

SuperMom's New Employee Training Quiz

Name (Print): Adam Trebesch

Date: 5/14/18

Language Spoken: English

10 questions (choose one answer per question)

1. Who is responsible for food safety & quality at SuperMom's?
 Supervisors
 Everyone
2. Food and beverages may be stored in your locker:
 True
 False
3. I must report to my Supervisor if I have:
 Diarrhea or Vomiting
 Jaundice
 Salmonella
 Lesions with pus (boils or wounds)
 All of the above.
4. Only clear nail polish can be worn in the production area.
 True
 False
5. How long should you wash your hands for?
 20 Seconds
 10 Seconds
 5 Seconds
 I don't need to wash my hands
6. Hairnets are required at all times when they are in the production area.
Beard nets are required for men with beards.
 True
 False

7. Plain wedding bands are allowed to be worn in production areas.

- True
- False

~~8. All employees are required to wear slip-resistant shoes in production areas.~~

- True
- False

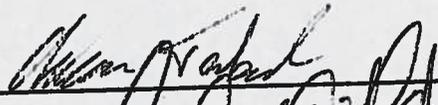
9. Smocks may be worn outdoors.

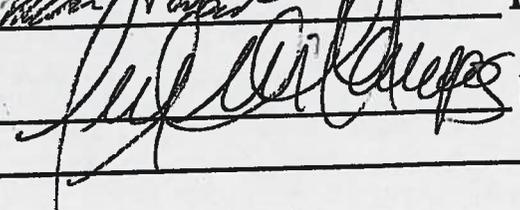
- True
- False

10. Everyone is required to have an identification badge.

- True
- False

By signing below you agree that you have been trained and understand the topics outlined in the training.

Employee (Signature):  Date: 5/14/18

Training Representative:  Date: 05/14/2018



Drug & Alcohol Testing Consent Form for Applicants Who Have Received a Conditional Offer of Employment – MRO

Acknowledgement Receipt

I acknowledge that I have received a job offer from Corporate Management Group (CMG) conditioned upon my submitting to and passing a drug and alcohol test. I have also received, read and understand Corporate Management Group's Policy and Procedure on an at – will basis and that this policy does not alter the at – will nature of the employment relationship.

I hereby agree to submit to drug and alcohol testing under the Company's policy.

I also understand that test results and other information acquired in the drug and alcohol testing process may be disclosed to and discussed with a Medical Review Office (MRO). I hereby consent to such test results and other information being disclosed to and discussed with an MRO.

Date: 05/14/2018

William S. Campos
Employee Signature

Adam Trebsen
Employee Name (Printed)

Date: 05/14/2018

Jeymi S. Campos
Witness Signature

Jeymi S. Campos
Witness Name (Printed)

TEST RESULTS RECORD

Test Reference Number MD-56101 Name of Collector _____

COMPANY INFORMATION

Company Name Corporate Management Group Phone 612-646-3853 Fax _____
 Address 464 Broadway Ave. City St. Paul Park State/Province MN Zip/Postal Code 55071

DONOR INFORMATION

Employee I.D. _____
 Last Name _____ First Name _____
 Type of Identification Provided: Driver's License Employee Photo I.D. Other _____
 Reason for test: Pre-employment Random Reasonable cause Post-accident Other _____

CERTIFICATION

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and alcohol.

Donor signature [Signature] Date / Time 05/14/2018

I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.

Collector signature [Signature] Date / Time 05/14/2018

Laboratory signature _____ Date / Time received _____

TEST RESULTS

Date/Time Collected _____

Time Interpreted _____

NOTE: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe and drawing out the sample.

