

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>Timms, Tyrone</i>	<i>1-9-08</i> <i>SE</i>		EMPLOYEE NAME: (Last, First)		
ESG New Hire Application		<i>RP</i>	CMG New Hire Application		
ESG Emergency Contact Info		<i>1/9</i>	CMG Emergency Contact Info		
Employment Eligibility - I-9- 2 forms of ID - copies			Employment Eligibility - I-9 2 forms of ID - copies		
(1) <i>Birth Cert</i>			(1)		
(2) <i>Dept. COVID</i>			(2)		
W-4			W-4		
ESG BACKGROUND RELEASE FORM			CMG BACKGROUND RELEASE FORM		
<i>CMG Time</i>	<i>1/9</i>		E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:	<i>Starts 1/21/08</i>		EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767

*01/21/08
Days*



EMPLOYEE INFORMATION SHEET

STRICTLY CONFIDENTIAL

LAST NAME: Timms
Apellido Nombre

FIRST NAME: Tyrone MIDDLE INITIAL: N
Primero Nombre Segunda Inicial

ADDRESS: 112 2nd st W
Direccion

CITY: Jasper STATE: MN ZIP: 56144
Ciudad Estado Zona Postal

HOME PHONE #: 1-507-348-3169 CELL PHONE #: 1-507-820-0917
Teléfono Celular teléfono

DATE OF BIRTH: 01-15-80
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 576-21-0234
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) Black
origen étnia

EMERGENCY CONTACT INFORMATION
INFORMACIÓN DE CONTACTO DE EMERGENCIA

NAME: Jessica Meyer
Nombre

PHONE #: 1-507-820-0917
Teléfono

FOR CMG USE ONLY:

HIRE DATE: 01/09/08 START DATE: 01/21/08

TERM DATE: _____ SALARY (Hourly): 10

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 Timms First Name Tyrone Middle Initial N
 Street Address 112 2nd st W
 City/State/Zip Jasper MN 56144
 Home Phone 1-507-348-3169 Message Phone 1-507-820-0917
 Company/Employer Suzlon CMG

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.

Tyrone Timms Name (Print or type) Tyrone Timms Applicant's Signature 01-09-15 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.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>1</u>
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 \$1,000 or less. 	B	<u>0</u>
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	<u>0</u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u>0</u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u>1</u>
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	<u>0</u>
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 \$57,000 (\$85,000 if married), enter "2" for each eligible child. • 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" additional if you have 4 or more eligible children. 	G	<u>0</u>
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	<u>2</u>
	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 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="display: flex; justify-content: space-between;"> <u>Tyrone N</u> <u>Timms</u> </div>		2 Your social security number <u>576 21 0234</u>
Home address (number and street or rural route) <u>112 2nd St W</u> City or town, state, and ZIP code <u>Jasper MN 56144</u>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small> 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 6 Additional amount, if any, you want withheld from each paycheck		5 <u>2</u> 6 \$ <u>0</u>
7 I claim exemption from withholding for 2007, 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 ▶ <u>7</u> <u>0</u>		
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.) ▶ <u>Tyrone Timms</u>		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) <u>CMG 1</u>		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

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>Documents that establish both Identity and Employment Eligibility</p> <ul style="list-style-type: none"> ○ U.S. Passport (unexpired or expired) ○ Certificate of U.S. Citizenship (INS Form N-560 or 5-570) ○ Unexpired foreign with attached I-551 stamp or attached INS form I-94 indicating unexpired employment authorization ○ Alien Registration Receipt Card (INS form I-688) ○ Unexpired Employment Authorization Card (INS form I-688A) ○ Unexpired Reentry Permit (INS form I-327) ○ Unexpired Refugee Travel Document (INS form I-571) ○ Unexpired Employment Authorization Document issued by the INS, which contains a photograph (INS form I-688B) 		<p>Documents that establish Identity</p> <ul style="list-style-type: none"> ○ 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 ○ 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 ○ School ID with photograph ○ Voter's registration card ○ U.S. Military dependent's card ○ Military dependent's card ○ U.S. Coast Guard Merchant Mariner card ○ Native American tribal document ○ Driver's license issued by a Canadian government authority <p>For persons under age 18 who are unable to present a document listed above:</p> <ul style="list-style-type: none"> ○ School record or report card ○ Clinic, doctor, or hospital record ○ Day-care or nursery school card 	<p>Documents that establish Employment Eligibility</p> <ul style="list-style-type: none"> ○ U.S. Social Security Card issued by the Social Security administration (other than a card stating it is not valid for employment) ○ Certification of Birth Abroad issued by the Department of State (form FS-545 or DS-1350) ○ 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 ○ Native American Tribal document ○ U.S. Citizen ID card (INS form I-197) ○ ID card for use of Resident Citizen in the U.S. (INS form I-179) ○ Unexpired employment authorization document issued by the INS (other than those listed in the first column)

