

ESG NEW HIRE PAPERWORK	Date received & initials completed	DATE FAXED & INITIALS	CMG NEW HIRE PAPERWORK	Date received & initials completed	DATE FAXED & INITIALS
EMPLOYEE NAME: (Last, First) <i>Funches, Na'rell</i>	<i>05/08/08</i>		EMPLOYEE NAME: (Last, First)		
ESG New Hire Application	<i>SE</i>	<i>AD</i>	CMG New Hire Application		
ESG Emergency Contact Info	<i>SD</i>	<i>5/12</i>	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:	<i>Starts 5/12/08</i>		EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767

*05/12/08*  
*Days*



# EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Suzlon

LAST NAME: Funches  
Apellido Nombre

FIRST NAME: Narrell MIDDLE INITIAL: J  
Primero Nombre Segunda Inicial

ADDRESS: 4601 E. Clark St. #14  
Direccion

CITY: Sioux Falls STATE: S.D. ZIP: 57110  
Ciudad Estado Zona Postal

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: (605) 728-5646  
Teléfono Celular teléfono

DATE OF BIRTH: 01-14-1976  
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 352-64-7895  
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) Black  
Origen étnia

<b>EMERGENCY CONTACT INFORMATION</b> INFORMACIÓN DE CONTACTO DE EMERGENCIA
NAME: <u>Onita Funches</u> Nombre
PHONE #: <u>(651) 714-3216</u> Teléfono

**FOR CMG USE ONLY:**

HIRE DATE: 05/07/08 START DATE: 05/12/08 TERM DATE: \_\_\_\_\_

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

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

PRIMARY LANGUAGE: \_\_\_\_\_ WORKERS COMP CODE: \_\_\_\_\_

<b>EMPLOYMENT STATUS</b>
Agency Referral _____ CMG Recruit <u>✓</u>
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 Funches First Name Narrell Middle Initial J  
 Street Address 4601 E. Clark St. #14  
 City/State/Zip Sioux Falls S.D. 57110  
 Home Phone (605) 728-5646 Message Phone (605) 321-9170  
 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 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.

Narrell J. Funches Name (Print or type) Narrell J. Funches Applicant's Signature 5/07/08 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 _____



## 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. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
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	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		
	<b>For persons under age 18 who are unable to present a document listed above:</b>	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

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

**Form I-9, Employment Eligibility Verification**

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

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

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

Print Name: Last <b>Funches</b>	First <b>Narrell</b>	Middle Initial <b>J</b>	Maiden Name
Address (Street Name and Number) <b>4601 E. Clark St.</b>		Apt. # <b>14</b>	Date of Birth (month/day/year) <b>01-14-1976</b>
City <b>Sioux Falls</b>	State <b>S.D.</b>	Zip Code <b>57110</b>	Social Security # <b>352-64-7895</b>

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  
**Narrell J. Funches**

Date (month/day/year)  
**5/08/08**

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

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

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

List A	OR	List B	AND	List C
Document title: _____		<b>ID Card</b>		<b>SS Card</b>
Issuing authority: _____		<b>South Dakota</b>		<b>US Govt</b>
Document #: _____		<b>01025684</b>		<b>352-64-7895</b>
Expiration Date (if any): _____		<b>01/14/2013</b>		
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) **05/07/08** 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 <b>Sarah Evans</b>	Print Name <b>Sarah Evans</b>	Title <b>Recruiter</b>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <b>ESS/7301 Ohms Lane 405 Edina MN 55439</b>		Date (month/day/year) <b>05/07/08</b>

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

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

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

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

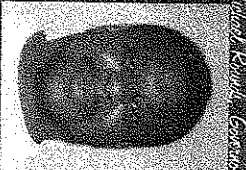
Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

*Sam Dakota*  
M. M. R. Co. 66-3125

ISSUE DATE 04/30/2008  
HEIGHT 6'08"  
WEIGHT 280  
BIRTH DATE 01/14/1976

EXPIRE DATE 01/14/2013  
EYE BRN  
SEX M

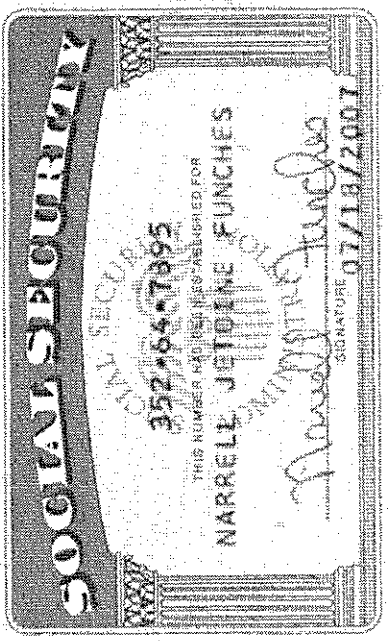
IDENTIFICATION CARD



LICENSE NUMBER 001025684

*Marrell Funches*

FUNCHES, MARRELL JETONE  
4601 E CLARK ST #14  
SILOUX FALLS, SN 57110-2719



## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 05/13/2008

Page: 1 of 1

Case Verification Number: 2008134113545VZ

**Initial Verification:**

Last Name:	Funches	First Name:	Narrell
Middle Initial:		Maiden Name:	
Social Security Number:	352-64-7895	Date of Birth:	01/14/1976
Hire Date:	05/12/2008	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:	05/13/2008

**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 Authorized	Resolved On:	05/13/2008
Resolved By:	KTHO9064		

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.

