

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>Zeon, Othello</i>	<i>05/21/08</i>		EMPLOYEE NAME: (Last, First)		
ESG New Hire Application	<i>3</i>	<i>AP</i>	CMG New Hire Application		
ESG Emergency Contact Info			CMG Emergency Contact Info		
Employment Eligibility - I-9- 2 forms of ID - copies			Employment Eligibility - I-9 2 forms of ID - copies		
(1) <i>I-94</i>			(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 5/27/08</i>		EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767

*05/27/08
SF IN*



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Suzlon

LAST NAME: Zeon
Apellido Nombre

FIRST NAME: Othello MIDDLE INITIAL: Ninneh
Primero Nombre Segunda Inicial

ADDRESS: 401 S. Sycamore Ave #104
Direccion

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

HOME PHONE #: 605 338 3742 CELL PHONE #: 701 306 4541
Teléfono Celular teléfono

DATE OF BIRTH: 05/22/56
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 502 29 7459
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) C
Origen étnia

EMERGENCY CONTACT INFORMATION

INFORMACIÓN DE CONTACTO DE EMERGENCIA

NAME: Gibson Myra
Nombre

PHONE #: 605 334 4061
Teléfono

FOR CMG USE ONLY:

HIRE DATE: 05/21/08 START DATE: 05/27/08 TERM DATE: _____

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

DEPARTMENT: _____

SUPERVISOR: _____

PRIMARY LANGUAGE: _____

WORKERS COMP CODE: _____

EMPLOYMENT STATUS

Agency Referral CMG Recruit

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 ZEON First Name Othello Middle Initial N
 Street Address 401 S. SYCAMORE AVE #104
 City/State/Zip Sioux Falls South Dakota 57110
 Home Phone 605 338 3742 Message Phone 701 306 4541
 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.

Othello N. ZEON [Signature] 05/21/08
 Name (Print or type) Applicant's Signature Date

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

For ESSG Office Use Only

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

Form W-4 (2008)

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

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

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

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

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

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

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

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent.	A
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child. • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children. 	G
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	H
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

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

Form W-4		Employee's Withholding Allowance Certificate		GMB No. 1345-0074
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.		2008
1 Type or print your first name and middle initial. <i>Othello Minneh</i>		Last name <i>ZEDON</i>		2 Your social security number <i>502 29 7459</i>
Home address (number and street or rural route) <i>401 S. SYCAMORE AVE #104</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.		
City or town, state, and ZIP code <i>Sioux Falls S.D. 57110</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 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		
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.)		Date <i>05/21/08</i>		
8 Employer's name and address (Employer. Complete lines 9 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

LISTS OF ACCEPTABLE DOCUMENTS

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

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

Form I-9, Employment Eligibility Verification

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

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

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

Print Name: Last ZEON	First Othello	Middle Initial Winneth	Maiden Name
Address (Street Name and Number) 401 S. Sycamore Ave		Apt. # 104	Date of Birth (month/day/year) 05/22/1956
City Sioux Falls	State South Dakota	Zip Code 57110	Social Security # 502 29 7459

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 **A 94640 450**
- An alien authorized to work until _____
(Alien # or Admission #)

Employee's Signature
[Signature]

Date (month/day/year)
05/21/08

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

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

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

Document title:	List A	OR	List B	AND	List C
Issuing authority:	I-94 Departure Record				
Document #:	US Govt				
Expiration Date (if any):	2544510810				
Document #:	NA				
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) **05/21/08** 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>[Signature]</i>	Print Name Sarah Ekins	Title Recorder
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) ESSG Bldg Minnesota 405 Edina MN 55439		Date (month/day/year) 05/21/08

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)	
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)

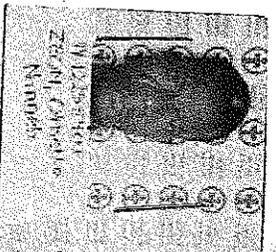
Departure Number

025445108.10

ADMITTED IMMEDIATELY
IMMIGRATION AND SERVICE DEPARTMENT TO SECURE THE I-94

I-94

DEPART FOR U.S. YOU WILL
RECEIVE PERMITS TO RE-ENTER
FROM I-94S TO RE-ENTER
EMPLOYMENT AUTHORIZED.



