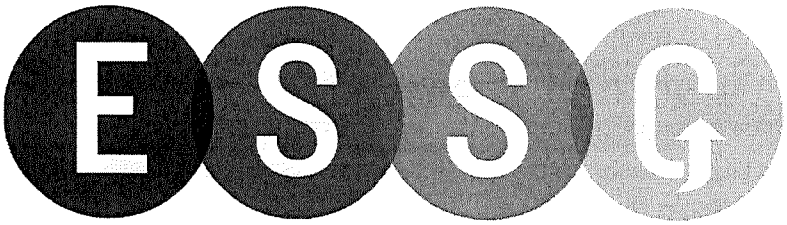


Commercial Driver Application

Revised 03/2018

employer solutions staffing group

COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED--PRINT OR TYPE

Date: 06/02/26

Name: First Luciano Middle Roberto Last Montes

Address 439 Adams Ave NW Home telephone: _____

City Owatonna State MN Zip 55060 Cellular telephone: 507-676-7267

Date of Birth: 11/30/1983 Social Security Number: 469-06-4680

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 Street_____ Dates: From_____ To_____

City_____ State _____ Zip _____

2 Street_____ Dates: From_____ To_____

City_____ State _____ Zip _____

3 Street_____ Dates: From_____ To_____

City_____ State _____ Zip _____

Use backside of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

State MN Number F-456-030-178-315 Expiration Date 11/30/29

State_____ Number_____ Expiration Date _____

State_____ Number_____ Expiration Date _____

Experience:

_____ Type of vehicle driven _____ to _____ Dates _____ Approximate mileage driven

_____ Type of vehicle driven _____ to _____ Dates _____ Approximate mileage driven

_____ Type of vehicle driven _____ to _____ Dates _____ Approximate mileage driven

All Accidents, last 3 years: (If none, write NONE)

Date_____ Describe NONE Fatalities_____ Injuries_____

Date_____ Describe_____ Fatalities_____ Injuries_____

Date_____ Describe_____ Fatalities_____ Injuries_____

List all Traffic Violations Convictions, last 3 years: (If none, write NONE)

Date______ Violation NONE ______ State______ Commercial Vehicle: Yes / No

Date______ Violation______ State______ Commercial Vehicle: Yes / No

Date______ Violation______ State______ Commercial Vehicle: Yes / No

Date______ Violation______ State______ Commercial Vehicle: Yes / No

Date______ Violation______ State______ Commercial Vehicle: Yes / No

Date______ Violation______ State______ Commercial Vehicle: Yes / No

Date______ Violation______ State______ Commercial Vehicle: Yes / No

Date______ Violation______ State______ Commercial Vehicle: Yes / No

---

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

☐ Yes ☒ No **If yes; state of issuance; explanation:** ______

Employment History, last 10 years (383.35)—account for gaps between employers: (If owner/operator, list carriers leased to)

1) **Employer:** Costco whole sale **Dates:** 02/02/26 to still there

Address: 3601 SW 10th Str. **Supervisor:** Nathan

City, State, Zip code: Owatonna MN, 55060 **Telephone:** 507-491-7759

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☒ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☒ No

Reason for Leaving: still there

---

see Resume

2) **Employer:** ABC supply Inc **Dates:** 01/02/25 to 02/02/26

Address: 1170 Eagan Industrial Rd S-5 **Supervisor:** Nick

City, State, Zip code: Eagan MN **Telephone:** 651-452-1835

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☒ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☒ Yes ☐ No

Reason for Leaving: Let go

3) Employer: Valley transportation Dates: 06/25 to 08/25

Address: 73137 St. Hwy 16 Supervisor: Bryce

City, State, Zip code: Grand meadow MN 55936 Telephone: 800-657-4910

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☒ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☒ Yes ☐ No

Reason for Leaving: _____

4) Employer: River land Community College Dates: 03/25 to 06/25

Address: 2200 Riverland Dr Supervisor: Jon

City, State, Zip code Albert Lea MN 56007 Telephone: 507-379-3300

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☒ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☒ Yes ☐ No

Reason for Leaving: School

5) Employer: Cargil Dates: 04/24 to 02/25

Address: 800 NW 24th Ave Supervisor: Byran

City, State, Zip code: Owatonna MN 55060 Telephone: 507-451-8400

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☒ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☒ No

Reason for Leaving: New Job

6) Employer: Viracon Dates: 08/22 to 04/24

Address: 800 park Dr Supervisor: Eric

City, State, Zip Code: Owatonna MN 55060 Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☒ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☒ No

Reason for Leaving: New Job

7) **Employer:** Amesbury Truth **Dates:** 11/20 **to** 08/22

Address: 700 w Bridge Str **Supervisor:** Tonya

City, State, Zip code: Owatonna MN 55060 **Telephone:** 507-451-5620

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☒ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☒ No

Reason for Leaving: _____

_____

Use backside of sheet for additional employers

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

"I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge."

