

Bernard Vann 11-7-2017.



employer solutions staffing group.  
Leveraging Resources in a Changing Market

---

# **Commercial Driver Application**





**Form 10/26/2018** (Rev. 12/05/2018)

This form is to be completed by the applicant and returned to the Department of Transportation, Office of Motor Vehicle Services, 200 North Washington Street, Annapolis, MD 21401. It is not to be used for any other purpose. The Department of Transportation, Office of Motor Vehicle Services, is not responsible for reviewing or certifying the information provided on this form. The Department of Transportation, Office of Motor Vehicle Services, is not responsible for reviewing or certifying the information provided on this form. The Department of Transportation, Office of Motor Vehicle Services, is not responsible for reviewing or certifying the information provided on this form. The Department of Transportation, Office of Motor Vehicle Services, is not responsible for reviewing or certifying the information provided on this form.

**Medical Examiner's Certificate**  
 (For Commercial Driver's License)

I certify that I have examined **Laura Nunn**, **YANN** **BERNARD** in accordance with (please check any one):  
 the Federal Motor Vehicle Safety Regulations (49 CFR 591.41-591.42) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR  
 I find this person is qualified, and, if applicable, only when (check all that apply):  
 without exemption  
 with corrective lenses  
 accompanied by a shift performance evaluation (SPE) Certificate  
 wearing hearing aid

**Medical Examiner's Signature**  
 [Signature]  
**Medical Examiner's Name (please print or type)**  
 Daniel Buettner

**Medical Examiner's State License, Certificate, or Registration Number**  
 4645

**Medical Examiner's Telephone Number**  
 612-227-2746

**Medical Examiner's Address**  
 [Address]

**Medical Examiner's State License, Certificate, or Registration Number**  
 4645

**Medical Examiner's Signature**  
 [Signature]

**Medical Examiner's Name (please print or type)**  
 Daniel Buettner

**Medical Examiner's State License, Certificate, or Registration Number**  
 4645

**Medical Examiner's Address**  
 1968 LAD PKWY or Beckwith Park  
 State: MD zip code: 55443

**Medical Examiner's Signature**  
 [Signature]

**Medical Examiner's Name (please print or type)**  
 Daniel Buettner

**Medical Examiner's State License, Certificate, or Registration Number**  
 4645

**Employer Solutions Staffing Group, LLC**

7301 Ohms Lane, Suite 405

Edina, MN 55439

(952) 835-1288

**COMMERCIAL DRIVER APPLICATION**

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

Date: 11/6/17

Name: First Bernard Middle - Last Vann

Address 7968 Lad Plkwy

Home telephone: 763 503-0479

City Brouklyn Pk State MN Zip 55443

Cellular telephone: 612 703-4592

Date of Birth: 12/16/65

Social Security Number: 337-64-0768

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 N/A Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_  
Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_  
Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

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

Date N/A 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

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 Brothers Liquor Dates: 2/17 to present  
 Address: 1999 Harner Ave Supervisor: Dave Super \$20.47  
 City, State, Zip code: St. Paul, Minn Telephone: 612-643-0641

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

2) Employer: Postmates (delivery) Dates: 11/16 to 2/17  
 Address: online address Supervisor: N/A  
 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: I received CDI's got a job offer with Johnson Brothers  
\$20.47

3) Employer: Adaco Auto Parts Dates: 11/15 to 11/16  
Address: 7800 Central Ave Supervisor: Thomas Rudy  
City, State, Zip code: Fridley, Minn Telephone: 763-269-2587

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: to receive CDL's (classroom)

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: \_\_\_\_\_

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

11/4/17  
 Date Signed

**TO BE COMPLETED BY THE EMPLOYER:**

Application received by:

Application reviewed for completeness by:

Name \_\_\_\_\_  
 Title \_\_\_\_\_

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: \_\_\_\_\_

**"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: Bernard Vann  
 Applicant/Employee SS Number: 337-64-0768

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: 11/20/17

Previous Employer Name: Johnson Brothers Liquor

Position(s) Held: Driver

Address: 1999 Homer Ave St. Paul Nc

Phone #: 612-643-0641 Fax #: \_\_\_\_\_

Designated Employer Representative: Dave Super

**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: Bernard Vann Employer Name: Johnson Brothers Liquor

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<sup>llc</sup>  
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.)**

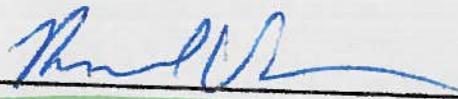
I, Bernard Yann, hereby authorize my employer, Employer Solutions Staffing Group LLC, to release any or all of the following information relating to my application for federal Department of Transportation driver qualification file to \_\_\_\_\_ (staffing client company's name).