"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>Timms</u>	First <u>Tyrone</u>	Middle Initial <u>N</u>	Maiden Name
Address (Street Name and Number) <u>112 2nd St W</u>		Apt. #	Date of Birth (month/day/year) <u>1-15-80</u>
City <u>Jasper</u>	State <u>MN</u>	Zip Code <u>56144</u>	Social Security # <u>576-21-0234</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: Tyrone Timms Date (month/day/year): 01/09/07

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>SD Dept of Corrections</u>		<u>Birth Certificate</u>
Issuing authority: _____		<u>441654</u>		
Document #: _____		<u>SD</u>		<u>104-80-001937</u>
Expiration Date (if any): _____				<u>State of California</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) 01/09/08 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 <u>ESS</u>	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year) <u>01/09/08</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)
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STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

104-80-001937

CERTIFICATE OF LIVE BIRTH

1500

0344

1A. NAME OF CHILD—FIRST TYRONE		1B. MIDDLE NATHAN		1C. LAST TIMMS	
2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, OR SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.		4A. DATE OF BIRTH—MONTH, DAY, YEAR JANUARY 15, 1980	4B. HOUR (24 HOUR CLOCK TIME) 2340
5A. PLACE OF BIRTH—NAME OF HOSPITAL USAF HOSPITAL EDWARDS		5B. STREET ADDRESS (STREET, AVENUE, OR LOCATION) EDWARDS AIR FORCE BASE			
6C. CITY OR TOWN EDWARDS		6D. COUNTY KERN			
7A. NAME OF FATHER—FIRST ERIC	8A. MIDDLE MARSHALL	8C. LAST TIMMS		7. STATE OF BIRTH IL	8. AGE OF FATHER 23
9A. BIRTH NAME OF MOTHER—FIRST GAYNELL	9B. MIDDLE	9C. LAST SIMONS		10. STATE OF BIRTH IL	11. AGE OF MOTHER 23
12A. I CERTIFY THAT I HAVE EXAMINED THE STAT- E INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12B. PARENT OR OTHER INFORMANT—SIGNATURE <i>Donald D. Lasselle</i>		12C. RELATIONSHIP TO CHILD MOTHER	12D. DATE SIGNED JAN 15, 1980
13A. I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED		13B. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—DEGREE OR TITLE <i>Donald D. Lasselle MD</i>		13C. LICENSE NUMBER MILITARY	13D. DATE SIGNED JAN 15, 1980
14.		14D. TYPED NAME AND ADDRESS DONALD D. LASSELLE, M.D. - See Item 5			
15. DEATH—EVENT DATE OF DEATH		16. LOCAL REGISTRAR—SIGNATURE <i>Leon M. Hebertson, M.D.P.</i>			17. DATE ACCEPTED FOR REGISTRATION JAN 25 1980

482 213

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.



Michael L. Rodrian
STATE REGISTRAR OF VITAL RECORDS

05 MAY -4 AM 11:34



002020647



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

South Dakota Department of Corrections
Supervising Agent's Reporting Instructions

To: TIMMS, TYRONE N #44654

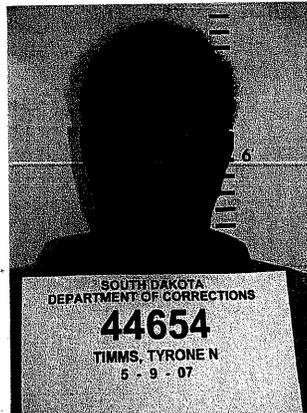
These are your Supervising Agent's Reporting Instructions to you. Read this document in its entirety and follow all instructions carefully. It is your responsibility to complete and adhere to these instructions. If you are unsure of any portion of this document, now is the time to ask.