Luciano Montes — **Applicant's Signature**

06/02/26 — **Date Signed**

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Name _____

Title _____ Date _____

Application reviewed for completeness by:

Name _____

Title _____ Date _____

SIGNIFICANT DATES:

Date of Hire: _____

Time & Date of Pre-Employment CST: _____

Time & Date of Pre-Employment CST Results Received: _____

Date First Used in Safety Sensitive Position: _____

Date of Termination: _____

revised 06/04

GIS
917 Chapin Road
Chapin, SC 29063

"Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"

Designated Employer Representative(s):
GIS – DOT Division
Attn: _____

Please respond by Fax to: (877) 590-4006

Section I. To be completed and signed by the Applicant/Employee:

Applicant/Employee Printed or Typed Name: Luciano Montes

Applicant/Employee SS Number: Luciano Montes 469-00-9680

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records retained by my previous employer, listed below, to _____ and its designated agent, GIS. This release is in accordance with DOT Regulation 49 CFR Part 40 and 391and allowed by Section 383 of the Federal Motor Carrier Safety Regulations. I understand that information to be released by my previous employer is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Applicant/Employee Signature: Luciano Montes Date: 06/02/26

Previous Employer Name: Costco wholesale

Position(s) Held: Equipment operator

Address: 3601 SW 10th str. Owatonna MN, 55060

Phone #: 507-441-7759 Fax #: _____

Designated Employer Representative: _____

Section II. To be completed by the previous employer and transmitted by mail or fax to GIS at (877) 590-4006 within 30 days from the time of the request in compliance with the amended Parts 390 and 391 of the Federal Motor Carrier Safety Regulations (FMCSR) including any accidents defined in Section 390:

In the past three years prior to the date of the employee's signature (in Section I), for DOT-Regulated testing:

1. Did the employee have alcohol test with a result of 0.04 or higher? Yes ☐ No ☒ Date_____

2. Did the employee have verified positive drug test? Yes ☐ No ☒ Date_____

3. Did the employee refuse to be tested? Yes ☐ No ☒ Date_____

4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes ☐ No ☒ Date_____

5. Did the previous employer report a drug and alcohol rule violation? Yes ☐ No ☒ Date_____

6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? Yes ☐ No ☐ Not Applicable ☒

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

GIS
917 Chapin Road
Chapin, SC 29063

"Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing" (Additional Questions)

Please respond by Fax to: (877) 590-4006

Employee Name: Luciano Montes Employer Name: ESSG

In the past three years prior to the date of the employee's signature (in Section I), for DOT-Regulated testing:

7. Was the employee a safe and efficient driver? Yes ☒ No ☐

8. What motor vehicles did the employee operate?
   Semi / Tractor-Trailer ☒ Straight Truck ☐ Bus ☐ Other ☐ (please identify type) _____

9. What license type did the driver hold?
   Class A ☒ Class B ☐ Non-CDL ☐ Other ☐ (please identify type) _____

10. Was the employee involved in any traffic violations or accidents during service? Yes ☐ No ☒
    If Yes, please provide specific detail, including how many and whether injuries and/or fatalities were involved, as well as dates, and if accident, list the city/state where the accident occurred. _____

Employee Start Date: _____ Employee End Date: _____

Position Held: _____ Salary: _____

Reason for Leaving: _____ Eligible for Rehire: _____

Name of person providing information in *Section II and additional questions*:

Printed Name: _____ Signature: _____

Title: _____ Date: _____

Phone #: _____

employer solutions staffing group

Luciano Montes
Driver's Name

F-456-030-178-315
Driver's Operators Lie. No.

469-06-9680
Driver's Social Sec. No.

Dear _____

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Ross Plaetzer
Name of person making inquiry

Client Services Director
Title of person making inquiry

Employer Solutions Staffing Group LLC
Motor Carrier Name

PO BOX 46270 Eden Prairie, MN 55344
Address

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.

3. 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.

Luciano Montes

Individual's Name

06/02/26

Date

AUTHORIZATION

By signing below, you authorize: (a) us (Employer Solutions Staffing Group LLC) to obtain one or more consumer reports or investigative consumer reports for employment purposes; (b) General Information Services, Inc. ("GIS") to request information about you from any public or private information source; (c) anyone to provide information about you to GIS; (d) GIS to provide us one or more reports based on that information; and (e) us to share those reports with others for legitimate business purposes related to your employment. GIS may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. By signing below, you acknowledge that a fax, image, or copy of this authorization is as valid as the original. By signing below, you make this authorization to be valid for as long as you are an applicant or employee with us.

