

DISCLOSURE OF BACKGROUND INVESTIGATION

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, discipline, or other employment purposes, CEG ("the Company") may request, obtain, and rely upon one or more consumer reports or investigative consumer reports about you from a consumer reporting agency.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, credit history information, criminal history information, driving records, verifications of your employment and/or education history; and other types of background information.
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested. The most common form of investigative consumer report is an inquiry into your employment and/or education history.

Under the Fair Credit Reporting Act, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, it must have your written authorization. If the Company later considers adverse action based, in whole or in part, on information in a report on you, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and an additional summary of your rights under the FCRA.

Consumer and/or investigative consumer report(s) about you will be obtained from the following consumer reporting agency:

Trusted Employees, 701 5th Street South, Minneapolis, MN 55343, (888) 389-4023.

Trusted Employees' information and privacy policy can be found at www.trustedemployees.com.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe al Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

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

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

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

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

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 Clemon PWR A ("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: PWR-Trucking@yahoo.com

Date: 5/7/18

Signature: 

PERSONAL DATA NEEDED FOR BACKGROUND CHECK—PLEASE COMPLETE

<u>Clemon</u>	<u>P</u>	<u>Wright</u>
First Name	Middle Name	Last Name
<u>1531 - C 22</u>	<u>mpls</u>	<u>MN</u>
Street Address	City	State
<u>10/19/1969</u>	<u>548-57-7401</u>	<u>D214068487907</u>
Date of Birth	Social Security Number	Driver's License Number
		<u>MA</u>
		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).



employer solutions staffing group.sm
Leveraging Resources in a Changing Market

Commercial Driver Application

Revised 11/2014

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: 5/7/18

Name: First Clemon Middle P Last Wright

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: 548-57-7401

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 Brothers Dates: 2/6/17 to present
Address: 1999 Shepard Supervisor: Eric B
City, State, Zip code: STP MN 55416 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 Rolloff 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: _____

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: _____

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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

5/2/18
 Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by: Jeelmi S. Campos

Application reviewed for completeness by: _____

Name: _____
On-site HR Representative
 Title: _____ Date: 05/02/2018

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: _____

"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: 549-57-7401

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 Brothers 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 #: _____



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

Clear 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 Supernom'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, Jr.

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 1-888-389-4023/952-545-3953. 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: 598-57-7401

Printed Name: Clemen Purdy Jr

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

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

Driver's License Number: 0214038487907 State of License Expires On: 10/9/18 Date of Birth: 10/09/1969

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. N/A

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: 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 1-888-389-4023/852-545-3953. 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: 548-59-7181

Printed Name: Clemon P Wright II

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

D214038487907 10/9/2018 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.

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

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 651-686-8883
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):

Cwright 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 Brunswick From: 3/20/07 To: 3/30/10
(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: 548-577901

Driver's License Number: 548-577901-7404124055487907 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

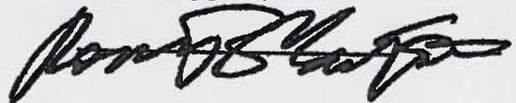
The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

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 Plastzer
(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

**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

5/7/18

Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

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

SECTION I: To be completed by the employee.

Name: Cleran P Wright Social Security No.: 548-57-7401

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.

Previous Employer: Johnson Brothers

Address, City, State, ZIP: 1999 Shepard Rd STP MN

Phone: 651-649-5800

New Employer: _____

Address, City, State, ZIP: _____

Phone: _____

[Signature] Employee Signature 5/2/10 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: Clay Wright

Phone: 651-387-4302

Title: Driver

Date: _____

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

Clemon Wright
(Driver's Name)
D214058487907
(Driver's Operators License No.)
548-57-7401
(Driver's Social Security Number)

Dear PW Trucking

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,
[Signature]
Signature of individual making inquiry

Jeymi Campos
Name of person making inquiry (printed)

Onsite - HR Representative
Title of person making inquiry

Motor Carrier Name

Street City State Zip

G. Employees shall not consume alcoholic beverages during lunch periods, dinner periods, or breaks when returning immediately thereafter to perform work on behalf of the Company. In situations where the employee conducts the Company's business after the intake of alcohol, the employee shall be subject to discipline up to and including discharge.

