FEEL IS your greatest strength?

Hard worker.

3. Do you have a weakness and how do you overcome that weakness?

None.

4. 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? Do you have a plan B in the event that your original plan does not work out?

College. Robotics.

5. What was the longest period you stayed in a job? What did you like about that job that kept you there for that long?

3yrs. Easy work and easy work.

6. 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? If you had to choose a job between working in a team environment and working as an individual contributor, which would you choose and why?

Wks have work. Self worker was better.

7. Give me a work example where you were required to take accurate measurements. (Doesn't have to be with a tape measurer, could be liquid or powder measurements as well). How important was accuracy in measurement to completing this work?

Accuracy measured at work. Items needed for test.

8. 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? Are you forklift certified?

Rarely. Jaws. Shifter on Rig. 180lbs.

9. What types of repetitive assembly tasks have you done in any previous jobs? What kind of a plan did you make for yourself to maintain the quality of the assembly over time?

Hubs. Coops. easy at first.



March 18, 2008

Miles Scott Olson
107 5th St. NE
Pipestone MN 56164

Dear Miles:

Thank you for your interest in employment with CMG at Suzlon Rotor Corporation in Pipestone, Minnesota. It was a pleasure meeting with you and discussing your skills and qualifications.

Every week we receive many applications, and we conduct interviews on a first-come first-serve basis. Each week the size of our new-hire class varies, depending on production needs. We will continue to consider your qualifications and contact you if/when an employment offer will be extended. Your application will remain active in our files.

Again, thank you for your interest and good luck in your job search.

Sincerely,

A handwritten signature in cursive script that reads "Kenny Thompson". The signature is written in black ink and is positioned above the printed name.

Kenny Thompson