We have also separately provided you with (a) a written disclosure that we are obtaining these reports, (b) the Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act", and (c) for New York applicants, a copy of New York's law on the use of criminal records. By signing below, you acknowledge receipt of these separate documents.

Identifying Information

Instructions: Please provide the following information to identify yourself. Some government agencies and other information sources require this information when checking for records. GIS will not use it for any other purposes.

Printed Name: Luciano (First) Roberto (Middle (□ none)) Montes (Last)

Current Address: 439 Adams Ave NW (Street) Owatonna MN 55060 (City, State, Zip)

Date of Birth: 11/30/1983 (MM/DD/YY) Social Security #: 469-06-9680

Name as it Appears on License: Luciano Roberto Arrieta Montes Driver's License #: F-456-030-178-315 State: MN

Report Copy

Instructions: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the background report by checking this box.

□ Please provide me a copy of my report.

Signature

Instructions: Please sign here.

X Luciano Montes
Signature

06/02/26
Date (MM/DD/YY)

FAX THIS PAGE ONLY TO GENERAL INFORMATION SERVICES (GIS) AT 877-590-4006.

employer solutions staffing group LLC

AUTHORIZATION FOR EMPLOYER TO RELEASE CDL/DOT FILE INFORMATION TO STAFFING CLIENT

(Please read the following statements and sign below if you consent.)

I, Luciano Montes, hereby authorize my employer, Employer Solutions Staffing Group LLC, to release any or all of the following information relating to my application for federal Department of Transportation driver qualification file to _____ (staffing client company's name).

(Check items you consent to release)—

✓ The driver's application for employment completed in accordance with the FMCSRs

✓ Records relating to the investigation of driver's safety performance history

✓ A copy of the initial driver's motor vehicle record check(s)

✓ A copy of the driver's road test or a copy of the driver's CDL, which the motor carrier may accept as equivalent to the driver's road test

✓ Copies of the annual driver's motor vehicle record check, the annual list of violations provided by the driver and certification of the annual review

✓ A copy of the driver's medical examination/certification. (Exception: A CDL holder who has submitted his/her medical certification to the state of licensure and indicated the status as non-exempt [meaning he/she is subject to driver qualifications] will have his/her medical certification status information appearing on the motor vehicle record. A carrier must obtain the driver's motor vehicle record and place it in the driver qualification file.)

✓ A copy of the skills performance evaluation certificate or MN/DOT medical waiver, if applicable

✓ Documentation indicating the carrier verified the driver was medically certified by a medical examiner listed on the National Registry of Certified Medical Examiners.

I further release and hold harmless both Employer Solutions Staffing Group LLC and _____ (staffing client company's name) from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by Employer Solutions Staffing Group LLC will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

Luciano Montes

Signature of Employee

Luciano Montes

Employee's Name - Printed

Date Signed: 06/02/26

Receipt and Retrieval of Digital ePassport via an SMS (Text Message)

Our DOT drug test provider is now offering to send out ePassports directly to your smart phone via an SMS message. This digital ePassport can be scanned at the clinic directly from your phone, eliminating the need to obtain a paper ePassport from your recruiter. You may opt in to this service by checking the box below and signing. By signing this form you are taking responsibility for any message and or/data rates that may be incurred by receiving and/or retrieving your ePassport via SMS.

By signing below I agree to provide a valid cell phone number so a digital copy of my ePassport can be sent to me via SMS. Additionally, I take all responsibility for any message and/or data rates that may be incurred by the receipt and/or retrieval of the ePassport via my mobile device.

Cell Phone Number

5 0 7 — 6 7 6 — 7 2 6 7

Luciano Montes

Signature

06/02/26

Date

MOTOR VEHICLE REPORT AUTHORIZATION FORM

In connection with your application for employment, or employment as a Warehouse employee with Reichel Foods, Inc. we will obtain a Motor Vehicle Report to verify your driving record. Please sign below and provide us with your authorization to procure this report.

You are required to report any moving violations within 30 days of conviction.

AUTHORIZATION

I authorize Reichel Foods, Inc. to obtain a Motor Vehicle Report in connection with my application for employment, or employment.

x Luciano Montes
Applicant/Employee Signature

x Luciano Montes
Applicant/Employee Name

F-456-030-178-315
Driver's License Number/State

11/ 30/ 1983
Date of Birth

AccuSourceHR

Confidential Background Report

Subject Information

Name: Arrieta Montes, Luciano Roberto
DOB: xx/xx/xxxx
SSN: xxx-xx-9680
Job Position:

No notes available

Prepared for:

Employer Solutions GRP- CMG Corporate
12000 N. Washington St
#350
Thornton, Colorado 80241
United States

Profile Summary

PRO-2606-00008768

Results/Special Notes:

IMPORTANT NOTICE UNDER CALIFORNIA LAW FOR CALIFORNIA RESIDENTS AND APPLICANTS

This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

In California, as an investigative consumer reporting agency, we shall provide a consumer seeking to obtain a copy of a report or making a request to review a file, a written notice in simple, plain English and Spanish setting forth the terms and conditions of his or her right to receive all disclosures under California law.

