



employer solutions staffing group™
Leveraging Resources in a Changing Market

Commercial Driver Application

Revised 11/2014

employer solutions staffing group
Leveraging Resources in a Changing Market



Commercial Driver Application

Employer Solutions Staffing Group, LLC

7301 Ohms Lane, Suite 405

Edina, MN 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 WA 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 WA 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 (303.35)—account for gaps between employers: (If owner/operator, list carriers leased to)

1) Employer: Johnson Brother Dates: 2/6/17 to present
Address: 1999 Shepard Supervisor: Eric B
City, State, Zip code: STP MN 55412 Telephone: 651-649-5800

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

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

Reason for Leaving: *

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

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

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

Reason for Leaving: _____

List all violations occurring last 3 years (if none, write None)

Date	Violation	State	Comments/Notes
	Violation	State	Comments/Notes

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

Yes No If yes, state of temporary expiration

Employment History last 18 months (List 50 - account for gaps between employers. If none, specify in comment box)

1. Employer: _____
Address: _____
City, State, Zip code: _____
Telephone: _____
Dates: _____ to _____

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

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

Reason for leaving: _____

2. Employer: _____
Address: _____
City, State, Zip code: _____
Telephone: _____
Dates: _____ to _____

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

Was you subject to 49 CFR part 39 controlled substances 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: Rayon MA Telephone: 651-688-9100

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

.....

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

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

.....

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

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

.....

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

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

.....

3) Employer: _____
Address: _____
City, State, Zip code: _____
Telephone: _____
Fax: _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
Were you subject to 49 CFR part 39 controlled substances and alcohol testing during this period? Yes No
Reason for leaving: _____

4) Employer: _____
Address: _____
City, State, Zip code: _____
Telephone: _____
Fax: _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
Were you subject to 49 CFR part 39 controlled substances and alcohol testing during this period? Yes No
Reason for leaving: _____

5) Employer: _____
Address: _____
City, State, Zip code: _____
Telephone: _____
Fax: _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
Were you subject to 49 CFR part 39 controlled substances and alcohol testing during this period? Yes No
Reason for leaving: _____

6) Employer: _____
Address: _____
City, State, Zip Code: _____
Telephone: _____
Fax: _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
Were you subject to 49 CFR part 39 controlled substances and alcohol testing during this period? Yes No
Reason for leaving: _____

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

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
 Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

Use backside of sheet for additional employers

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

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

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

Certification

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

 Applicant's Signature 5/7/18
Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by: Jeemi S. Campers Application reviewed for completeness by: _____
 Name _____ Name _____
On-site HR Representative 05/07/2018 _____
 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: _____

1) Employer: _____
 Address: _____
 City, State & Zip code: _____
 Telephone: _____
 Fax: _____
 Date: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
 If yes, was subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No
 Reason for leaving: _____

 Use initials of both the applicant and employer

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 40.155.

As a prospective driver employer, you have the right to review information provided by previous employers. You have the right to have access to the information reported by the previous employer(s) and the right to have a written report to the extent of information in the previous employer's file. The driver must agree to the accuracy of the information.

Driver applicants who have previous employment with a regulated employer must provide a written report to the prospective employer, which may be done at anytime, including when applying for a new job. The report should include the following information:

- 1) Name of the regulated employer.
- 2) Dates of employment.
- 3) Whether the driver was ever employed by the regulated employer.
- 4) Whether the driver was ever employed by the regulated employer while under the influence of alcohol or drugs.
- 5) Whether the driver was ever employed by the regulated employer while under the influence of alcohol or drugs.
- 6) Whether the driver was ever employed by the regulated employer while under the influence of alcohol or drugs.
- 7) Whether the driver was ever employed by the regulated employer while under the influence of alcohol or drugs.
- 8) Whether the driver was ever employed by the regulated employer while under the influence of alcohol or drugs.
- 9) Whether the driver was ever employed by the regulated employer while under the influence of alcohol or drugs.
- 10) Whether the driver was ever employed by the regulated employer while under the influence of alcohol or drugs.