You will notify your agent by telephone immediately upon your release or sooner if you feel you are unable to report as instructed. Your agent will determine the legitimacy of your situation and further instruct you. A single attempt or leaving a message is not sufficient. Contact any parole office, agent or local law enforcement for assistance if necessary. Making contact is imperative to your success on supervision.

In Sioux Falls:

Discharge checks may be cashed at: First Savings Bank, 2301 E 10th Street. Other banks will not cash without an account.

Name: TIMMS, TYRONE N
Home Address: Super 8 Motel (2616 E. 10th St.)
SIOUX FALLS, SD
SSN: 576-21-0234
Birth Date: 01/15/1980
Sex: M
Eyes: BWN
Height: 6'04
Weight: 200
Hair: BK
Release Date: 12/24/2007
Method Of Travel: Walk



Assigned Parole Agent

Agent Name: Robert Schmitt
Office Address: 408 S. 2nd. Avenue Suite 104
Sioux Falls, SD 57104-6919
Work Phone: 367-5781
Cell Phone: 940-1670

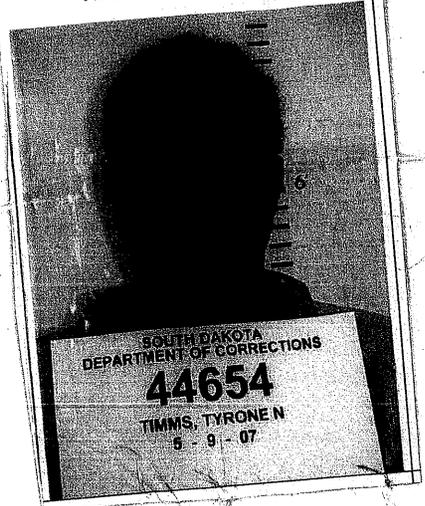
IMPORTANT! Reporting Instructions:

Tyrone is already seeing me so he needs to report in on the already approved date and time.

(Person being supervised)

Date: _____

TIMMS, TYRONE N



SOUTH DAKOTA
DEPARTMENT OF CORRECTIONS

44654

TIMMS, TYRONE N
6 - 9 - 07

**SOUTH DAKOTA
DEPARTMENT OF
CORRECTIONS**

ID #: 44654

Age: 27

DOB: 01/15/1980

Sex: M

Eyes: BWN

Height: 604

Weight: 200

Hair: BK

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 01/09/2008
Page: 1 of 1

Case Verification Number: 2008009160049PV

Initial Verification:

Last Name:	Timms	First Name:	Tyrone
Middle Initial:		Maiden Name:	
Social Security Number:	576-21-0234	Date of Birth:	01/15/1980
Hire Date:	01/09/2008	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:	01/09/2008

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!

Tyrone N Timms
Your Name

112 2nd st W Apt# _____
Your Address

Jasper MN 56144
Your City, State, Zip Code

(507) 348-3169
Your Telephone Number

EMERGENCY CONTACT INFORMATION

Jessica Meyer
Name

france
Relationship

112 2nd st W
Address

Jasper MN 56144
City, State, Zip Code

(507) 820-0917
Telephone Number

(507) 348-3169
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

CMG

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.

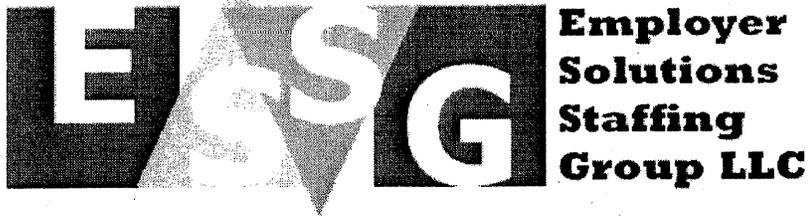
I further agree to indemnify and hold harmless and defend Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims resulting from damages sustained by me or arising out of, connected with, or in any way associated with, any of the activities 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 Timms	First Tyrone	Middle N	Social Security # 576 21 0234	Birthdate 1 15 1980
Minnesota Driver's License Number N/A	Date Signed				

Signature





STATEMENT OF CONFIDENTIALITY

This agreement made this 9th day of Jan, 2008, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and hereafter referred to as "employee".

