

ESG NEW HIRE PAPERWORK	Date received & initials completed	DATE FAXED & INITIALS	CMG NEW HIRE PAPERWORK	Date received & initials completed	DATE FAXED & INITIALS
EMPLOYEE NAME: (Last, First)			EMPLOYEE NAME: (Last, First)		
Berger, Tammy					
ESG New Hire Application	✓ 1/7 AD	✓ 1/7	CMG New Hire Application		
ESG Emergency Contact Info	✓ 1/7	✓ 1/7	CMG Emergency Contact Info		
Employment Eligibility - I-9- 2 forms of ID - copies			Employment Eligibility - I-9 2 forms of ID - copies		
(1) ID card	✓ 1/7		(1)		
(2) SS card	✓ 1/7		(2)		
W-4	✓ 1/7		W-4		
ESG BACKGROUND RELEASE FORM	✓ 1/7		CMG BACKGROUND RELEASE FORM		
CMG Time	✓ 1/7		E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:	Starts 1/14/08		EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767

1/14/08



# EMPLOYEE INFORMATION SHEET

STRICTLY CONFIDENTIAL

LAST NAME: Berger  
Apellido Nombre

FIRST NAME: Tammy MIDDLE INITIAL: Sue  
Primero Nombre Segunda Inicial

ADDRESS: 714 E 5th St  
Direccion

CITY: Sioux Falls STATE: SD ZIP: 57103  
Ciudad Estado Zona Postal

HOME PHONE #: 271-5391 CELL PHONE #: 553 7369  
Teléfono Celular teléfono

DATE OF BIRTH: 8-28-65  
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 476-70-9288  
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) Native  
origen étnia

### EMERGENCY CONTACT INFORMATION

INFORMACIÓN DE CONTACTO DE EMERGENCIA

NAME: Sharon Roses  
Nombre

PHONE #: 320-259-0562  
Teléfono

### FOR CMG USE ONLY:

HIRE DATE: 01/03/08 START DATE: 01/14/08

TERM DATE: \_\_\_\_\_ SALARY (Hourly): 10.60

SHIFT: 1-DAY 2-NIGHT 3-OVERNIGHT

1-DAY BUSSER 2-NIGHT BUSSER

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

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

BADGE #: \_\_\_\_\_

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

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

### EMPLOYMENT STATUS

Agency Referral  CMG Recruit

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 Berger First Name TAMMY Middle Initial \_\_\_\_\_  
 Street Address 1714 5th ~~St~~ Forest  
 City/State/Zip Souix Falls  
 Home Phone 271-5391 Cell Message Phone 553-7369  
 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.

TAMMY BERGER Name (Print or type) TAMMY BERGER Applicant's Signature 1-3-08 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 (2007)

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

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

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

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

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

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

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

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

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

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

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

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

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.</li> </ul>	<b>B</b>	_____
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	_____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$1,500 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	_____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child.</li> <li>• If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have 4 or more eligible children.</li> </ul>	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>1</u>

For accuracy, complete all worksheets that apply.   

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ 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.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2007</div>
1 Type or print your first name and middle initial. Last name <div style="font-size: 1.2em; font-family: cursive;">Tammy Sue Berger</div>		2 Your social security number <div style="font-size: 1.2em; font-family: cursive;">476 70 9288</div>
Home address (number and street or rural route) <div style="font-size: 1.2em; font-family: cursive;">714 E 5th St.</div>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code <div style="font-size: 1.2em; font-family: cursive;">Saxifall's S.D. 57103</div>		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 <u>1</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2007, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here ▶ <input type="checkbox"/>		
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. <b>Employee's signature</b> <small>(Form is not valid unless you sign it.)</small> ▶ <div style="font-size: 1.2em; font-family: cursive;">Tammy Berger</div>		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)



**Employer  
Solutions  
Staffing  
Group LLC**

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

Website: [www.employersolutionsgroup.com](http://www.employersolutionsgroup.com)

## EMPLOYMENT ELIGIBILITY VERIFICATION

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

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

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

# Employment Eligibility Verification

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

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

Print Name: Last <u>Berger</u>	First <u>TAMMY</u>	Middle Initial <u>Sue</u>	Maiden Name <u>Center</u>
Address (Street Name and Number) <u>714 E 5th St</u>		Apt. #	Date of Birth (month/day/year) <u>8-28-65</u>
City <u>Sauix Falls</u>	State <u>SD</u>	Zip Code <u>57103</u>	Social Security # <u>476 70 9288</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

A citizen or national of the United States  
 A Lawful Permanent Resident (Alien #) A \_\_\_\_\_  
 An alien authorized to work until \_\_\_\_\_  
 (Alien # or Admission #) \_\_\_\_\_

Employee's Signature: Tammy Berger Date (month/day/year): 1-3-08

**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: _____		<u>ID card</u>		<u>SS card</u>
Issuing authority: _____		<u>SD</u>		<u>US GOV</u>
Document #: _____		<u>01231528</u>		<u>476-70-9288</u>
Expiration Date (if any): _____		<u>8/28/2012</u>		
Document #: _____				
Expiration Date (if any): _____				

**CERTIFICATION -** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 1/3/08 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Print Name <u>Ashley Postma</u>	Title <u>Admin Assistant</u>
Business or Organization Name <u>ESSG 7300 Metro Blvd</u>	Address (Street Name and Number, City, State, Zip Code) <u>135 Edina MN 55439</u>	Date (month/day/year) <u>1/7/08</u>

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

A. New Name (if applicable) \_\_\_\_\_ B. Date of rehire (month/day/year) (if applicable) \_\_\_\_\_

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) \_\_\_\_\_

*South Dakota* All About Roads. Goodies.