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.

Signature: _____
 Date: _____

TO BE COMPLETED BY THE EMPLOYER

Application received for completion by: _____
 Date: _____

Date of hire: _____
 Date of last hire: _____

Date of hire: _____
 Date of last hire: _____

"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) 590-4008

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

Applicant/Employee Printed or Typed Name: Clemon P Wright

Applicant/Employee SS Number: 548-57-9401

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

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

Applicant/Employee Signature: [Signature] Date: 5/14/12

Previous Employer Name: Johnson Brother Inc

Position(s) Held: Driver

Address: 1999 Sheppard Rd STP

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

Designated Employer Representative: Driver

Section II. To be completed by the previous employer and transmitted by mail or fax to GIS at (877) 590-4008 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”

Please respond by Fax to: (877) 596-4633

Designated Employer Representative:
495 - DOT Division
Title: _____

Section 1 To be completed and signed by the Applicant/Employee.

1. Applicant/Employee Printed Name: _____
2. Applicant/Employee ID Number: _____

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, 495. This release is in accordance with DOT Regulation 49 CFR Part 40 and is not subject to Section 505 of the Federal Motor Vehicle Safety Act. I understand that information to be released by my previous employer is related to the following DOT regulated testing event:

1. Alcohol test with a result of 0.04 or higher.
2. Verbal positive drug test.
3. Test to be tested.
4. Other violation of DOT agency drug and alcohol testing regulations.
5. Information obtained from previous employer to a third and alcohol and violation.
6. Documentation of any of completion of the return-to-duty process following a violation.

Additional Release Information: _____
 Previous Employer Name: _____
 Reason for Release: _____
 Address: _____
 Phone: _____
 Designated Employer Representative: _____

Section 2 To be completed by the previous employer and transmitted by mail or fax to 495 at (877) 596-4633. All data from the date of the request in accordance with the amended Parts 405 and 564 of the Federal Motor Vehicle Safety Regulations (FMVSS) including any accidents defined in Part 405.

In the next three years prior to the date of the employee's signature in Section 1, 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 violation of DOT agency drug and alcohol testing regulations? Yes No Date: _____
5. Did the previous employer report a drug and alcohol test 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 6, you must provide the previous employer's report. If you answered "yes" to item 6, you must also forward the previous employer's report to 495 (e.g., DOT reports, return-to-duty testing results).

**"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. Jr. A

Employer Name: [Signature]

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

7. Was the employee a safe and efficient driver? Yes No
8. What motor vehicles did the employee operate?
Semi / Tractor-Trailer Straight Truck Bus Other (please identify type) _____
9. What license type did the driver hold?
Class A Class B Non-CDL Other (please identify type) _____
10. Was the employee involved in any traffic violations or accidents during service? Yes No
If Yes, please provide specific detail, including how many and whether injuries and/or fatalities were involved, as well as dates, and if accident, list the city/state where the accident occurred. _____

Employee Start Date: _____ Employee End Date: _____
Position Held: _____ Salary: _____
Reason for Leaving: _____ Eligible for Rehire: _____

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

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



Release of Information Form - 42 CFR Part 40 Drug and Alcohol Testing
(Additional Questions)

Please respond by Fax to: (817) 592-4002

Employee Name: _____
Employer Name: _____

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

Yes No

1. Was the employee a past and efficient driver?

2. What motor vehicle did the employee operate?

Bus Straight Truck Semi Other (Please identify type)

3. What license type did the driver hold?

Class A Class B Non-CDL Other (Please identify type)

4. Was the employee involved in any traffic violation or accidents during service? Yes No
If Yes, please provide specific detail, including how many and whether injuries and/or fatalities were involved, as well as dates, and if accident, let the physician who the accident occurred.

