

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>Quiza, Yolanda</i>	<i>01/18/08</i> ↓	↓	EMPLOYEE NAME: (Last, First)	↓	↓
ESG New Hire Application	<i>SE</i>	<i>AP</i>	CMG New Hire Application		
ESG Emergency Contact Info	}	<i>1/18</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>ID card</i>			(1)		
(2) <i>SS card</i>			(2)		
W-4			W-4		
ESG BACKGROUND RELEASE FORM			CMG BACKGROUND RELEASE FORM		
<i>CMG Time</i>	<i>1/18</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: GARZA  
Apellido Nombre

FIRST NAME: YOLANDA MIDDLE INITIAL: —  
Primero Nombre Segunda Inicial

ADDRESS: 608 N. CLIFF AVE. # 208  
Direccion

CITY: SPOCK FALLS, SD. STATE: SD ZIP: 57104  
Ciudad Estado Zona Postal

HOME PHONE #: (605) 334-2425 CELL PHONE #: —  
Teléfono Celular teléfono

DATE OF BIRTH: 10.15.67  
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 463-39-3473  
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) HISPANIC  
origen étnia

<b>EMERGENCY CONTACT INFORMATION</b> INFORMACIÓN DE CONTACTO DE EMERGENCIA	
NAME: <u>ROBIN BIEBER</u> Nombre	
PHONE #: <u>(605) 332-3593 HOME</u> Teléfono	

**FOR CMG USE ONLY:**

HIRE DATE: 01/16/08 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: \_\_\_\_\_

<b>EMPLOYMENT STATUS</b>	
Agency Referral <input type="checkbox"/>	CMG Recruit <input checked="" type="checkbox"/>
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 GARZA First Name YOLANDA Middle Initial -  
 Street Address 608 N. CLIFF AVE. # 208  
 City/State/Zip SIOUX FALLS, SD. 57103  
 Home Phone (605) 334-2425 Message Phone \_\_\_\_\_  
 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.

YOLANDA GARZA *Yolanda Garza* 17/JAN/08  
 Name (Print or type) Applicant's Signature Date

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

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

# Form W-4 (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> _____
<b>B</b> Enter "1" if: { • 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>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>F</b> _____
<b>G</b> <b>Child Tax Credit</b> (including additional child tax credit). See Pub 972, Child Tax Credit, for more information. • 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" <b>additional</b> if you have 4 or more eligible children.	<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> _____
For accuracy, complete all worksheets that apply. { • If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you have <b>more than one job or are married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> 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>		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		<b>2007</b>
1 Type or print your first name and middle initial. <b>YOLANDA</b>		Last name <b>CARZA</b>		2 Your social security number <b>463 39 3473</b>
Home address (number and street or rural route) <b>608 N. CLIFF AVE # 208</b>		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 <b>SIOUX FALLS, SD. 57104</b>		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- <b>1</b>		
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. • Last year I had a right to a refund of all federal income tax withheld because I had <b>no tax liability and</b> • This year I expect a refund of all federal income tax withheld because I expect to have <b>no tax liability.</b> If you meet both conditions, write "Exempt" here . . . . . ▶		7		
Under penalties of perjury I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶ <b>17 JAN 08</b>		
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 <b>GARZA</b>	First <b>YOLANDA</b>	Middle Initial <b>-</b>	Maiden Name <b>-</b>
Address (Street Name and Number) <b>608 N. CLIFF Ave. # 208</b>		Apt. # <b>-</b>	Date of Birth (month/day/year) <b>10-15-67</b>
City <b>SIOUX FALLS,</b>	State <b>SD.</b>	Zip Code <b>57104</b>	Social Security # <b>463-39-3473</b>

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

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

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

(Alien # or Admission #)

Employee's Signature	Date (month/day/year) <b>10-17-08</b>
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**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