**(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

Bernard Yarn  
\_\_\_\_\_  
Employee's Name - Printed

Date Signed: 11/6/17

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 5<sup>th</sup> Street South, Hopkins, MN 55343. 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: 11/6/17 Signature: [Signature]  
SSN: 337-64-0768 Printed Name: Bernard Varn

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

7968 Lad Plany Brooklyn Park Mn 55443  
Street Address City State Zip Code  
M0031658X48203 12/16/21 12/16/65  
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.  
N/A

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

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: \_\_\_\_\_

\* 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 5<sup>th</sup> 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: 11/6/17

Signature: [Signature]

SSN: 337-64-0768

Printed Name: Bernard Vann

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

Street Address: 2968 Ladd Pliny City: Brooklyn Park State: MN Zip Code: 55443

Driver's License Number: M003165848203 State of License Expires On: 12/14/21 Date of Birth: 12/16/65

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 or have been known by at an educational institution. N/A

# 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 651-688-6883  
RHR Account#: 116598

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: 11/16/07

**Complete Information (Please Print):**

Vann Bernard  
(Last Name) (First Name) (Middle Name)

7968 Lad Plwy Brooklyn Pk Mn 55443 From: 8/02 to present  
(Current Address) (City) (State) (Zip Code)

7100 Cedar Ave So Richfield Mn 55423 From: 6/94 To: 8/02  
(Previous Address) (City) (State) (Zip Code)

\_\_\_\_\_  
(Previous Address) (City) (State) (Zip Code) From: \_\_\_\_\_ To: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Sex (M or F): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**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.

Bernard Vanni  
Individual's Name

11/16/17  
Date

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

Bernard Varn

Driver's Name

M003165848203

Driver's Operators Lic. No.

337-64-0768

Driver's Social Sec. No.

Dear \_\_\_\_\_

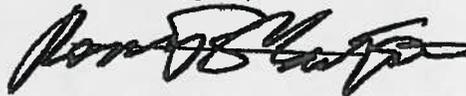
The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

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

Street

Edina

City

MN

State

55424

Zip

**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

From: Corporate Management Group

To: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: 337-64-0768

\_\_\_\_\_ has submitted an application to this company for a position as CDL Driver and states that he/she was employed by you as Driver from \_\_\_\_\_ to \_\_\_\_\_.

Please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a stamped self-addressed envelope.

Very truly yours,

Safety Department

1. Is the employment record with your company correct as stated above? \_\_\_\_\_
  2. What kind(s) of work did the applicant do? \_\_\_\_\_
  3. Did the applicant drive motor vehicles for you? Passenger car \_\_\_\_\_ Straight truck \_\_\_\_\_ Bus \_\_\_\_\_ Tractor-Semitrailer \_\_\_\_\_ Other (Specify) \_\_\_\_\_
  4. Was the applicant a safe and efficient driver? \_\_\_\_\_
  5. Give the dates of vehicle accidents in which he/she, was involved. \_\_\_\_\_
  6. Reason for leaving your employ: Discharged \_\_\_\_\_ Laid off \_\_\_\_\_ Resigned \_\_\_\_\_
- Remarks: \_\_\_\_\_
7. Was the applicant's general conduct satisfactory? \_\_\_\_\_
  8. Is the applicant competent for the position sought? \_\_\_\_\_
  9. Did the applicant drink any alcoholic beverages while on duty? \_\_\_\_\_

	Excellent	Good	Fair	Poor	Very Poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Driving skill	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

-----  
(Detach here for your record)

(Name of Former Employer) \_\_\_\_\_ Date: \_\_\_\_\_

You are hereby authorized to give \_\_\_\_\_  
(Name of Prospective Employer)

all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company

## AUTHORIZATION OF BACKGROUND INVESTIGATION

I have received, read, and understand:

- The Disclosure of Background Investigation;
- The federal governmental notice entitled, "A Summary of Your Rights Under the Fair Credit Reporting Act";
- The document entitled "Additional State Law Notices" (and if a California applicant/employee, the Notice Regarding Background Investigation Pursuant to California Law).

My signature below indicates my authorization for \_\_\_\_\_ ("the Company") to obtain consumer and/or investigative consumer reports about me from a consumer reporting agency in considering me for hiring, promotion, assignment, reassignment, retention, discipline, or other employment purposes.

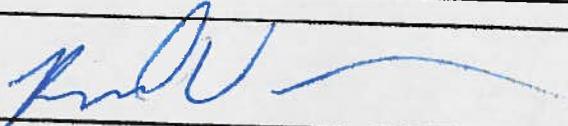
By signing below, I also acknowledge that the facsimile (FAX) or photocopy of this document shall be valid and accepted with the same authority as the original. I agree that, if employed by the Company, this authorization will remain in effect throughout the term of my employment, or to the extent allowed by law.