Employee Start Date: _____

Position Held: _____

Reason for Leaving: _____

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

Printed Name: _____

Title: _____

Date: _____



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

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

I, Clemon P Wright Jr, hereby authorize my employer, Employer Solutions Staffing Group LLC, to release any or all of the following information relating to my application for federal Department of Transportation driver qualification file to CMG / Supermom's (staffing client company's name).

(Check items you consent to release)

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

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

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

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

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

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

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

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

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



Signature of Employee

Clemson P. Wright, A

Employee's Name - Printed

Date Signed: 5/7/18

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

Motor Vehicle Records and Driving History Release Authorization

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

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

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

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

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

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

Notice to California Applicants: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Trusted Employees during normal business hours. You may also obtain a copy of this file upon submitting proper identification by appearing at Trusted Employees in person or by mail. Mail requests should be directed to Trusted Employees, 701 5th Street South, Hopkins, MN 55349. You may also receive a summary of the file by telephone at 1-888-389-4023/952-545-3953. 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: Clemon 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: D24038487907 State of License Expires On: 10/9/18 Date of Birth: 10/09/1969
N/A

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

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

This document is 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 CWG 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: 548-57-7121

Printed Name: Clemon P Wright

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

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

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

This document is required to be a separate form and may not be combined with any other document.

Background Information and Release Authorization

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

I authorize and consent with this authorization to the release of information that may include but is not limited to: reports to include wages, educational institutions to include dates of attendance, organizations, government agencies, credit reporting agencies, federal, state or county level agencies, insurance records, 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 advised with the name of the agency or source of the information.

The signature below indicates my authorization for your company to obtain a consumer credit report and/or investigate consumer credit about me from a consumer reporting agency. I further understand that I am entitled to a copy of my consumer report directly from the credit bureau for a 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 obtained on you?
Yes No
If yes, would you like the report sent via e-mail? (Check one)
Yes No

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

Notice to California Applicants: Under section 17522 of the California Civil Code, you may view the file maintained on you by T-Listed Employees during normal business hours. You may also obtain a copy of the file upon receiving proper identification by appearing at T-Listed Employees in person or by mail. Mail requests should be directed to T-Listed Employees, 707 S. Green Road, Phoenix, AZ 85242. You may also receive a summary of the file by telephone at 1-888-882-4000/882-4000. The agency is required to have personal suitable to explain your file to you and the agency must explain to you any coded information appearing in your file. If you request a person of your choice may accompany you provided that the person furnished proper identification.

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

I further acknowledge that the signature (FAX) or photocopy of this document shall be valid and accepted with the same authority as the original. I specifically waive my common law or former employer who may provide information based upon the authorized request. If employed by the above referenced employer, I will be a person of employment in California; the authorization and release of information shall be for the term of my employment.

Date: _____
Printed Name: _____

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

Street Address: _____
City: _____
State: _____
Zip Code: _____

Driver's License Number: _____
Date of License Expiry: _____
Date of Birth: _____

List previous jobs and dates in which you have lived during the previous 5 years.

List any other LAST NAMES you have used during the previous 5 years or have been known by as well as marital information.

KARI KOSKINEN MANAGER BACKGROUND CHECK ACT RELEASE OF INFORMATION CONSENT FORM

Property Owner: CORPORATE MANAGEMENT GROUP
404 BROADWAY AVE
ST PAUL PARK, MN 55071
Ph 651-666-6883
RHR Account#: 116596

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

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

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

APPLICANT READ AND COMPLETE:

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

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

Complete Information (Please Print):

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

1521 E 22nd St Minneapolis MN 55404 From: 4/1/2010
(Current Address) (City) (State) (Zip Code)

301 McAndrews Rd W Brunswick From: 3/20/69 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 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

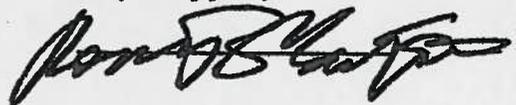
The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

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 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