Please note that while AccuSourceHR attempts to conduct searches using the search scope listed within the report, some jurisdictions may have search limitations due to clean slate laws and similar laws, acts of god, and court system disruptions. AccuSourceHR will search and report what is available and reportable at the time of the search.

Package: 1 Nat Crim Verified (additional fees may apply) **Accounting Code:** CMG - Rochester

Status Icon Legend
- Order has been completed
- Order has been flagged
- Order contains a Result/Special Note

Service	Name Searched	Reference	Status
CrimNet	Arrieta Montes, Luciano Roberto	Arrieta Montes, Luciano Roberto	☑
County Criminal	Arrieta Montes, Luciano Roberto	Arrieta Montes, Luciano Roberto: Nicollet, US-MN	☑
County Criminal	Arrieta Montes, Luciano Roberto	Arrieta Montes, Luciano Roberto: Waseca, US-MN	☑
County Criminal	Arrieta Montes, Luciano Roberto	Arrieta Montes, Luciano Roberto: Steele, US-MN	☑

Sex Offender Search	Arrieta Montes, Luciano Roberto	Arrieta Montes, Luciano Roberto

CrimNet

Arrieta Montes, Luciano Roberto

Created Date: 06/04/2026 07:46:42
Completed Date: 06/04/2026 17:23:58

Search Complete - If reportable records were identified, the results can be found in the searches section of this report

County Criminal

Nicollet, Minnesota

Arrieta Montes, Luciano Roberto

Created Date: 06/04/2026 07:46:45
Completed Date: 06/04/2026 13:15:33

Results/Special Notes:
No Record Found

County Criminal

Waseca, Minnesota

Arrieta Montes, Luciano Roberto

Created Date: 06/04/2026 07:46:46
Completed Date: 06/05/2026 10:35:31

Results/Special Notes:
No Record Found

County Criminal

Arrieta Montes, Luciano Roberto

Steele, Minnesota

Created Date: 06/04/2026 07:46:45
Completed Date: 06/08/2026 10:00:43

Results/Special Notes:

74-CR-24-309- DOB Match

Case: [74-CR-24-309] - [DISTRICT COURT -]

File Date:	02/26/2024	Weight:	
Legal First Name:	LUCIANO	Height:	
Legal Middle Name:	ROBERTO	Hair Color:	
Legal Last Name:	ARRIETA-MONTES	Eye Color:	
Gender:		Disposition Date:	03/07/2024
DOB:	xx/xx/xxxx	Offense Date:	02/24/2024
SSN:		Next Court Date:	
Ethnicity:		Alias(es):	
Additional ID:	NO ADDITIONAL IDENTIFIERS FOUND.		
Additional Notes:	NAME ON FILE: ARRIETA-MONTES, LUCIANO ROBERTO (NOTE NAME VARIATION) - PLEA DATE: 03-07-2024		

Charges

Charge:	DOMESTIC ABUSE NO CONTACT ORDER - VIOLATE NO CONTACT ORDER - WITHIN 10 YEARS OF PREVIOUS CONVICTION	Prison Time:	
		Jail Time:	CONFINEMENT -- JAIL: 364 DAYS. TIME SUSPENDED / NOT IMPOSED 348
Charge Level:	GROSS MISDEMEANOR		
Disposition:	CONVICTED	Probation:	PROBATION: 2 YEARS.
Disposition Date:	03/07/2024		
Next Court Date:		Suspended:	
		Fines:	FINES/FEES/COSTS: 250.00
		Cost:	
		Restitution:	
Other:	FINES: 75.00 SUSPENDED / NOT IMPOSED.		

Sex Offender Search

Arrieta Montes, Luciano Roberto

Created Date: 06/04/2026 07:46:50
Completed Date: 06/04/2026 09:28:33

Results/Special Notes:

No Reportable Records Found.

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

  In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.