Side of Device



Lab extraction ports

Cut out this panel to copy or scan results

Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine	AMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metadone	MTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes / Comments _____



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Leveraging Resources in a Changing Market

Commercial Driver Application

Revised 11/2014

employer solutions staffing group
Leveraging Resources in a Changing Market

Commercial Driver Application

Employer Solutions Staffing Group, LLC

7301 Ohms Lane, Suite 405

Edina, MN 55438

(952) 835-1288

COMMERCIAL DRIVER APPLICATION

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

Date: 5/7/18

Name: First Clemon Middle P Last Wrij A

Address 1531 E 22 St Home telephone:

City Mpls State MN Zip 55404 Cellular telephone: 651-387-4307

Date of Birth: 10/9/1969 Social Security Number: 548-57-7403

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 Number Expiration Date

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 Fatalities Injuries

Date Describe Fatalities Injuries

Date Describe Fatalities Injuries

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

Date _____ Violation _____ State _____ Commercial Vehicle: Yes/No
Date _____ Violation N/A 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: Johnson Brother Dates: 2/6/12 to present
Address: 1999 Shepard Supervisor: Eric B
City, State, Zip code: STP MN 55412 Telephone: 651-649-5800

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: *

2) Employer: MAC Redloff Dates: 6/2/15 to 1/30/17
Address: 12931 HWY 13 Supervisor: John P
City, State, Zip code: Brunswick MN Telephone: 651 378-2114

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: _____

Date	Violation	State	Commercial Vehicle
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Yes No If yes, state of license suspension _____

Employment History for 18 months prior to test date (include dates of employment, employer name, and address)

1. Employer: _____

Address: _____

City, State, Zip code: _____

Telephone: _____

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

Were you subject to 49 CFR part 39 controlled substance and alcohol testing during this period? Yes No

Reason for leaving: _____

2. Employer: _____

Address: _____

City, State, Zip code: _____

Telephone: _____

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

Were you subject to 49 CFR part 39 controlled substance and alcohol testing during this period? Yes No

Reason for leaving: _____

3) Employer: Towne Air Dates: 2/08 to 5/13
Address: 1010 Alca Supervisor: Pat B
City, State, Zip code: Essex MA Telephone: 651-688-9100

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: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code _____ 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: _____

5) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code _____ 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: _____

6) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip Code _____ 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: _____

3) Employer: _____
Address: _____
City, State, Zip code: _____
Telephone: _____
Supervisor: _____
Date: _____ to _____
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: _____
Address: _____
City, State, Zip code: _____
Telephone: _____
Supervisor: _____
Date: _____ to _____
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: _____

5) Employer: _____
Address: _____
City, State, Zip code: _____
Telephone: _____
Supervisor: _____
Date: _____ to _____
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: _____

6) Employer: _____
Address: _____
City, State, Zip code: _____
Telephone: _____
Supervisor: _____
Date: _____ to _____
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: _____

7) Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip code: _____ 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: _____

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."


Applicant's Signature

5/7/18
Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:
Jeemi S. Campos

Application reviewed for completeness by:

Name: _____
On-site HR Representative
Title: _____ Date: 05/07/2018

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: _____

1. Employer: _____
 2. Address: _____
 3. City/State/Zip code: _____
 4. Telephone: _____
 5. Fax: _____
 6. E-mail: _____
 7. Driver's License No.: _____
 8. Date of Birth: _____
 9. Sex: Male Female
 10. Height: _____
 11. Weight: _____
 12. Hair Color: _____
 13. Eye Color: _____
 14. Skin Color: _____
 15. Social Security No.: _____
 16. Date of Issue: _____
 17. Expiration Date: _____
 18. License Type: _____
 19. Classifications: _____
 20. Restrictions: _____
 21. Medical Exemption: _____
 22. Other: _____

I hereby certify that the information provided on this application is true and correct to the best of my knowledge and belief. I understand that providing false information is a violation of the law and may result in the denial of my license and other legal consequences.

As a prospective driver applicant, 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 review the corrected information to the prospective employer. The right to have a corrected statement attached to the original statement is the previous employer's and the driver's responsibility on the accuracy of the information.