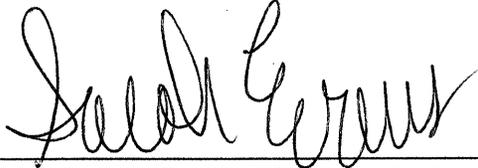
WITNESSETH:

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 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.



Employee Signature



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.

Tyrone W Timms
Individual's Name

1-9-08
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

Bring to Big F

14th

1st Shift

CMG

Corporate Management Group, Inc.

APPLICATION FOR EMPLOYMENT

DATE 12/31/07

Name Timms Tyrone Nathan

Last First Middle Maiden

Address 112 2nd st W Jasper MN 56144

Number Street City State Zip

Telephone (507) 820-0917 Social Security No. 576-21-0234

Are you under age 18 YES NO, if "YES", can you provide proof of your eligibility to work? YES NO

Are you currently authorized to work in the United States? YES NO. Proof of eligibility will be required if hired.

Current Position _____
Current Wage _____
Shift _____

Are you available to work overtime? Yes
 No

TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR & DEGREE
High School	Westside Learning center Chicago, IL	GED
College		
Bus. or Trade School		
Professional School		

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? No Yes (a Conviction record will not necessarily disqualify you from employment).

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

DO YOU HAVE A DRIVER'S LICENSE? Yes No

Please list two Emergency Contacts other than relatives.

Name Jessica Meyer

Address 112 2nd st W

Jasper, MN 56144

Telephone (507) 348-3169

Name Julie Meyer

Address 400 2nd st E

Jasper, MN 56144

Telephone (507) 348-3458

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: Tyrone Nathan Timms DATE: 12/31/07
(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? open 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 better with your schedule. 1st (5am-3:30pm) or 2nd (3pm-1am)? Will you work any shift? Yes - No
(CIRCLE) (CIRCLE)
- 8.) Are you willing to work a Fixed Rotating Shift (4 days on & 4 days off) including weekends & Holiday? Yes - No Overtime? Yes - No
(CIRCLE) (CIRCLE)
- 9.) Is the starting pay of \$9 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? 2000 october
(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
- 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 10 hour shift? Yes - No
- Can you work near fumes & dust for a 10 hour shift? Yes - No Have you ever worn a respirator? Yes - No Where? _____

BASIC INTERVIEW QUESTIONS

- Have you ever worked in a mfg environment before? Yes - No If "yes", where? And tell me about your job responsibilities/duties: _____
- Are you currently working right now? Yes - No If "yes", why are you looking to leave your employer? 14th
- 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: Patty
- Name and title of reference/company: _____
- Comments: (1005) 331-4048

NOTES

Employee Referral Form

I, Tyrone Timms was referred to work at Suzlon Rotor
(Your Name)

Corporation by Richie Lugo an employee of Suzlon Rotor
(Name of current SRC employee)
Corporation.

Tyrone Timms
Signature

12/31/07
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.

1. Please convince me that you can handle the physical components of this job?

Could you give me examples of other physical labor type of tasks you have done in the past?

What about other physical activities you do outside of work?

Physical labor
Construction

2. How comfortable are you with repetitious types of work? Could you give me examples of what you have completed in the past?

Repetitive

3. How committed are you to keeping your next job for long term, provided there is room for advancement in either learning new skills or improving hourly wage?

* Long-term Benefits, money \$

4. What do you feel are your best qualities in terms of what YOU as an employee can offer your employer?

* Good people
Fast learner

5. 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. Also, how do you feel about cultural diverse environments?

Team environment
→ NO problems

6. How many sick days have you taken off in the last year?

* (1) son