

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)		
ESG New Hire Application	03/05/08	AD	CMG New Hire Application		
ESG Emergency Contact Info	}	3/10	CMG Emergency Contact Info		
Employment Eligibility - I-9- 2 forms of ID - copies			Employment Eligibility - I-9 2 forms of ID - copies		
(1) DL			(1)		
(2) SS card			(2)		
W-4				W-4	
ESG BACKGROUND RELEASE FORM			CMG BACKGROUND RELEASE FORM		
			E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:	Starts 3/10/08		EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767

03/10/08



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Sutton

LAST NAME: Zephier
Apellido Nombre

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

ADDRESS: 722 S 4th Ave
Direccion

CITY: Sioux Falls STATE: S.D. ZIP: 57104
Ciudad Estado Zona Postal

HOME PHONE #: 605-400-1928 CELL PHONE #: 605-491-2870
Teléfono Celular teléfono

DATE OF BIRTH: 09-08-1972
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 504-90-2440
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)
Origen étnia

EMERGENCY CONTACT INFORMATION
INFORMACIÓN DE CONTACTO DE EMERGENCIA

NAME: Corrine Zephier (Mom)
Nombre

PHONE #: 605 491 - 2870
Teléfono

FOR CMG USE ONLY:

HIRE DATE: 02/28/08 START DATE: 03/10/08 TERM DATE: _____

SALARY (Hourly): 10 SHIFT DIFFERENTIAL _____ SHIFT: 1-DAY 2-NIGHT 3-OVERNIGHT

DEPARTMENT: _____ SUPERVISOR: _____

PRIMARY LANGUAGE: English 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 Zephier First Name TRAVIS Middle Initial J
 Street Address 722 5 4th ave
 City/State/Zip Sioux Falls S.D. 57104
 Home Phone 605-400-1928 Message Phone 605 491-2870
 Company/Employer Suzlon

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.

TRAVIS Zephier Name (Print or type)  Applicant's Signature 3-5-08 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	
	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 <u>Zepher</u>	First <u>TRAVIS</u>	Middle Initial <u>J</u>	Maiden Name
Address (Street Name and Number) <u>722nd 4th Ave</u>		Apt. #	Date of Birth (month/day/year) <u>09-08-1972</u>
City <u>Sioux Falls</u>	State <u>S.D.</u>	Zip Code <u>57104</u>	Social Security # <u>504-90-8440</u>

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

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

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #)

Employee's Signature <u>[Signature]</u>	Date (month/day/year) <u>3-5-08</u>
--	--

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>DL</u>		<u>Social Security</u>
Issuing authority: _____		<u>ND</u>		<u>US GOVT</u>
Document #: _____		<u>08/08/2010</u>		<u>504-90-8440</u>
Expiration Date (if any): _____		<u>EXP-72-7960</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) 03/05/08 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>Sarah Evans</u>	Title <u>Recruiter</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>ESS6 BOD MetroBlud 035 Edina MN 55439</u>		Date (month/day/year) <u>03/05/08</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)
--	-----------------------

NORTH DAKOTA
Driver License and Traffic Safety Division

DRIVER LICENSE ISSUED: 03-29-2006
OLN: ZEP-72-7960 DOB: 08-08-1972 EXPIRES: 08-08-2010

ZEPHIER, TRAVIS JAMES
310 2ND ST N
WAHPETON ND 58075

SEX	HEIGHT	WEIGHT	HAIR	EYES
M	5-07	176	BRO	BRO
CLASS	REST	ENDORSEMENT		
D	9			

Travis Zephier

DONOR



SOCIAL SECURITY

SOCIAL SECURITY
504-90-8440

THIS NUMBER HAS BEEN ESTABLISHED FOR
TRAVIS JAMES ZEPHIER

Travis Zephier
ADMINISTRATOR
SIGNATURE

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 03/05/2008
Page: 1 of 1

Case Verification Number: 2008065141404MD

Initial Verification:

Last Name:	Zephier	First Name:	Travis
Middle Initial:		Maiden Name:	
Social Security Number:	504-90-8440	Date of Birth:	09/08/1972
Hire Date:	02/28/2008	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:	03/05/2008

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:	03/05/2008
Resolved By:	SEVA4775		

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 _____

Travis Zepher
Print Name _____

Date 3-5-08



**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!**

TRAVIS Zepher
Your Name

722 S 4th Ave Apt# _____
Your Address

Sioux Falls S.D. 57104
Your City, State, Zip Code

(605) 400-1928
Your Telephone Number

EMERGENCY CONTACT INFORMATION

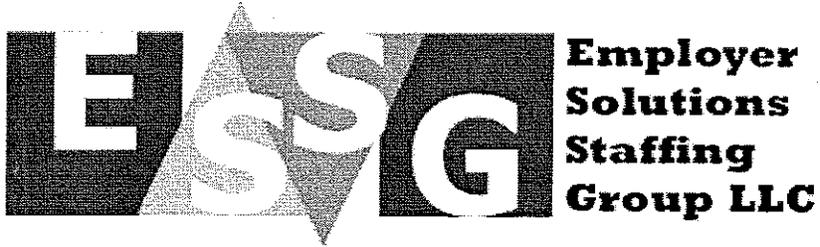
Corrine Zepher (Mother) Relationship _____
Name