Driver applicants who have received the consent of Transportation regulated employment history in the preceding three years and wish to transfer their employment history to this application must submit a written request to the prospective employer which may be done at any time, including when applying to the DMV. The written request should be submitted to the prospective employer or their agent. The prospective employer must provide the 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 DMV (3) business day deadline will begin when the prospective employer sends or the representative's performance history information. If the driver has not attempted to pick up the requested information within thirty (30) days of the prospective employer making their available, the prospective employer must provide the driver's representative their request to resolve the request.

Certification

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

Signature of Applicant: _____
 Date: _____
 Signature of Employer: _____
 Date: _____

TO BE COMPLETED BY THE APPLICANT

Application received by: _____
 Date: _____
 Application received by: _____
 Date: _____
 Date of Issue: _____
 Date of Expiration: _____
 Date of Last Review: _____

"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: Clemon P Wright

Applicant/Employee SS Number: 508-57-9401

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 391 and 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: [Signature] Date: 5/14/12

Previous Employer Name: Johnson Brother Inc.

Position(s) Held: Driver

Address: 1999 Sheppard Rd STP

Phone #: 651-694-5800 Fax #: _____

Designated Employer Representative: Driver

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).

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

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

Employee Name: Clemon P. W. A.

Employer Name: [Signature]

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 #: _____



Release of Information Form - 48 CFR Part 48 Drug and Alcohol Testing
(Additional Questions)

Please respond by fax to: (877) 599-4002

Employee Name: _____
Employer Name: _____

In the past three years prior to the date of the employer's signature for Section B for DOT-regulated testing:

1. Was the employee a safe and efficient driver? Yes No

2. What motor vehicles did the employee operate?
Bus Other (Please identify type) _____
Straight Truck _____
Semi (See trailer) _____

3. What license(s) did the driver hold?
Class A Class B Non-CM Other (Please identify type) _____

4. Was the employee involved in any traffic violation 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 date and location for the violation when the accident occurred.

Employee Start Date: _____
Position Held: _____
Reason for Leaving: _____
Employee End Date: _____

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

Printed Name: _____
Signature: _____
Title: _____
Date: _____
Phone #: _____



employer solutions staffing group^{llc}
Leveraging Resources in a Changing Market

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

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

I, Clemon P Wright Jr, 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 CMG / Supermom's (staffing client company's name).

(Check items you consent to release)

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

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

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

CDL 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

CDL 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

CDL 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.)

Copy
Car 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 Supermom's / CMG (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.



Signature of Employee

Clemon P. Williams, A

Employee's Name - Printed

Date Signed: 5/7/18

This document is required to be a separate form and may not be made a part or attached to the Employment Application.

Motor Vehicle Records and Driving History Release Authorization

I authorize CMG and Trusted Employees to conduct a background investigation as part of its employee screening and selection process. This information in part or in whole will be provided to the company in the form of a report provided by Trusted Employees.

I authorize and consent, without reservation to the retrieval of information to include motor vehicle records and driving history.

According to the Fair Credit Reporting Act (FCRA), I am entitled to be informed if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. I understand that if this occurs I will be advised and provided with the name of the agency or source of the information.

My signature below indicates my authorization for your company to obtain a consumer report and/or investigative consumer report about me from a consumer-reporting agency. I further understand that I am entitled to a copy of my consumer report directly from the reporting agency free of charge by checking the appropriate box below.

Are you applying for employment in California, Minnesota* or Oklahoma*? Yes No
Would you like a copy of the consumer report prepared on you? Yes No

* Minnesota and Oklahoma residents are entitled to a free copy of their report.

Notice to California Applicants: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Trusted Employees during normal business hours. You may also obtain a copy of this file upon submitting proper identification by appearing at Trusted Employees in person or by mail. Mail requests should be directed to Trusted Employees, 701 5th Street South, Hopkins, MN 55349. You may also receive a summary of the file by telephone at 1-888-389-4023/852-545-3953. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnished proper identification.