- The following FCRA right applies with respect to nationwide consumer reporting agencies:

  ### CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

  You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make

a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Assistant General Counsel for Office of Aviation Consumer Protection Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street, SW Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Division Regional Office supervisor
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street, SW, Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, NE Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, NW Washington, DC 20580 (877) 382-4357

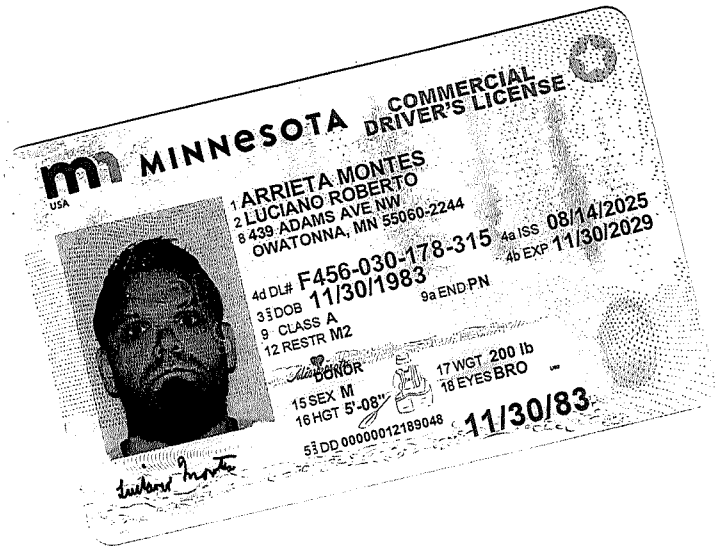
DATA PRIVACY NOTICE

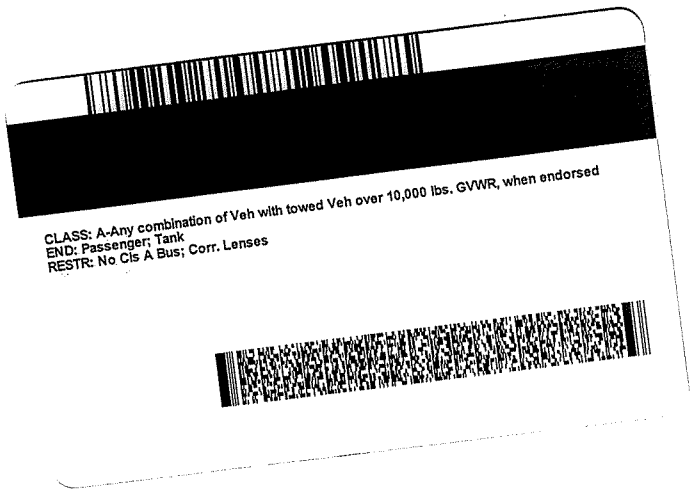
Employer "Employer Solutions GRP- CMG Corporate " intends to obtain information about you to verify and investigate your background for the purposes you authorized, from third party consumer reporting agency **AccuSourceHR, Inc. 11811 N. Tatum Blvd., Suite 3090 Phoenix, AZ 85028, phone (866) 276-6161.**

Information you have or will supply may be disclosed to third parties including agents or vendors of AccuSourceHR, Inc., law enforcement agencies, state or federal agencies, courts, institutions, schools or universities (public or private), information service bureaus, employers, employees, or insurance companies to verify and investigate your background.

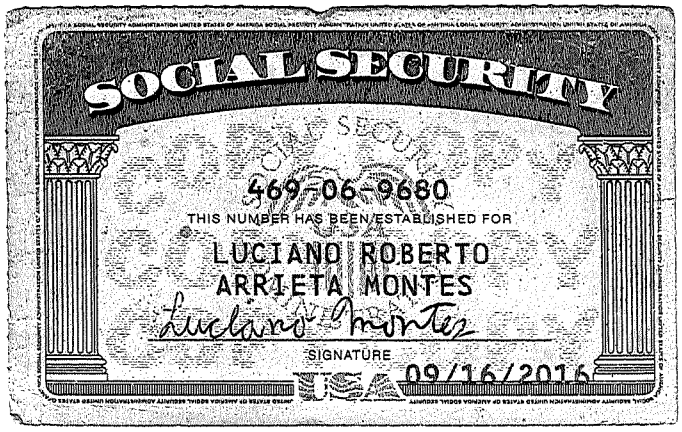
In accordance with the host nation's laws and the laws applicable to you depending on your location regarding the release of information, you understand that information may be transmitted from any country to the above listed parties located in any country, including countries outside the EU that have a different level of data protection or inadequate data protection laws as defined by the European Commission than your country of residence.

For access to the personal data collected or transferred, to your report, or for any other inquiries or complaints you may, contact AccuSourceHR, Inc, or Company. AccuSourceHR, Inc. affords individuals the opportunity to choose whether their personal information will be disclosed to a third party as described above. A consumer can withdraw consent by delivering a written request to Company, or to AccuSourceHR, Inc. at the address listed above or **customersuccess@accusourcehr.com.** This may affect Company's decision related to the purpose for which the background check was requested. AccuSourceHR, Inc.'s privacy policy is available at www.accusourcehr.com/privacy-policy/.


