

Employer Solutions Staffing Group, LLC

7301 Ohms Lane, Suite 405

Edina, MN 55439

(952) 836-1288

COMMERCIAL DRIVER APPLICATION

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

Date: 9-2-15

Name: First Arnold Middle Maurice Last Rhines

Address 9824 Ikea St NW

Home telephone (612) 807-5035

City Coon Rapids State MN Zip 55453

Cellular telephone: 11 11

Date of Birth: 1-8-1979

Social Security Number: 475-94-5281

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 P-066187-88-602 Expiration Date 11-8-2015

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

Experience:

Reefer Truck 7/15 to present N/A

Straight Truck 5/15 to 7/15 N/A

Dump / General 3-15 to 5/15 N/A

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 8/13 Violation Failure to obey stop State MN Commercial Vehicle: Yes / No
Date 2/13 Violation Failure to obey stop State MN 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: will explain

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

1) Employer: Messor Transfer Dates: 8/11 to 8/15
Address: 7211 Winnetka Ave Supervisor: Lee Ryan
City, State, Zip code: Brooklyn Park, MN 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: will explain

2) Employer: Monter Starking Dates: 5/15 to 8/15
Address: 4056 Central Ave NE Supervisor: Randy D
City, State, Zip code: Columbia Heights MN 55421 Telephone: (763) 282-6858

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: will explain

3) Employer: Ames Co. Dates: 4/15 to 5/15
Address: 94270 Co. Rd. S Supervisor: Shane V.
City, State, Zip code: Summit, MN 55306 Telephone: (952) 435-7100

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: Will explain

4) Employer: Photo Labs Dates: 1-15 to 3-15
Address: 2000 Niagara Ln Supervisor: Kathy P.
City, State, Zip code: Blymouth, MA 01927 Telephone: (919) 781-7202

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: Will explain

5) Employer: Express Staffing Dates: 2/14 to 12/14
Address: 3371 Fenwick Ln Supervisor: Chris W
City, State, Zip code: Plymouth MI Telephone: (733) 519-8874

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: Will explain

6) Employer: TRF Marketing Dates: 4/11 to 1/14
Address: 3021 Harbor Ln Supervisor: Ryan M
City, State, Zip Code: Plymouth LA Telephone: (762) 746-3300

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: Will explain

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.

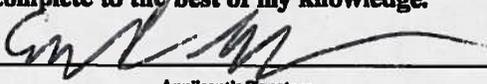
For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

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.

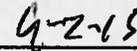
Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying 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



Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name _____

Name _____

Title _____ Date _____

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: _____

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

Andrew Ruess
Driver's Name

P-006-181895-006
Driver's Operators Lic. No.

4075-44-5201
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,

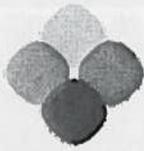


Ross Plaetzer
(printed) name of person making inquiry

Client Services Director
Title of person making inquiry

Employer Solutions Staffing Group LLC
Motor Carrier Name

7301 Ohms Lane, Suite 405 Edina MN 55424
Street City State Zip



employer solutions staffing group
Leveraging Resources in a Changing Market

AUTHORIZATION FOR CONTACTING CURRENT EMPLOYER PERMISSION OF PERSPECTIVE EMPLOYEE

I am currently employed with another organization.

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

(Applicant's name below)

I, Antonio Rivas, hereby authorize Employer Solutions Staffing Group, LLC (ESSG) and their designated agent, GIS, to contact my current employer regarding work performance and work history relating to my employment with them.

I further release and hold harmless both ESSG 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 my employer 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 not have the right to see the information.

Antonio Rivas

Applicant's Signature

8-2-15

Date

Antonio Rivas

Print Employee's Name

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 _____ 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**?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like a copy of the consumer report prepared on you?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, would you like the report sent via e-mail? (Fastest option)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

E-mail: Twiggsg62@gmail.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: 8-2-15 Signature: [Signature]

SSN: 107-96-5781 Printed Name: Arden R. [Signature]

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

9324 Flax St NW Cross Road MN 55437
Street Address City State Zip Code

P206-171-815 MN 11-8-79
Driver's License Number State of License Expires On Date of Birth

NONE
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

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 _____ 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*?
Would you like a copy of the consumer report prepared on you?

Yes No
 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 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: 9-2-15

Signature: [Signature]

SSN: 478-96-5287

Printed Name: Alexis Rhoads

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

<u>9824 Dick & NW</u>	<u>Cedar Rapids</u>	<u>MN</u>	<u>55433</u>
Street Address	City	State	Zip Code
<u>900-181-898-666</u>	<u>MN</u>	<u>11-8-1979</u>	
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.
NO

List any other Last Names you have used during the previous 7 years.
NO

**DRUG AND ALCOHOL
TESTING CONSENT FORM**

1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.

2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with ESSG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.

4. I hereby voluntarily consent to ESSG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by ESSG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to ESSG of the results of my drug and/or alcohol test and other information related to the test.

Antonio Rhines

Individual's Name

9-2-18

Date



employer solutions staffing group
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, Antonio Ruelas, 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.



Signature of Employee

Artoirid Bussis

Employee's Name - Printed

Date Signed: 02-13

MINNESOTA DRIVER'S LICENSE COMMERCIAL

ANTONIO MAURICE RHINES
 9824 ILEX ST NW
 COON RAPIDS, MN 56433

Date of Birth **11-08-1979**
 Sex **M** Eyes **BRN** Hair **B**
 Height **6-1** Weight **300**
 ISSUED **05-2015** EXPIRES **11-08-2019**

P006181895606

SOCIAL SECURITY

675-94-5281

THIS NUMBER HAS BEEN ESTABLISHED FOR
ANTONIO MAURICE RHINES
 ADMINISTRATION

SIGNATURE **07/16/2015**
USA

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Antonio Rhines in accordance with 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:

wearing corrective lenses driving within an exempt intracity zone (49 CFR 391.82)
 wearing hearing aid accompanied by a Skill Performance Evaluation Certificate (SPE)
 accompanied by a _____ waiver/exemption qualified by operation of 49 CFR 391.84

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <i>Patrick Komper</i>	TELEPHONE 6512248264	DATE 6/19/15
MEDICAL EXAMINER'S NAME (PRINT) Patrick Komper	<input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. ISSUING STATE 42067/MN	NATIONAL REGISTRY NO. 4301085097	
SIGNATURE OF DRIVER <i>Antonio Rhines</i>	INTRASTATE ONLY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CDL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS OF DRIVER 9824 Ilex St. NW Coon Rapids, MN	DRIVER'S LICENSE NO. P006181895606	STATE MN
MEDICAL CERTIFICATION EXPIRATION DATE 11/19/2017	56437	