I hereby certify that all of the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge. I understand that following my employment should any statements or answers be found to be false or information has been omitted; such false statements or omissions will be just cause for termination of my employment.

I further acknowledge that the facsimile (FAX) or photocopy of this document shall be valid and accepted with the same authority as the original. I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. If employed by the above referenced employer (with the exception of employment in California) this authorization will remain in effect throughout the term of my employment.

Date: 5/14/18 Signature: [Signature]
SSN: 598-57-7401 Printed Name: Clemon P Wright Jr

Note: The following information will be used as identification purposes only in verifying information on your Employment Application.

1531 E 22nd St Minneapolis MN 55404
Street Address City State Zip Code
D24058487907 10/9/18 10/09/1969
Driver's License Number State of License Expires On Date of Birth
N/A

List any other cities and states in which you have lived during the previous 7 years.

N/A

List any other Last Names you have used during the previous 7 years.

This document is subject to the applicable laws and regulations of the State of California.

What's Inside Records and Driving History Release Authorization

I, [Name], hereby authorize the release of my records and driving history to [Company Name] for the purpose of [Purpose]. This information is being provided to you for your internal use only and is not to be shared with any other party.

I understand and consent, without reservation, to the release of my records and driving history to the extent of information to include motor vehicle records and driving history.

According to the Fair Credit Reporting Act (FCRA), I am entitled to be informed of any adverse action taken by my prospective employer. I understand that this information will be provided to me in the form of a report provided by the reporting agency.

I agree to release my authorization for your company to obtain a consumer report and/or to provide a consumer report about me from a consumer reporting agency. I further understand that I am entitled to a copy of my consumer report directly from the reporting agency free of charge by checking the appropriate box below.

Are you applying for employment in California, Mississippi, or Oklahoma? Yes No
Would you like a copy of the consumer report provided on you? Yes No

Missouri and Oklahoma residents are entitled to a free copy of their report.

Notice to California Applicants: Under section 1750.22 of the California Civil Code, you may view the file maintained on you by United Employers during normal business hours. You may also obtain a copy of the file upon receipt of proper identification by appearing at United Employers' business office. Mail requests should be directed to United Employers, 101 E. Street, Suite 1000, Houston, TX 77002. The agency is required to have personal records to explain your file and the agency must explain to you why certain information appearing in your file. If you request a review of your file, you may request a review of your file. United Employers' records are maintained in a secure manner.

I hereby certify that all of the statements and answers set forth in the application form and/or my records are true and correct to the best of my knowledge. I understand that following my employment should any statements or records be found to be false or fraudulent, such statements or records will be just cause for termination of my employment.

I do not acknowledge that the signature (SAX) or photograph of the decedent shall be valid and accepted with the same authority as the original. I specifically waive any rights under any credit or former employer who may provide information about the decedent's report. I employed by the above employer/employee with the intention of employment in California. The signature will remain in effect throughout the term of the employment.

Print Name: _____
Print Name: _____

Note: The following information will be used to determine purposes only in verifying information on your Employment Application.

Street Address: _____
City: _____ State: _____ ZIP Code: _____

Employer Name: _____
State of the area: _____
City: _____

If any other files exist in which you have filed during the previous 5 years:

File # and date when you have filed during the previous 5 years:

This document is required to be a separate form and may not be made a part or attached to the Employment Application.

Background Information and Release Authorization

I authorize AMG and Trusted Employees to conduct a background investigation as part of its employment screening and selection process. This information in part or in whole will be provided to the company in the form of a report provided by Trusted Employees.

I authorize and consent, without reservation to the retrieval of information that may include but is not limited to employers to include wages, educational institutions to include release of grade point averages, organizations, government agencies, credit reporting agencies, federal, state or county level agencies, insurance sources, driving and criminal history.