MINNESOTA
USA
COMMERCIAL
DRIVER'S LICENSE
1 ARRIETA MONTES
2 LUCIANO ROBERTO
8 439 ADAMS AVE NW
OWATONNA, MN 55060-2244
4d DL# F456-030-178-315
4a ISS 08/14/2025
4b EXP 11/30/2029
3 DOB 11/30/1983
9 CLASS A
12 RESTR M2
9a END PN
DONOR
15 SEX M
16 HGT 5'-08"
17 WGT 200 lb
18 EYES BRO
5 DD 00000012189048
11/30/83



CLASS: A-Any combination of Veh with towed Veh over 10,000 lbs. GVWR, when endorsed
END: Passenger; Tank
RESTR: No Cls A Bus; Corr. Lenses


SOCIAL SECURITY
469-06-9680
THIS NUMBER HAS BEEN ESTABLISHED FOR
LUCIANO ROBERTO
ARRIETA MONTES
Luciano Montes
SIGNATURE
09/16/2016

Form MCSA-5876

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Medical Programs Division, Federal Motor Carrier Safety Administration, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

OMB No.: 2126-0006 Expiration Date: 03/31/2028

U.S. Department of Transportation
Federal Motor Carrier Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Montes **First Name:** Luciano in accordance with *(please check only one)*:

- (●) the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* **OR**
- ( ) the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)*:

[X] Wearing corrective lenses [ ] Wearing hearing aid
[ ] Accompanied by a _____ waiver/exemption
[ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
[ ] Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
[X] Grandfathered from State requirements *(State)*

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Signature [signature]
Medical Examiner's Certificate Expiration Date 07-08-2026
Medical Examiner's Name *(please print or type)* Brianne Gustafson PA-C
Medical Examiner's Telephone Number 507-446-1277
Date Certificate Signed 02-19-2026
Medical Examiner's State License, Certificate, or Registration Number 13986
( ) MD (●) Physician Assistant ( ) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner *(specify)* _____
Issuing State MN
National Registry Number 9197993387

Driver's Signature Luciano Montes
Driver's License Number F456 030 178 315
Issuing State/Province MN
Driver's Address
Street Address: 439 Adams Ave NW City: Owatonna State/Province: MN Zip Code: 55060
CLP/CDL Applicant/Holder (●) Yes ( ) No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Rev 3/27/25

TRUSTED Employees
AN MVI SOFTWARE COMPANY

7760 France Ave S, Suite 1173
Minneapolis, MN 55435
Ph (888) 389-4023 (952) 545-3953
Fax (888) 389-4024 (952) 545-3973
www.TrustedEmployees.com

Prepared For: CORPORATE MANAGEMENT GROUP

Applicant Information

Applicant Name:	ARRIETA MONTES, LUCIANO ROBERTO	**SSN:**	XXX-XX-9680
Address:	439 NW ADAMS AV	**Phone(s):**	507-676-7267
City/State/Zip:	OWATONNA, MN 55060	**Email:**	GALAXYSPECK@GMAIL.COM
AKA Name(s):	ARRIETAMONTES, LUCIANO R MONTES, LUCIANO R		

Additional information provided by applicant

This information was provided by your applicant during the Apply Now process and has not been confirmed by Trusted Employees.

NO ADDITIONAL INFORMATION PROVIDED BY APPLICANT

Employer Information

Account #:	11659S	**Attn:**	KELSEY SIKKINK
Phone:	651-666-3883	**Date Ordered:**	06/09/2026
Completed:	06/09/2026	**Entered By:**	11659SKELSEY
Proofed By:	MICHELLE	**Charges:**	$35.00
Report Type:	DRIVER PACKAGE (PKG # 1)	**File #:**	61F4A0
Position Applied For:	CDL		

Fraud Protection

Social Security Numbers can only be validated to being issued or not issued based on information available from the Social Security Administration. They may be valid numbers but issued to a different person. If no credit report is found please request to see the applicant's social security card and State ID. For security purposes only partial Social Security Numbers are displayed. Contact Trusted Employees if you need to discuss discrepancies.

Name:	ARRIETA MONTES, LUCIANO	**SSN:**	XXX-XX-9680	**Status:**	ISSUED SSN
State Issued:	MINNESOTA				

Criminal, Traffic, and Infraction Records

For a period of 7 years prior to the date of this report we have searched public records and commercially available data sources for criminal records. The Public Records and commercially available data sources used in this report should not be relied upon as definitively accurate. Data is sometimes entered poorly, processed incorrectly and is generally not free from defects. This report does not eliminate the possibility of additional information contained outside the scope of our search. WARNING: Criminal offenders frequently use aliases, including the names of other individuals. Do not assume search results correspond to the subject of your inquiry. Use EXTREME CAUTION in making employment decisions based upon this information. Fingerprint verification is the only way of confirming a subject's identity.