14. Family Name: ZEDN
15. First (Given) Name: OTHIELLO NINNEH
16. Birth Date (Day/Mo/Yr): 22/05/56
17. Country of Citizenship: LIBERIA

14. Family Name

15. First (Given) Name

16. Birth Date (Day/Mo/Yr)

17. Country of Citizenship

Warning: A nonimmigrant who accepts unauthorized employment is subject to deportation.

Important: Retain this permit in your possession; you must surrender it when you leave the U.S. Failure to do so may delay your entry into the U.S. in the future. If you are authorized to stay in the U.S. only until the date written on this form, you must remain past this date, without permission from immigration authorities, is a violation of the law.

Surrender date: March 1968 *when you leave the U.S.:*

- By sea or air, to the transportation line;
- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official.

Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on page 2 of Form I-20 prior to surrendering this permit.

Record of Changes

A-94640450

Port:

Date:

Carrier:

Departure Record

Flight #/Ship Name:

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 05/21/2008
Page: 1 of 1

Case Verification Number: 2008142174004UN

Initial Verification:

Last Name:	Zeon	First Name:	Othello
Middle Initial:		Maiden Name:	
Social Security Number:	502-29-7459	Date of Birth:	05/22/1956
Hire Date:	05/21/2008	Citizenship Status:	Alien Authorized to Work (Alien or I94 # required)
Alien Number:	094640450	I-94 Number:	
Document Type:	I-94	Doc. Expiration Date:	
Initiated By:	SEVA4775	Initiated On:	05/21/2008

Initial Verification Results:

Last Name:	ZEON	First Name:	OTHELLO
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 By:	SEVA4775	Resolved On:	05/21/2008

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.

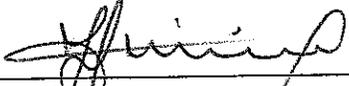
"For purposes of this paragraph, "good cause" shall be a reason that is significant and would compel an average, reasonable worker, who would otherwise want an additional temporary job assignment with the staffing service employer, (1) to fail to contact the staffing service employer, or (2) to refuse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



Signature
Othello Minneh Zeon

Print Name
Date 05/21/08



**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!**

Othello N. ZION

Your Name

401 S. Sycamore Ave Apt# 104

Your Address

Sioux Falls S.D. 57110

Your City, State, Zip Code

(701) 306 4541

Your Telephone Number

EMERGENCY CONTACT INFORMATION

Gibson myrae

Name

Son in Law

Relationship

4201 12th St E #204

Address

Sioux Falls S.D. 57110

City, State, Zip Code

(605) 334 4061

Telephone Number

(605) 334 4061

Alternate Telephone Number



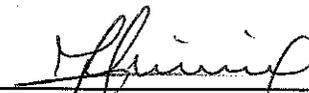
STATEMENT OF CONFIDENTIALITY

This agreement made this 21 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.



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.

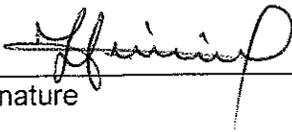
I agree to waive and relinquish all claims I may have against Employer Solutions Staffing Group LLC and its officers, agents, servants and employees as a result of my participation in any criminal and driving record background investigation.

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
	ZEON	Othello	N.	502 29 7459	5 22 1956
Minnesota Driver's License Number				Date Signed	
				05/21/08	



 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.