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

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

List A	OR	List B	AND	List C
Document title: _____		<b>Drivers License</b>		<b>Social Security</b>
Issuing authority: _____		<b>SD</b>		<b>US GOVA</b>
Document #: _____		<b>01194906</b>		<b>463-39-3473</b>
Expiration Date (if any): _____		<b>10/15/2011</b>		
Document #: _____				
Expiration Date (if any): _____				

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) **01/18/08** 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	Print Name <b>Sarah Evans</b>	Title <b>Recruiter</b>
Business or Organization Name <b>ESSG 7300 Metro Blvd</b>	Address (Street Name and Number, City, State, Zip Code) <b>635 Edina MN 55439</b>	Date (month/day/year) <b>01/18/08</b>

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

A. New Name (if applicable) _____	B. Date of rehire (month/day/year) (if applicable) _____
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* *H. Michael Rank, Governor*

IDENTIFICATION CARD

ISSUE DATE 02/07/2007  
EXPIRE DATE 10/15/2011

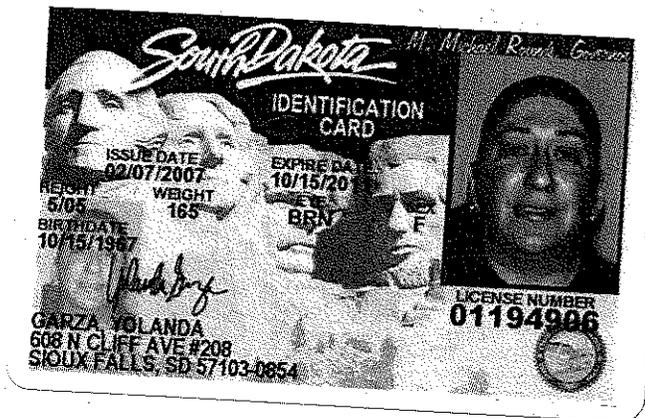
HEIGHT 5/08  
WEIGHT 165  
SEX BBN  
SEX F

BIRTHDATE 10/15/1967

*Yolanda Garza*

LICENSE NUMBER 01194906

GARZA, YOLANDA  
608 N CLIFF AVE #208  
SIOUX FALLS, SD 57103-0854

A South Dakota identification card for Yolanda Garza. The card features the state name 'South Dakota' in a script font at the top left, followed by the governor's name 'H. Michael Rank, Governor'. The title 'IDENTIFICATION CARD' is centered at the top. On the left side, there are fields for 'ISSUE DATE' (02/07/2007), 'EXPIRE DATE' (10/15/2011), 'HEIGHT' (5/08), 'WEIGHT' (165), 'SEX' (BBN), and 'BIRTHDATE' (10/15/1967). A signature 'Yolanda Garza' is written in the center. On the right side, there is a photo of the cardholder and the 'LICENSE NUMBER' (01194906). At the bottom left, the cardholder's name 'GARZA, YOLANDA' and address '608 N CLIFF AVE #208, SIOUX FALLS, SD 57103-0854' are printed. The background of the card shows a faint image of the Mount Rushmore monument.