Minnesota End-Users and Consumers: We are required to inform you that each criminal history record identified in the report was collected as of the "Date Ordered" shown on the report, and also that the information may include criminal records that have been expunged, sealed or otherwise have become inaccessible to the public since that date.

US, NATIONWIDE CRIMINAL SUPERSEARCH (MULTI STATE)
ARRIETA MONTES, LUCIANO ROBERTO

MN , STATE COURT (ALL 87 COUNTIES)
ARRIETA MONTES, LUCIANO ROBERTO
ARRIETAMONTES, LUCIANO R
MONTES, LUCIANO R

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1. Docket: 74CR24309

Name:	ARRIETA-MONTES, LUCIANO ROBERTO	**County:**	STEELE
Offense:	**DOMESTIC ABUSE NO CONTACT ORDER - VIOLATE NO CONTACT ORDER - WITHIN 10 YEARS OF PREVIOUS CONVICTION**	**Disposition:**	CONVICTED
Statute Nbr:	629.75.2(C)	**DOB:**	11/30/1983
Charge Date:	02/24/2024	**Docket:**	74CR24309
Offense Level:	GROSS MISD	**DispDate:**	05/29/2024

Name:	ARRIETA-MONTES, LUCIANO ROBERTO	**County:**	STEELE
Offense:	**DOMESTIC ASSAULT-SUBSEQUENT VIOLATION**	**Disposition:**	DISMISSED
Statute Nbr:	609.2242.2	**DOB:**	11/30/1983
Charge Date:	02/24/2024	**Docket:**	74CR24309
Offense Level:	GROSS MISD	**DispDate:**	03/07/2024

Motor Vehicle Record Search

Trusted Employees has obtained information about your applicant's driving history. This information may contain records of driving offenses which may also be reflected in the Criminal Records section above. A report of an accident does not indicate fault. Use EXTREME CAUTION when making employment decisions based upon this information. TOTAL STATE POINTS IS COMPUTED AND MAY NOT REFLECT THE ACTUAL TOTAL POINTS AT THE STATE.

1. State:	MN - 1 RECORD	**Name:**	LUCIANO ROBERTO ARRIETA MONTES	**Birth Date:**	11/30/1983
Med Cert Exp:	01/09/2026	**DLNumber:**	F456030178315	**Issued:**	08/14/2025
Expires:	11/30/2029	**Class:**	D	**Status:**	VALID
Self-Cert Status:	NON-EXEMPT INTERSTATE / EXPIRED				

Offenses:

1. Name: LUCIANO ROBERTO ARRIETA MONTES
Date: 10/09/2021
Location: MN
Offense: SPEEDING 15+ MPH > LIMIT
Disposition: Convicted 10/23/2021

Nationwide Sex Offender Registry Search

The information provided below is gathered from every state, territory, and Indian tribe that contributes to the NSOPW / Dru Sjodin National Sex Offender Registry. Information is gathered and refreshed on a bi-weekly basis, and all possible match results are manually checked against the Dru Sjodin website at [redacted] prior to being displayed on the report.

Names Checked:
ARRIETA MONTES, LUCIANO ROBERTO

NO RECORDS FOUND

Employment Verification

Only data fields that have been verified by Trusted Employees are displayed.

1. **Current Employer:** COSTCO WHOLESALE

Comments: **EMPLOYER USES THE WORK NUMBER / PLEASE CONTACT TRUSTED EMPLOYEES TO PROCESS**

2. **Previous Employer:** ABC SUPPLY CO **Phone:** 651-452-1835

Comments: **EMPLOYER USES THE WORK NUMBER / PLEASE CONTACT TRUSTED EMPLOYEES TO PROCESS**

DOT References

1. **Company Name:** ABC SUPPLY INC **Contact Name:** NICK

Phone: 651-452-1835

Comments: **UNABLE TO PROCESS WITHOUT DOT PAPERWORK / PLEASE SEND TO TRUSTED EMPLOYEES**

OFAC / Global Terrorist Search

A search has been made of the following designations which are compiled in the OFAC database.

Names Searched:
ARRIETA MONTES, LUCIANO
ARRIETAMONTES, LUCIANO
MONTES, LUCIANO

Specially Designated Narcotics Traffickers - NO RECORDS
Specially Designated Global Terrorists - NO RECORDS
Weapons of Mass Destruction Proliferators - NO RECORDS
Foreign Terrorist Organizations - NO RECORDS
Specially Designated Terrorists - NO RECORDS
Specially Designated Nationals - NO RECORDS

Address History

The following records represent an applicant's current and previous address history according to information provided within the application form and various databases. Any dates provided are approximate.