Narrell J. Funches  
Signature  
NARRELL J. FUNCHES  
Print Name  
Date 5/07/08



**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!**

Narrell J. Funches  
Your Name

4601 E. Clark St. Apt# 14  
Your Address

Sioux Falls S.D. 57110  
Your City, State, Zip Code

(605) 728-5646  
Your Telephone Number

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### EMERGENCY CONTACT INFORMATION

Mylee Funches  
Name

Grandmother  
Relationship

4747 So. King Dr.  
Address

Chicago Ill. 60615  
City, State, Zip Code

(773) 285-0236  
Telephone Number

( )  
Alternate Telephone Number



**STATEMENT OF CONFIDENTIALITY**

This agreement made this 7 day of May, 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.

Narrell J. Funches  
Employee Signature

David [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 Funches	First Narrell	Middle J.	Social Security #  352 64 7895	Birthdate  1 14 1976
Minnesota Driver's License Number				Date Signed	

Narrell J. Funches  
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.

Narrell J. Funches  
Individual's Name

5/7/08  
Date

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

# CMG

Corporate Management Group, Inc.

## APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_

Name Funches Narrell J

Last First Middle Maiden

Address 4601 E. Clark St. #14 Sioux Falls S.D. 57110

Number Street City State Zip

Telephone (605) 728-5646 Social Security No. 352-64-7895

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	Richard T. Crane	General
College		
Bus. or Trade School	District 742	G.E.D.
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 Barbara Rowlands

Address 417 N. WAHLS AVE

Sioux Falls S.D. 57104

Telephone (605) 334-5030

Name Paul McBeth

Address 1906 S. Stephen

Sioux Falls S.D. 57105

Telephone (605) 728-5238

*1st Shift*

ENTERED  
KT 4-15-08

**PLEASE ANSWER THE FOLLOWING QUESTIONS**  
(IF YOU ARE UNSURE HOW TO ANSWER YOU MAY LEAVE THE QUESTION BLANK)

1) APPLICANT NAME: Narrell Jelsine Funches DATE: 4-15-08  
(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)

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 \$ \_\_\_\_\_ per hour  
(CIRCLE)

Have you ever been convicted of a felony?  Yes  No If so, when? 11-03  
(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? Day Care problems  
(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? Friend Referral

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

Do you have full range of motion with your head, neck, & upper body?  Yes  No Can you lift & carry up to 50lbs if needed?  Yes  No  
Do 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  
Do you work near fumes & dust for a 10 hour shift?  Yes  No Have you ever worn a respirator?  Yes  No Where? \_\_\_\_\_

**BASIC INTERVIEW QUESTIONS**

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

Are you currently working right now?  Yes  No If "yes", why are you looking to leave your employer? \_\_\_\_\_

If "no", how long have you been looking for employment? 2 weeks

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

Are you available for employment? AKAP 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: \_\_\_\_\_  
Phone numbers: \_\_\_\_\_

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

**NOTES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Employee Referral Form

I, NARRELL J. FUNCHES was referred to work at Suzlon Rotor  
(Your Name)

Corporation by DWAYNE JENKINS an employee of Suzlon Rotor  
(Name of current SRC employee)  
Corporation.

NARRELL J. FUNCHES  
Signature

4-15-08  
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.



Warrell J. Funches

**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
2. You use 8 parts per hour. How many parts will you use after 6 hours of work? 48
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? 50

**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
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

Narrell J. Funches

## Interview Questions:

1. I'd like to know why I should hire you, so please give me 3 good qualities about yourself.  
1. Dependable  
2. Hard worker  
3. Trust worthy.
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?  
Manager position
3. What was the longest period you stayed in a job? What did you like about that kept you there for that long? 19 months. Build pens.
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? Comfortable. Group help.
5. Tell us about your experience in training and guiding others in work-instructions, safety requirements, or company policies. None.
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? Concrete Blocks. 110 lbs.
7. What types of repetitive assembly tasks have you done in any previous jobs? Coding.
8. When was the last time you had a conflict with a co-worker or supervisor? How did you both resolve it? Never.
9. What questions do you have for us? None.
10. Measure out a deck of cards for me using the metric tape:

mm