V. **ALCOHOL AND DRUG TESTING**

As part of the Company's commitment to an alcohol and drug-free workplace, the Company reserves the right to require that applicants and employees submit to drug or alcohol testing in accordance with the provisions of applicable law. This policy represents the notice required under applicable law and a copy will be provided to all applicants and employees who are requested to undergo testing. In the event of any conflict between this policy and applicable law in effect at the time of the test, the law will control.

A. **Who May be Subject to Testing.**

1. **Job Applicants.** The Company may require that all applicants for a particular position be tested for drugs or alcohol after receiving a conditional offer of employment. If the applicant tests positive for drugs or alcohol, the conditional offer may be withdrawn.

2. **Routine Physical Examination Testing.** The Company may require employees to undergo a drug or alcohol test once a year as part of a routine physical examination. Affected employees will be given two weeks written notice that they will be tested for drugs or alcohol as part of a routine physical.

3. **Random Testing.** The Company may require employees in safety-sensitive positions to undergo testing on a random selection basis. Once the random selection has been made, the Company will not waive the selection of any employees identified through the random process.

4. **Reasonable Suspicion Testing.** The Company may require an employee to undergo drug or alcohol testing if the Company reasonably suspects that the employee:

- a. is under the influence of drugs or alcohol;
- b. has violated the Company's written work rules prohibiting drug and alcohol use;
- c. has sustained or caused another employee to sustain personal injury; or
- d. has caused a work-related accident or was operating or helping to operate machinery, equipment or vehicles involved in a work-related accident.

5. **Treatment Program Testing.** The Company may require an employee who has been referred for chemical dependency treatment or evaluation or is participating in a treatment program under an employee benefit plan to undergo drug or alcohol testing on a random basis and without advance notice during the evaluation or treatment period and for up to two years following the completion of any treatment program.

2. Applicants. The Company reserves the right to withdraw the conditional job offer of any job applicant with a positive test result, without the opportunity to complete evaluation or treatment.

3. Employees - First Positive Test Result - Termination: The Company will not discharge an employee for the first positive test result. Instead the employee will be given the opportunity to participate in an appropriate drug or alcohol counseling or rehabilitation program as determined by a certified chemical use counselor or physician trained in the diagnosis and treatment of chemical dependency chosen by the Company. The employee will be responsible for paying all costs associated with any evaluation and subsequent treatment themselves or pursuant to coverage under an employee benefit plan. An employee who refuses or fails to participate in, cooperate with, or complete the evaluation or recommended treatment may be terminated. An employee who successfully completes treatment may be subject to random follow-up testing for a period of up to two years in accordance with section V.A.5. of this policy.

4. Employees - First Positive Test Result—Discipline: The Company reserves the right to take any other disciplinary action short of discharge it deems warranted following a first positive test result.

5. Employees-Subsequent Positive Test Result: An employee who has more than one positive test result may be terminated immediately following any second or subsequent positive test result without referral to or the opportunity to complete additional chemical dependency counseling or rehabilitation.

E. Privacy of Test Results.

1. Test results and other information acquired as a result of the testing program are private and confidential information and will not be disclosed by the Company or the testing laboratory to another employee or to third party individuals, government agencies, or private organizations without written consent of the employee or applicant being tested.

2. Evidence of a positive test result, however, may be used in an arbitration proceeding pursuant to a collective bargaining agreement, an administrative hearing, or a judicial proceeding, provided the information is relevant to the hearing or proceeding. Such evidence may also be disclosed to any federal agency or other unit of the United States government as required under federal law, regulation, or order. Evidence of a positive test result may also be disclosed to a substance abuse treatment facility for the purpose of evaluation or treatment.

3. The Company will provide an employee with access to information in the employee's file relating to positive test result reports and other information acquired in the testing process as well as conclusions drawn from or actions taken based upon such information.