IDENTIFICATION CARD

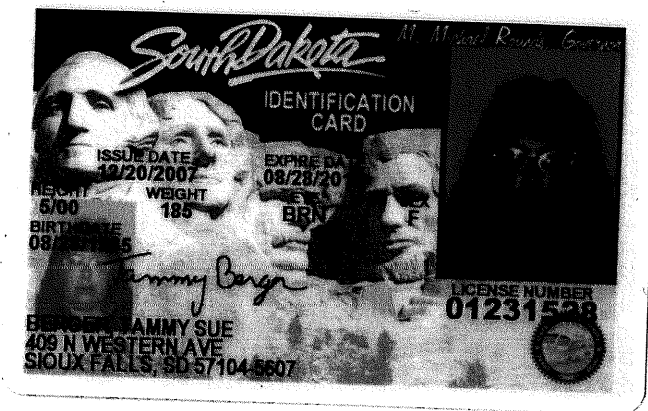
ISSUE DATE 12/20/2007 EXPIRE DATE 08/28/20

HEIGHT 5'00 WEIGHT 185 EYES BRN HAIR F

*Tammy Berger*

LICENSE NUMBER 01231528

BERGER, TAMMY SUE  
409 N WESTERN AVE  
SIOUX FALLS, SD 57104-6607

A South Dakota identification card for Tammy Sue Berger. The card features the state name 'South Dakota' in a script font at the top, with the slogan 'All About Roads. Goodies.' to its right. Below this, it says 'IDENTIFICATION CARD'. The card includes a photo of the holder on the right side. Personal information is printed in the center and left: 'ISSUE DATE 12/20/2007', 'EXPIRE DATE 08/28/20', 'HEIGHT 5'00', 'WEIGHT 185', 'EYES BRN', and 'HAIR F'. A signature 'Tammy Berger' is written across the middle. The license number '01231528' is printed on the right. At the bottom, the holder's name and address are listed: 'BERGER, TAMMY SUE', '409 N WESTERN AVE', 'SIOUX FALLS, SD 57104-6607'. There is a small circular seal in the bottom right corner.

**SOCIAL SECURITY**

HEALTH & HUMAN RESOURCES ADMINISTRATION

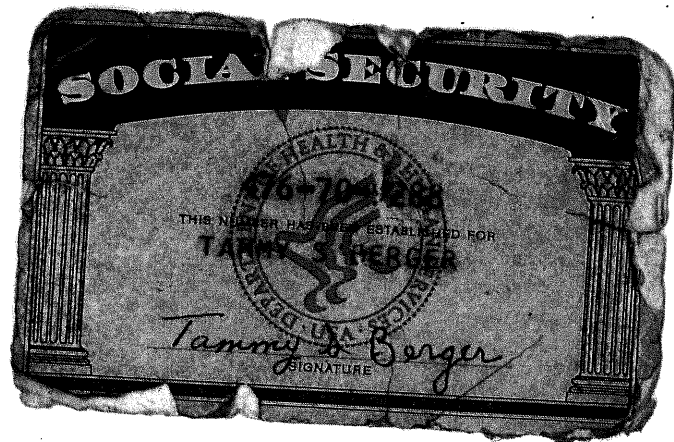
66-704-200

THIS NUMBER HAS BEEN ESTABLISHED FOR

**TAMMY S. BERGER**

*Tammy S. Berger*

SIGNATURE

A Social Security card for Tammy S. Berger. The card is rectangular with a decorative border. At the top, the words 'SOCIAL SECURITY' are printed in large, bold, serif letters. Below this, it says 'HEALTH & HUMAN RESOURCES ADMINISTRATION'. The card number '66-704-200' is printed in the center. Below the number, it says 'THIS NUMBER HAS BEEN ESTABLISHED FOR'. The name 'TAMMY S. BERGER' is printed in bold, serif letters. A signature 'Tammy S. Berger' is written across the bottom. Below the signature, the word 'SIGNATURE' is printed. The card has a textured, slightly worn appearance.

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 01/08/2008  
Page: 1 of 1

Case Verification Number: 2008008093504DP

**Initial Verification:**

Last Name:	Berger	First Name:	Tammy
Middle Initial:		Maiden Name:	
Social Security Number:	476-70-9288	Date of Birth:	08/28/1965
Hire Date:	01/03/2008	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:	SEVA4775	Initiated On:	01/08/2008

**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



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!