1. **Address:** 439 NW ADAMS AV
City/State/Zip: OWATONNA, MN 55060
County: STEELE

2. **Address:** 439 ADAMS NW
City/State/Zip: OWATONNA, MN 550602244
County: STEELE
First Reported: 09/01/2020

3. **Address:** 294 PO BOX 294
City/State/Zip: BROWNTON, MN 553120294
County: MCLEOD
First Reported: 04/01/2007

4. **Address:** 216 12TH NE 301
City/State/Zip: OWATONNA, MN 550601776
County: STEELE
First Reported: 12/01/2019

5. **Address:** 216 12TH NE 204
City/State/Zip: OWATONNA, MN 550601776
County: STEELE
First Reported: 08/01/2019

6. **Address:** 216 24TH NE 301
City/State/Zip: OWATONNA, MN 55060
County: STEELE
First Reported: 07/01/2019

7. **Address:** 895 PO BOX 895
First Reported: 06/01/2019

City/State/Zip:	OWATONNA, MN 550600895		
County:	STEELE		
8. Address:	2435 3RD NE	**First Reported:**	10/01/2018
City/State/Zip:	OWATONNA, MN 550601336		
County:	STEELE		
9. Address:	251 6TH S	**First Reported:**	02/01/2010
City/State/Zip:	BROWNTON, MN 553129418		
County:	MCLEOD		
10. Address:	833 PO BOX 833	**First Reported:**	06/01/2017
City/State/Zip:	OWATONNA, MN 550600833		
County:	STEELE		
11. Address:	125 4TH NE 10	**First Reported:**	03/01/2013
City/State/Zip:	SAINT CLOUD, MN 563040428		
County:	SHERBURNE		
12. Address:	1100 E DIVISION 111	**First Reported:**	10/01/2012
City/State/Zip:	SAINT CLOUD, MN 563040938		
County:	SHERBURNE		

******* End of Report *******

@screen Specimen Result Certificate

ID Number: 7962320469 Report printed on 6/11/2026 8:53:23 AM

Attention:
Kelsey Sikkink
CMG
3707 Commercial Dr. SW
ROCHESTER, MN 55902

Collection Site:
13063 - D & A Testing Services LLC
829 3RD AVE SE
STE 265
ROCHESTER, MN, 55904

Verification Date 6/10/2026 08:04 PM

Medical Review Officer:
Dr. Brian N. Heinen
151 Leon Ave.
Eunice, LA 70535
888-382-2281

Donor Name:	Arrieta Montes, Luciano	Donor SSN:	000-00-9680
Date Of Test:	6/9/2026	Donor ID:	F456030178315MN
ID Number:	7962320469	Reason for Test:	Pre-employment
		Regulation:	DOT-FMCSA
Laboratory:	ALERE	Specimen Type:	Urine

Drugs Tested:

Drug Name	Result	Laboratory Screening Cutoff *	Laboratory Confirmation Cutoff *	Drug Name	Result	Laboratory Screening Cutoff *	Laboratory Confirmation Cutoff *
Marijuana Metab. (delta9THCC)	Negative	50 ng/ml	15 ng/ml	Hydrocodone/Hydromorphone	Negative	300 ng/ml	100 ng/ml
Cocaine Metabolite	Negative	150 ng/ml	100 ng/ml	Oxycodone/Oxymorphone	Negative	100 ng/ml	100 ng/ml
Amphetamine/Methamphetamine	Negative	500 ng/ml	250 ng/ml	Phencyclidine	Negative	25 ng/ml	25 ng/ml
Codeine/Morphine	Negative	2000 ng/ml	2000 ng/ml	MDMA/MDA	Negative	500 ng/ml	250 ng/ml
6-Acetylmorphine	Negative	10 ng/ml	10 ng/ml				

Final Result Disposition: **Negative**

CCF Record Date and Data Entry Operator : 6/9/2026 MM/DD/YYYY - Hassien, Sara

TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

In accordance with applicable federal requirements, my verification is:

☑ Negative ☐ Positive ☐ Test Cancelled ☐ Refusal to test because
☐ Dilute ☐ Adulterated ☐ Substituted

REMARKS:

Dr. Brian N. Heinen	Brian N Heinen MD	6/10/2026 08:04 PM
(PRINT) Medical Review Officer's Name	Signature of Medical Review Officer	Date (Mo./Day/Yr.)

* Represents laboratory screening and confirmation values.

† Represents class (Sub-Class Abbreviation)