**SOCIAL SECURITY**

SOCIAL SECURITY

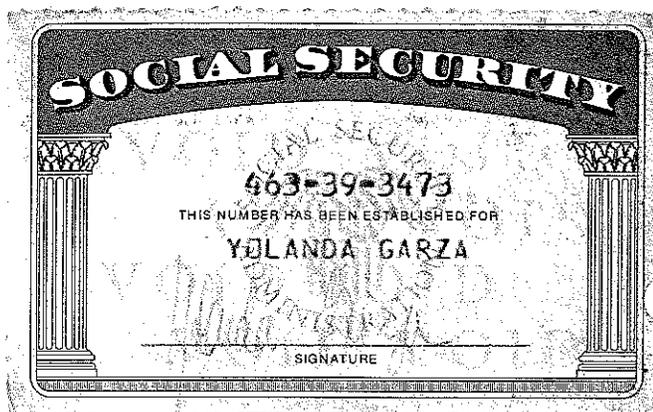
663-39-3473

THIS NUMBER HAS BEEN ESTABLISHED FOR

YOLANDA GARZA

*Yolanda Garza*

SIGNATURE

A Social Security card for Yolanda Garza. The card has a decorative border with the words 'SOCIAL SECURITY' in large, bold, serif letters at the top. Below this, the number '663-39-3473' is printed in a large font. Underneath the number, it says 'THIS NUMBER HAS BEEN ESTABLISHED FOR' followed by the name 'YOLANDA GARZA' in a bold, sans-serif font. At the bottom, there is a line for a signature, with 'Yolanda Garza' written in cursive. The word 'SIGNATURE' is printed below the line. The background of the card is a light, textured pattern.

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 01/18/2008  
Page: 1 of 1

Case Verification Number: 2008018093053SE

**Initial Verification:**

Last Name:	Garza	First Name:	Yolanda
Middle Initial:		Maiden Name:	
Social Security Number:	463-39-3473	Date of Birth:	10/15/1967
Hire Date:	01/17/2008	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:	01/18/2008

**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!

YOLANDA GARZA  
Your Name

608 N. CLIFF Ave # Apt# 208  
Your Address

SIOUX FALLS, SD. 57104  
Your City, State, Zip Code

(605) 334-2425  
Your Telephone Number

**EMERGENCY CONTACT INFORMATION**

ROBIN BIEBER  
Name

FRIEND  
Relationship

608 N. CLIFF Ave #208  
Address

SIOUX FALLS, SD. 57104  
City, State, Zip Code

(605) 334-2425  
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.

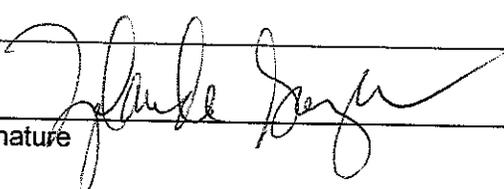
I do hereby fully release and discharge Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims from damages that I may have or that may accrue to me on account of the results of any aspect of any criminal and driving record background investigation.

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.**

Employee Full Legal Name (Printed)	Last First Middle	Social Security #	Birthdate
GARZA	YOLANDA —	463 39 3473	10 15 67
Minnesota Driver's License Number		Date Signed	
_____		Yolanda Garza	

Signature





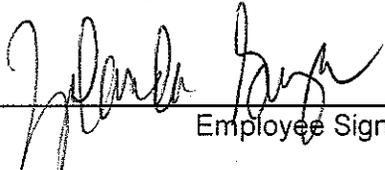
STATEMENT OF CONFIDENTIALITY

This agreement made this 18<sup>th</sup> day of Jan, <sup>2008</sup>~~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.



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.

YOLANDA GARZA  
\_\_\_\_\_  
Individual's Name  
17 | JAN | 08  
\_\_\_\_\_  
Date

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

## Interview Questions:

### Personal:

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

Good at all jobs. Quick learner

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

1) Quick learner      4) Good hand-eye coordination.  
2) Fast  
3) On-time

3). What is your greatest strength and weakness?

#### Greatest strength:

How does your strength benefit you as an employee?.

Observes the situation.

#### Your weakness:

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

would like to be able to be more of a supervisor

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

Today - interview

1 time - son went hospital (March)

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?

Very - 3 yrs - Warehouse Mgr

### Production:

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

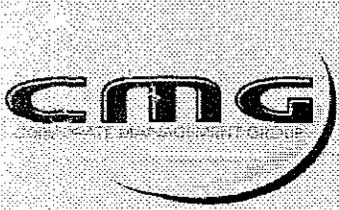
A little measuring but a lot of quality

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?

Medical devices, light weight, lifted fenders & hoods at a previous job.

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?

likes assembly - most all past jobs required this.