**California, Minnesota, and Oklahoma Applicants/Employees Only:** Please check this box if you would like a free copy of the consumer or investigative consumer report prepared on you?  Yes  No

Would you like your copy sent via e-mail for faster delivery?  Yes  No

E-mail Address: \_\_\_\_\_

Date: 11/6/17

Signature: 

### PERSONAL DATA NEEDED FOR BACKGROUND CHECK—PLEASE COMPLETE

<u>Bernard</u>	<u>—</u>	<u>Vann</u>
First Name	Middle Name	Last Name
<u>7968 Lad Pkwy</u>	<u>Brooklyn Park Minn</u>	<u>55443</u>
Street Address	City	Zip Code
<u>12/16/65</u>	<u>337-64-0768</u>	<u>612 703 4592</u>
Date of Birth	Social Security Number	Phone
<u>N/A</u>	<u>M003165848203</u>	<u>MINN</u>
	Driver's License Number	State of License

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

List any other LAST NAMES you have used during the previous 7 years and/or for higher education).

**RELEASE AUTHORIZATION**  
**DOT DRUG AND ALCOHOL TESTING INFORMATION AND FMCSA SAFETY**  
**PERFORMANCE INFORMATION**

**SECTION I: To be completed by the employee.**

Name: Bernard Vann Social Security No.: 837-64-0768

This release is in accordance with DOT regulation 49 CFR Parts 40, 382, and 391. I hereby authorize release of FMCSA-regulated safety performance records, as well as the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (1) alcohol tests with a result of 0.04 or higher alcohol concentration; (2) verified positive drug tests; (3) refusals to be tested; (4) other violations of DOT agency drug and alcohol testing regulations; (5) documentation, if any, of completion of the return-to-duty process following a rule violation; (6) information obtained from previous employers of a drug and alcohol rule violation.

Current Previous Employer: Johnson Brothers Liquor

Address, City, State, ZIP: 1999 Homer Ave St. Paul MN 552

Phone: 612-643-0641

New Employer: \_\_\_\_\_

Address, City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

[Signature]  
Employee Signature

01/06/17  
Date

**SECTION II: Please fax response to**

**CONTROLLED SUBSTANCES AND ALCOHOL TESTING INFORMATION**

In the previous two years, in regards to DOT-regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher?  No  Yes
2. Did the employee have any verified positive drug tests?  No  Yes
3. Did the employee refuse to be tested?  No  Yes
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?  No  Yes
5. Did a previous employer report a drug and alcohol rule violation to you?  
If yes, please provide the previous employer's report along with this form.  No  Yes
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?  
If yes, please provide appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).  N/A  No  Yes
7. Did the driver violate the alcohol and controlled substances prohibitions under subpart B of § 382?  No  Yes
8. Did the driver fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to § 382.605 or 49 CFR part 40, subpart O?  N/A  No  Yes
9. For a driver who successfully completed a SAP's rehabilitation referral and remained in the employ of the referring employer, did the driver have any of the following testing violations subsequent to completion of a §382.605 or 49 CFR part 40, subpart O SAP referral:
  - a. Alcohol tests with a result of 0.04 or higher alcohol concentration?  N/A  No  Yes
  - b. Verified positive drug tests?  N/A  No  Yes
  - c. Refusals to test (including verified adulterated or substituted drug test results)?  N/A  No  Yes

**SAFETY PERFORMANCE HISTORY**

In the previous three years, has the driver had any accidents as defined by § 390.5 of DOT regulations?

No     Yes

*If yes, please attach all information as required by §390.15 (b)(1), as well as information on accidents you may wish to provide pursuant to §390.15 (b)(2) or your internal company policies.*

Name of person providing information: \_\_\_\_\_

Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

U.S. DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SAFETY PROGRAM  
INQUIRY TO STATE AGENCY FOR  
DRIVER'S RECORD 391.23

Bernard Vann  
(Driver's Name)  
MA02165848203  
(Driver's Operators License No.)  
337-64-0768  
(Driver's Social Security Number)

Dear \_\_\_\_\_

The above listed individual has submitted an application with us for employment as a driver. The applicant has indicated that the above numbered operator's license or permit has been issued by your State to the 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 an 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 necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Kate Ritter  
Signature of individual making inquiry

Kate Ritter

Name of person making inquiry (printed)

On-site Rep.

Title of person making inquiry

ESG/CMG

Motor Carrier Name

Street

City

State

Zip