722 S 4th Ave
Address

Sioux Falls S.D. 57104
City, State, Zip Code

(605) 491-2870
Telephone Number

() _____
Alternate Telephone Number



STATEMENT OF CONFIDENTIALITY

This agreement made this 5th day of March, 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
	Zephier	Travis	J	504 90 2948	09 08 1977
	Minnesota Driver's License Number			Date Signed	



 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.

Travis Zepher
Individual's Name

3-5-08
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6



*1st shift

03/17/08

Wed
10 AM

APPLICATION FOR EMPLOYMENT

DATE 2-20-08

Name Zephier TRAVIS James
Last First Middle Maiden

Address 722 S 4th Ave Sioux Falls SD 57104
Number Street City State Zip

Telephone 605 491-2870 Social Security No. 504-90-8440

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 None Are you available to work overtime? Yes
 Current Wage _____ No
 Shift DAY

TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR & DEGREE
High School	<u>Lincoln High</u>	<u>BED</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.

DO YOU HAVE A DRIVER'S LICENSE? Yes No N/A

Please list two Emergency Contacts other than relatives.

Name <u>Bernard Crowe</u>	Name <u>Chris Conover</u>
Address <u>1312 N. Minn. Ave</u>	Address <u>812 4th Ave N.</u>
<u>Sioux Falls SD.</u>	<u>Sioux Falls SD</u>
Telephone <u>605 728-6129</u>	Telephone <u>605 491-3529</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	<u>Rode Way Inn</u>	Phone (<u>701</u>)	<u>642-1115</u>	<u>34 year</u>
Address	<u>612 2nd St N Wapeton ND</u>	Supervisor	<u>WPE Patke</u>	
Reason for leaving (be specific)	<u>Moved to Sioux Falls</u>			
Position/Duties:	<u>Night Auditor</u>			

Name of employer	<u>WCCO Belting</u>	Phone (<u>701</u>)	<u>642-3213</u>	<u>4 years</u>
Address	<u>9th St N Wapeton ND</u>	Supervisor	<u>Steve</u>	
Reason for leaving (be specific)	<u>Cut my shift</u>			
Position/Duties:	<u>Making swather belts for farm equipment.</u>			
	<u>Forklift, press operator</u>			

Name of employer	<u>Yankton Sioux Tribe</u>	Phone (<u>605</u>)	<u>384-3257</u>	<u>4 years</u>
Address	<u>Moby Sp.</u>	Supervisor	<u>Linda Fuller</u>	
Reason for leaving (be specific)	<u>Moved to N.D.</u>			
Position/Duties:	<u>Maintenance, Carpentry, Re doing houses</u>			

*Limes factory work.

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

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

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: TRAVIS J Zephier DATE: 2-20-08
(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? Common Cold
(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? 6 weeks
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

 Date: 2-20-08

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, Travis Zepher was referred to work at Suzlon Rotor Corporation
(Your Name)

by Brandon Eric Star an employee of Suzlon Rotor Corporation.
(Name of current SRC employee)

Travis Zepher
Signature

2-20-08
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.

Interview Questions:

Personal:

1). What makes you different from other applicants/employees? Be specific.

2) Why should I hire you? Give me 3 good qualities about yourself.

Take pride in his work

* People friendly
* Good sense of humor

3). What is your greatest strength and weakness?

Greatest strength:

How does your strength benefit you as an employee?

Getting along with people

Your weakness:

How can or do you overcome or compensate for your weakness?

4). When was the last time you missed work and for what reason? How many times have you missed work this past year?

* Cold

5). How committed are you to keeping your next job for long term, provided there is room for advancement in learning new skills or improving hourly wages? What was the longest period you stayed in what job? What did you like about the job that kept you there?

* Long-term
Wants a new job.

Production:

1). Describe some recent work which required you to take accurate measurements. How important was accuracy in measurement to effectively completing this work?

* WCCO - precise measurements
Farm equipment

2). What heavy objects are you required to move or handle in your current/past job? What do these object weight? For what purpose? What equipment do you use during these tasks? How do these help you?

* Belts

80 - 120#s

Able to lift 50# - 100#

3). What repetitive assembly tasks have you done in the past? What was the hardest aspect of this work? How did you overcome this? How did you maintain the quality of the assembly over time? What machinery (if any) did you use to help you?

* 500 an hour

750 - Incentive program

Machine operator