1st Shift

2nd

APPLICATION FOR EMPLOYMENT

DATE 17/JAN/08

Name GARZA YOLANDA

Address 608 N. CLIFF AVE. # 208 SIOUX FALLS, SD. 57104

Telephone 605 334-2425 Social Security No. 463-39-3473

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 - PRODUCTION Current Wage 10.00 Shift Are you available to work overtime? Yes No

Table with 3 columns: TYPE OF SCHOOL, NAME OF SCHOOL, MAJOR & DEGREE. Rows include High School (McAllen High School) and Bus. or Trade School (South Texas Vocational 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 ROBIN BEIBER Name JAN SCHULTZ

Address 510UX FALLS, SD. Address

Telephone 605-212-1685 cell Telephone 605-582-6342

332-3593 (Home) MILITARY (Home)

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.**

AVENTURE STAFFING PROFESSIONAL SERVICES #825  
Name of employer (SHINAMERICA) Phone ( )  
Address DESMET Supervisor DIANA / BOB 4-5wks  
Reason for leaving (be specific) STILL WORKING -  
Position/Duties:  
~~ATTEND~~ PACKING (MEDICAL DEVICE)

LABOR READY  
Name of employer PBM PACKING Phone (605) 330-9244  
Address SIoux FALL, SD. Supervisor JODIE / GRAY  
Reason for leaving (be specific) PBM SLOW DOWN (LAY OFF)  
Position/Duties:  
PACKING / ASSEMBLY

Name of employer SCHULTZ QUARTER HORSES Phone (605) 582-6342  
Address SIoux FALL, SD. Supervisor JAN SCHULTZ  
Reason for leaving (be specific) \_\_\_\_\_  
Position/Duties:  
GARDEN, LANDSCAPING, & FARM 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: YOLANDA GARZA (PLEASE PRINT) DATE: 17/JAN/08
- 2.) Are you willing to consent to a post job offered drug screen?  Yes  No If no, why? \_\_\_\_\_
- 3.) Are you willing to consent to a post job offered health assessment?  Yes  No If no, why? \_\_\_\_\_
- 4.) Can you legally work in this country?  Yes  No If yes, by what means? US Citizen - Resident Alien - Other? \_\_\_\_\_
- 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 \_\_\_\_\_
- 6.) How far away do you live from Suzlon Rotor Corporation? 0-10 10-25 25-50  50-75 75-100 100+ Miles
- 7.) Which shift works best for your schedule: 7am-3:30pm 3pm-11:30pm 11pm-7:30am Will you work any shift?  Yes  No
- 8.) Is the starting pay of \$10 per hour acceptable?  Yes  No If no, starting pay desired \$ \_\_\_\_\_ per hour
- 10.) Have you ever been convicted of a felony?  Yes  No If so, when? \_\_\_\_\_
- 11.) Have you ever been terminated from a job?  Yes  No If "yes", explain: \_\_\_\_\_
- 12.) On average how often are you absent from work per month? Never 1-2 times 3+ times Reason? ONLY ON EMERGENCY

\*\*\* 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? JAYSON S. LAROCHE

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: light duty

Are you currently working right now?  Yes  No If "yes", why are you looking to leave your employer? NOT ENOUGH PAY

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? ASAP 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: Adventure Staffing Professional Services  
 Comments: \_\_\_\_\_

Name and title of reference/company: \_\_\_\_\_  
 Comments: \_\_\_\_\_

NOTES

I agree that:

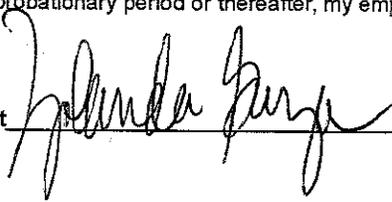
Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist 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:

17 / JAN / 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, Yolanda G. was referred to work at Suzlon Rotor Corporation  
(Your Name)

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

Yolanda G.  
Signature

17 / Jan / 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.**