Othello M. ZEON
Individual's Name
05/21/08
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

Call for 2nd interview

~~Dir~~
~~NOT PASSED~~
~~TEST~~



ENTERED

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4. DATE 15/4/08

Name ZEON Othello Ninnch
Last First Middle Maiden

Present address 401 S. Sycamore Ave
Number Street City State Zip

How long 01 yrs Social Security No. 502 - 29 - 7459

Telephone 605 338 3742

If under 18, please list age _____ Referred by E. O. Guma

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

How many hours can you work weekly? 40 hrs Can you work nights? yes

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

When available for work? now

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

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

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Wilson High</u>	<u>Africa</u>	<u>12 yrs</u>	<u>Diploma</u>
College				<u>math & English</u>
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No ___ Yes

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

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes ___ No

What is your means of transportation to work? _____

Driver's license number 200 56 9500 State of issue N.D.

Operator ___ Commercial (CDL) ___ Chauffeur

Expiration date 3/09/2016

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

If so, how many? _____

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

If so, how many? _____

OFFICE USE ONLY

Typing ___ Yes ___ No

Personal Computer ___ Yes ___ No

10-key ___ Yes ___ No

___ WPM

___ PC ___ Mac

Word Processing ___ Yes ___ No

Other _____

___ WPM

Skills _____

Please list two references other than relatives or previous employers.

Name David Ideele

Name Doris Kyne

Position Executive Director

Position Day Care

Company People Diversity Forum

Company Kaulen Wood Service

Address 26 Robert St.
Fargo N.D. 58106

Address 405 S. Sycamore Ave
Sioux Falls S.D. 57110

Telephone (701) 235 5440

Telephone (605) 728 6200

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

Empty space for additional information.

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

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

Specialty _____ Date Entered _____ Discharge Date _____

WORK EXPERIENCE

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

Name <u>Preference personnel</u>	Supervisor name <u>Todd obbink</u>	
Position <u>Staffing consultant</u>	Employment dates	Pay or salary
Company <u>Production worker</u>		
Address <u>2600 9th Ave SW</u>	From <u>3/07</u>	Start <u>8.00</u>
<u>Fargo N.D 58103</u>	To <u>4/2/08</u>	Final <u>9.50</u>
Telephone <u>(701) 293 6905</u>	Your last job title <u>production</u>	
Reason for leaving (be specific) <u>Because moving to South Dakota</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

* Over a year

Name <u>Suliff & Company</u>	Supervisor name <u>Mark</u>	
Position <u>Production worker</u>	Employment dates	Pay or salary
Company <u>Production worker</u>		
Address <u>P.O. Box 369</u>	From <u>9/15/06</u>	Start <u>10.50</u>
<u>Worthington MA 01897</u>	To <u>2/7/07</u>	Final <u>11.85</u>
Telephone <u>(507) 372 2205</u>	Your last job title <u>production</u>	
Reason for leaving (be specific) <u>layoff</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		
<u>I Did Blue print Reading power & Tools, manufancten</u>		

* Over a year

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE

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

Name <u>Fargo Assembly & Com.</u>	Supervisor name <u>Sam</u>	
Position <u>Assembler</u>	Employment dates	Pay or salary
Company <u>Fargo Assembly</u>	From <u>7/26/05</u>	Start <u>7.50</u>
Address <u>3003 7th St S.E. Fargo N.D. 58102</u>	To <u>12/20/06</u>	Final <u>8.00</u>
Telephone <u>(701) 356 0460</u>	Your last job title _____	

over a year

Reason for leaving (be specific) _____

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

Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From _____	Start _____
Address _____	To _____	Final _____
Telephone (____) _____	Your last job title _____	