According to the Fair Credit Reporting Act (FCRA), I am entitled to be informed if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. I understand that if this occurs I will be advised and provided with the name of the agency or source of the information.

My signature below indicates my authorization for your company to obtain a consumer credit report and/or investigative consumer report about me from a consumer-reporting agency. I further understand that I am entitled to a copy of my consumer report directly from the credit bureau free of charge by checking the appropriate box below:

Are you applying for employment in California, Minnesota* or Oklahoma*? Yes No
Would you like a copy of the consumer report prepared on you? Yes No
If yes, would you like the report sent via e-mail? (Fastest option) Yes No

E-mail: PW-Trucking@yahoo.com

* Minnesota and Oklahoma residents are entitled to a free copy of their report.

Notice to California Applicants: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Trusted Employees during normal business hours. You may also obtain a copy of this file upon submitting proper identification by appearing at Trusted Employees in person or by mail. Mail requests should be directed to Trusted Employees, 701 5th Street South, Hopkins, MN 55343. You may also receive a summary of the file by telephone at 1-888-389-4023/952-545-3953. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnished proper identification.

I hereby certify that all of the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge. I understand that following my employment should any statements or answers be found to be false or information has been omitted; such false statements or omissions will be just cause for termination of my employment.

I further acknowledge that the facsimile (FAX) or photocopy of this document shall be valid and accepted with the same authority as the original. I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. If employed by the above referenced employer (with the exception of employment in California) this authorization will remain in effect throughout the term of my employment.

Date: 5/14/18

Signature: [Signature]

SSN: 548-57-7121

Printed Name: Clemon P Wright

Note: The following information will be used in verifying information on your Employment Application.

1531 E 22nd St Minneapolis MN 55404
Street Address City State Zip Code

D214638487907 10/3/2018 10/09/1969
Driver's License Number State of License Expires On Date of Birth

List any other cities and states in which you have lived during the previous 7 years.
None

List any other LAST NAMES you have used during the previous 7 years or have been known by at an educational institution
None

This document is required to be a contract. It will not be used as a contract unless it is signed by both parties.

Background Information and Release Authorization

I authorize _____ and United Employees to conduct a background investigation as part of an employment screening and selection process. This information in part or in whole will be provided to the company in the form of a report provided by United Employees.

I authorize and consent without restriction to the release of information that may include but is not limited to: employer to include wages, educational institutions, criminal records, credit records, driver's license records, government records, credit reporting agencies, federal, state or county level agencies, business records, driving and criminal records.

According to the Fair Credit Reporting Act (FCRA), I am entitled to be informed if employment is denied because of information obtained by my investigative employer from a consumer reporting agency. I understand that if this comes to my attention and I am notified by the name of the agency or source of information.

My signature below indicates my authorization for your company to obtain a consumer credit report and/or investigate consumer credit about me from a consumer reporting agency. I further understand that I am entitled to a copy of my credit report directly from the credit bureau free of charge by checking the appropriate box below.

Are you applying for employment in California, Minnesota, or Oklahoma? Yes No
Would you like a copy of the consumer report prepared on you? Yes No
Do you want your credit report sent as e-mail? (check report) Yes No

Minors and Oklahoma residents are entitled to a free copy of their report.

Notice to California Applicants: Under section 18252 of the California Civil Code, you may view the file maintained on you by United Employees at any time during business hours. You may also obtain a copy of this file upon receiving proper notification by appearing at United Employees in person or by mail. Mail requests should be directed to United Employees, 707 B Street South, Hopkins, MN 55242. You may also receive a summary of the file by telephone at 1-888-980-4339/4343-4344. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you request a person of your choice may accompany you provided that the person has been notified in writing.

I hereby certify that all of the statements and answers set forth on the application form which I assume are true and complete to the best of my knowledge. I understand that following my employment should my statements or answers be found to be false or fraudulent has been omitted, such false statements or omissions will be just cause for termination of my employment.