Tammy  
Your Name

714 E 5<sup>th</sup> St. Apt#  
Your Address

Souix Falls 57103  
Your City, State, Zip Code

(605) 271-5391  
Your Telephone Number

---

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### EMERGENCY CONTACT INFORMATION

Sharon Roses  
Name

Mother  
Relationship

851 Driftwood Drive  
Address

St Cloud MN 56301  
City, State, Zip Code

(320) 259-0562  
Telephone Number

( )  
Alternate Telephone Number

## Background Investigation Information Release Form

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

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

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

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

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

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

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

<b>Employee Full Legal Name (Printed)</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Social Security #</b>	<b>Birthdate</b>
	Berger	TAMMY	Sue	476 70 9288	8 28 65
<b>Minnesota Driver's License Number</b>				<b>Date Signed</b>	
				1-3-08	

Tammy Berger  
Signature



### STATEMENT OF CONFIDENTIALITY

This agreement made this 3 day of Jan 2008, 2007, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and hereafter referred to as "employee".

#### **WITNESSETH:**

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

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

*Tammy Berger*

\_\_\_\_\_  
Employee Signature

*David Brown*

\_\_\_\_\_  
Employer Solutions Staffing Group LLC, Representative

**DRUG AND ALCOHOL  
TESTING CONSENT FORM**

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

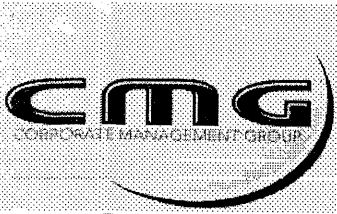
2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events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

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

Tammy Berger  
Individual's Name

1-3-08  
Date

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



\* 14th

2nd Shift

APPLICATION FOR EMPLOYMENT

DATE 1-9-08

Name Berger TAMMY Sue Center  
Last First Middle Maiden

Address 714 E 5th St. Souix Falls 57103  
Number Street City State Zip

Telephone (605) 271 5391 553-7369 Social Security No. 476 - 70 - 9288  
Mass

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 Open  
 Current Wage 10.50  
 Shift Open  
 Are you available to work overtime?  Yes  No

TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR & DEGREE
High School	<u>Menomonic High</u>	<u>General</u>
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. 1996 will explain when ask

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

Please list two Emergency Contacts other than relatives.

Name <u>Toney Jackson</u>	Name <u>Racheal Voight</u>
Address <u>714 E 5</u>	Address <u>marble mn</u>
Telephone <u>(605) 271 5391</u>	Telephone <u>(605) 256-0326</u>

**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 seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer White Oak Inn

Phone (218) 246-9400

2 MOS

Address 201 4th Ave N.W.

Supervisor Jody - Marcy

Reason for leaving (be specific) pay to little

Ran Front desk

Position/Duties:

Run Front desk do night Audit, laundry answer phones  
take reservation, ck in, ck outs clean Break fast area.

Name of employer Rochester Hospitality Co.

Phone (1) 800 454 6835

1 YR

Address 20 N.W. 5th Ave.

Supervisor Jody or Mr. Sadler

Reason for leaving (be specific) they let me go I got unemployment

Position/Duties:

Head House keeper Front Desk Night Audit for 2 motels  
Run House keeping crew Do laundry ck in ck out Book  
rooms

Name of employer Daube's Bakery

Phone (507) 289 6095

14 1/2

Address 1310 5th Place

Supervisor Jody or Jill - Julie

Reason for leaving (be specific) moved back to minn.

Position/Duties:

Run Bakery serve people open and close bakery  
clean tables sweep mop.

Production "temp services"  
FDC - picker "Likes"  
PLEASE READ CAREFULLY

**APPLICATION FORM WAIVER**

Production work

In exchange for the consideration of my job application by Corporate Management Group, Inc., (hereinafter called "the Company"),

labor ready  
in St cloud

Stay busy

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: Tammy Berger (PLEASE PRINT) DATE: 1-3-08
- 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 not sure  
(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 10.00  
(CIRCLE)
- 10.) Have you ever been convicted of a felony?  Yes  No If so, when? 1996 will explain  
(CIRCLE)
- 11.) Have you ever been terminated from a job?  Yes  No If "yes", explain: \_\_\_\_\_  
(CIRCLE)
- 12.) On average how often are you absent from work per month?  Never  1-2 times  3+ times Reason? \_\_\_\_\_  
(CIRCLE)

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

Is the application signed Yes - No Are both the application and questions above completed? Yes - No Yes  
 Was the applicant on time for their interview? Yes - No How did the applicant hear about CMG/Suzlon? Josie

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? 10th  
 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

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

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee Corporate Management Group, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and Corporate Management Group, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant

*Tammy Berg*

Date:

*1-9-08*

Corporate Management Group, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Corporate Management Group, Inc. depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

## Employee Referral Form

I, \_\_\_\_\_ was referred to work at Suzlon Rotor Corporation  
(Your Name)

by \_\_\_\_\_ an employee of Suzlon Rotor Corporation.  
(Name of current SRC employee)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.**