Reason for leaving (be specific) _____

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

Who were you referred by? _____

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

CMG INTERVIEW GUIDE FOR SUZLON ROTOR CORPORATION

PLEASE ANSWER THE FOLLOWING QUESTIONS

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

- 1.) **APPLICANT NAME:** Othello Winneh Zeon **DATE:** 4/25/08
(PLEASE PRINT)
- 2.) Are you willing to consent to a post job offered drug screen? Yes No If no, why? _____
(CIRCLE)
- 3.) Are you willing to consent to a post job offered health assessment? Yes No If no, why? _____
(CIRCLE)
- 4.) Can you legally work in this country? Yes No If yes, by what means? US Citizen - Resident Alien - Other? _____
(CIRCLE) (CIRCLE)
- 5.) Do you have reliable transportation to get to work? Yes No How far will you travel in miles? _____ Will you need a ride Yes - No
(CIRCLE) (CIRCLE)
- 6.) How far away do you live from Suzlon Rotor Corporation? 0-10 10-25 25-50 50-75 75-100 100+ Miles
(CIRCLE)
- 7.) Which shift works best for your schedule: 7am-3:30pm 3pm-11:30pm 11pm-7:30am Will you work any shift? Yes No
(CIRCLE) (CIRCLE)
- 8.) Is the starting pay of \$10 per hour acceptable? Yes No If no, starting pay desired \$ _____ per hour
(CIRCLE)
- 10.) Have you ever been convicted of a felony? Yes No If so, when? _____
(CIRCLE)
- 11.) Have you ever been terminated from a job? Yes No If "yes", explain: _____
(CIRCLE)
- 12.) On average how often are you absent from work per month? Never 1-2 times 3+ times Reason? went ever sick
(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 8 hour shift? Yes No
Can you work near fumes & dust for a 8 hour shift? Yes No Have you ever worn a respirator? Yes No Where? _____

BASIC INTERVIEW QUESTIONS

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

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

3

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? 30

10

$$\begin{array}{r}
 120 \\
 60 \\
 \hline
 10 \\
 \hline
 50
 \end{array}$$

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? 10

30

Interview Questions:

1. I'd like to know why I should hire you, so please give me 3 good qualities about yourself. *obedient* *Hard working* *Relationship with team worker*
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? *Good work* *productive*
3. What was the longest period you stayed in a job? What did you like about that kept you there for that long? **1-2 years *Working relationship*
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? **Fun working in a team environment*
5. Tell us about your experience in training and guiding others in work-instructions, safety requirements, or company policies.
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? *Blue print reading, power tools* *Assembly*
7. What types of repetitive assembly tasks have you done in any previous jobs? *Motorcycle* *lift up to 30#-40#* **cannot lift up to 100#*
8. When was the last time you had a conflict with a co-worker or supervisor? How did you both resolve it? *Never had conflict with supervisor*
9. What questions do you have for us?
10. Measure out a deck of cards for me using the metric tape:

Ohhello zeev

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

05/27/08

Othello N Zeon

1019 2nd Ave S Apt 5
FARGO, ND 58103 US
Phone: 701-364-0998

Taking
WA #A

Objective

Seeking a position in which I can utilize my extensive medical background.

Employment History

Temp Agency
in North
Dakota

PRODUCTION WORKER, Production Workers, All Other

1/2007 - 6/2007 SWIFT AND COMPANY WORTHINGTON, MN
PRODUCTION WORKER

Enviromental Services Worker, Janitors and Cleaners, Except Maids and Housekeeping Cleaners

3/2006 - 7/2006 MeritCare Fargo, ND
General housekeeping duties

Santation Worker, Unknown ONET title

5/2005 - 7/2005 Drayton Enterprises Fargo, ND
Clean food production equipment.

Assembly, Unknown ONET title

7/2004 - 5/2005 Fargo Assembly Company Fargo, ND
Assembly Work

Nurse Assistant, Nursing Aides, Orderlies, and Attendants

1/1991 - 11/1998 Sorko KorLo Clinic
Provide basic patient care under direction of nursing staff. Perform duties, such as feed, bathe, dress, groom, or move patients, or change linens.

Education History

Completion Date	Issuing Institution	Degree Received	Course of Study
6/2004	Skills & Technology Training Center	Vocational School Certificate	

Certification Title Issuing Organization Completion Date

Notes

Abilities