I further acknowledge that the form (FAI) or photocopy of this document shall be valid and accepted with the same authority as the original. I specifically waive any and all claims for any and all damages or losses, including but not limited to, any and all claims for lost wages, benefits, or other damages, which may be claimed by me or my estate, against the employer, with the exception of employment in California, and subject to the terms and conditions of the contract of my employment.

Date: _____ Signature: _____
Printed Name: _____

Note: The following information will be used in verifying information on your Employment Application.

Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Date of Birth: _____
Years of Service: _____
Date of Hire: _____
The last check date and date received you have lived during the previous 1 year.

For any other IAD I have you have been during the previous 1 year or have been known by name. Additional information.

KARI KOSKINEN MANAGER BACKGROUND CHECK ACT RELEASE OF INFORMATION CONSENT FORM

Property Owner: CORPORATE MANAGEMENT GROUP
404 BROADWAY AVE
ST PAUL PARK, MN 55071
Ph 651-686-6883
RHR Account#: 11859S

Screening Company: Trusted Employees
701 5th Street South
Hopkins, MN 55343
Ph 952.545.3953

CHECK HERE IF APPLICANT HAS NOT BEEN A MINNESOTA RESIDENT FOR THE PAST 10 YEARS. A FBI OR SIMILAR BACKGROUND SEARCH IS MANDATORY. IF APPLICABLE CHECK ONE FURTHER OPTION BELOW:

Check here if requesting a FBI federal background check and attach completed fingerprint card. (Please note that the federal check customarily takes between 4 to 6 weeks).

APPLICANT READ AND COMPLETE:

A search of the Minnesota State Criminal Records Repository and/or the Federal Bureau of Investigation's Criminal Justice Information Criminal Files will be performed on you pursuant to Minnesota Statutes 299C.67 to 299C.71. By signing this form you are allowing the above named company / individual to access any criminal data maintained in these files which applies under the statute and authorize this background check to be performed. The expiration of this authorization shall be one year from the date of my signature.

Signed: [Signature] Date: 5/14/10

Complete Information (Please Print):

Wright, Jr. Clemm P
(Last Name) (First Name) (Middle Name)

521 E 22nd St Minneapolis MN 55404 From: 4/1/2010
(Current Address) (City) (State) (Zip Code)

301 McAndrews Rd W Brainerd From: 3/20/69 To: 3/26/10
(Previous Address) (City) (State) (Zip Code)

N/A From: _____ To: _____
(Previous Address) (City) (State) (Zip Code)

Maiden Name: N/A Previous Name / Alias: N/A

Date of Birth: 01/09/1969 Sex (M or F): M Social Security Number: 548-577401

Driver's License Number: 548-577401-7407 State: Minnesota

I UNDERSTAND THAT I HAVE THE FOLLOWING RIGHTS:

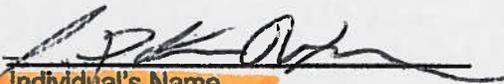
- 1) The right to be informed that the company/owner will request a background check to determine whether I have been convicted of a crime specified in section 299C.67, subdivision 2.
- 2) The right to be informed by the company/owner of the superintendent's response to the background check and to obtain from the company/owner a copy of the background check report.
- 3) The right to obtain from the superintendent any records that form basis for the report.
- 4) The right to challenge the accuracy and completeness of information contained in the report or record under section 13.04, subdivision 4.
- 5) The right to be informed by the company/owner if my application to be employed or to continue as an employee has been denied because of the result of the background check.

**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.


Individual's Name

5/14/18
Date

Employer Solutions Staffing Group
7301 Ohms Lane, Suite 405
Edina, MN 55439
Tel. 952.835.1288

Clemon P Wright Jr

Driver's Name

D214058487907

Driver's Operators Lic. No.

548-57-7401

Driver's Social Sec. No.

Dear Clemon

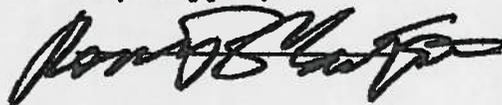
The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

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 Platzer

(printed) name of person making inquiry

Client Services Director

Title of person making inquiry

Employer Solutions Staffing Group LLC

Motor Carrier Name

7301 Ohms Lane, Suite 405

Street

Edina

City

MN

State

55424

Zip



employer solutions staffing group.
Leveraging Resources in a Changing Market

Commercial Driver Application

Revised 11/2014

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

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
 Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

NONE

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: MN administrative actions —
NEVER a sentence imposed by judge

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

1) Employer: American Transportation Dates: 1/1/18 to current
 Address: 1930 Redwood Rd Supervisor: Chelaine Crago
 City, State, Zip code: Blaine, MN Telephone: 651-207-9987

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: CMG

.....
 2) Employer: GAP Dates: 4/17 to 1/18

Address: _____ Supervisor: _____

City, State, Zip code: _____ 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: _____

7) Employer: GAP Dates: 5/08 to 2/09
 Address: _____ Supervisor: _____
 City, State, Zip code: _____ 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: _____

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."

Alexon P. Reg
 Applicant's Signature

5-11-2018
 Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:
Jeymi Campos
 Name
On-site Rep.
 Title Date

Application reviewed for completeness by:
Jeymi Campos
 Name
On-site Rep.
 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: _____

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

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

Employee Name: Steven T. Felg Employer Name: American Transportation

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 #: _____

- 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 CMG (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.

Steven Feig

Signature of Employee

Steven Feig

Employee's Name - Printed

Date Signed: 5-11-2018

This document is required to be a separate form and may not be made a part or attached to the Employment Application.

Background Information and Release Authorization

I authorize CMG and Trusted Employees to conduct a background investigation as part of its employment screening and selection process. This information in part or in whole will be provided to the company in the form of a report provided by Trusted Employees.

I authorize and consent, without reservation to the retrieval of information that may include but is not limited to employers to include wages, educational institutions to include release of grade point averages, organizations, government agencies, credit reporting agencies, federal, state or county level agencies, insurance sources, driving and criminal history.

According to the Fair Credit Reporting Act (FCRA), I am entitled to be informed if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. I understand that if this occurs I will be advised and provided with the name of the agency or source of the information.

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 Would you like a copy of the consumer report prepared on you? Yes No
 If yes, would you like the report sent via e-mail? (Fastest option) Yes No

E-mail: stfeig@msn.com

* Minnesota and Oklahoma residents are entitled to a free copy of their report.

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I hereby certify that all of the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge. I understand that following my employment should any statements or answers be found to be false or information has been omitted; such false statements or omissions will be just cause for termination of my employment.

I further acknowledge that the facsimile (FAX) or photocopy of this document shall be valid and accepted with the same authority as the original. I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. If employed by the above referenced employer (with the exception of employment in California) this authorization will remain in effect throughout the term of my employment.

Date: 5-11-2018 Signature: Steven Feig
 SSN: 475-60-8349 Printed Name: Steven Feig

Note: The following information will be used in verifying information on your Employment Application.

1029 Paul Parkway #209 Blaine MA 55434
 Street Address City State Zip Code
C203004182213 5-27-2021 5-27-1950
 Driver's License Number State of License Expires On Date of Birth
Plymouth, MA; Valparaiso Heights, MA; JT Pal, MA

List any other cities and states in which you have lived during the previous 7 years.

NO NB

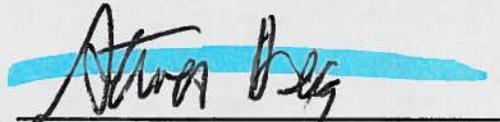
List any other LAST NAMES you have used during the previous 7 years or have been known by at an educational institution

**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.



Individual's Name



Date