



employer solutions staffing group<sup>llc</sup>  
Leveraging Resources in a Changing Market

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# Commercial Driver Application

Revised 11/2014

**MINNESOTA**  
**DRIVER'S LICENSE**  
**COMMERCIAL**



DIETRICK LEE MCKENZIE SR  
3650 ROLLINGVIEW DR  
WHITE BEAR LAKE, MN 55110

Date of Birth 12-08-1972

Sex M Eyes BRN Class B

Height 6-1 Weight 260

ISSUED 06-2016



EXPIRES 12-05-2020

929188762220

CLASS: B - VALID SINGLE UNITS, BUSES IF ENDORSED, RV AND  
FARM VEH. MAY TOW UP TO 10000 LBS. GVWR (M.S. 171.02)

12-05-1972

ENDORSEMENTS: NONE

RESTRICTIONS: NONE

Living Will / Healthcare Directive





Do not laminate this card.

This card is invalid if not signed by the number holder unless health or age prevents signature.

Improper use of this card and/or number by the number holder or any other person is punishable by fine, imprisonment or both.

This card is the property of the Social Security Administration and must be returned upon request. If found, return to:

SSA-ATTN: FOUND SSN CARD  
P.O. Box 17087 Baltimore Md. 21203

Contact your local Social Security office for any other matter regarding this card.

Department of Health and Human Services  
Social Security Administration  
Form OA-702 (1-88)

**B95174695**

**Public Burden Statement**  
 A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0005. Public reporting burden for this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC-RTA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

**Medical Examiner's Certificate**  
 (for Commercial Driver Medical Certification)

I certify that I have examined **Last Name: Mckenzie** **First Name: Dietrick** in accordance with (please check only one):

- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
  - Wearing corrective lenses
  - Accompanied by a \_\_\_\_\_ waiver/exemption
  - Driving within an exempt Intra-city zone (49 CFR 391.62) (Federal)
  - Wearing hearing aid
  - Accompanied by a Skill Performance Evaluation (SPE) Certificate
  - Qualified by operation of 49 CFR 391.64 (Federal)
  - Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

**Medical Examiner's Certificate Expiration Date**  
 4-5-19

**Medical Examiner's Signature**  
  
**Medical Examiner's Name (please print or type)**  
 Thomas, Roger

**Medical Examiner's Telephone Number**  
 (320) 227-2595

**Date Certificate Signed**  
 Apr 05, 2017

MD  Physician Assistant  Advanced Practice Nurse  
 DO  Chiropractor  Other Practitioner (specify) \_\_\_\_\_

**Issuing State**  
 MN

**National Registry Number**  
 6835729074

**Medical Examiner's State License, Certificate, or Registration Number**  
 9585

**Driver's Signature**  


**Driver's Address**  
 Street Address: 3650 Rollinview Drive

**City:** White Bear Lake **State/Province:** MN **Zip Code:** 55110  Yes  No **CDL Applicant/Holder**

**Driver's License Number**  
 S929188762220

**Issuing State/Province**  
 MN

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: 10/24/17

Name: First Pietrick Middle Lee Last M<sup>r</sup> Kenzie Sr

Address 3650 Rollingview Dr Home telephone:

City White Bear State MN Zip 55110 Cellular telephone: 651-334-7618

Date of Birth: 12/5/72 Social Security Number: 358-62-5018

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 Street Dates: From To

City State Zip

2 Street Dates: From To

City State Zip

3 Street Dates: From To

City State Zip

Use backside of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

State MN Number 5929188762220 Expiration Date 12/5/20

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 None 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: MKF Dates: 5/16 to 10/17  
Address: BROOKLYN PARK Supervisor: SAM  
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: THE OWNER WAS A LIAR AND DIDNT PAY  
ME FOR ALL THE HRS. YOU WORKED

2) 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: \_\_\_\_\_ 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: \_\_\_\_\_  
\_\_\_\_\_  
.....

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

10/24/17  
Date Signed

### TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

### SIGNIFICANT DATES:

Date of Hire: \_\_\_\_\_

Time & Date of Pre-Employment CST: \_\_\_\_\_

Time & Date of Pre-Employment CST Results Received: \_\_\_\_\_

Date First Used in Safety Sensitive Position: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

**"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: Dietrick McKenzie SI

Applicant/Employee SS Number: 358-62-5618

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: Dietrick McKenzie Date: 10/24/17

Previous Employer Name: MFK

Position(s) Held: Driver

Address: Brooklyn Park

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer Representative: SAM

**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: Dietrick McKenzie Employer Name: MFK

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 #: \_\_\_\_\_



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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, Dietrick McKenzie Sr, 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.

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

Dierrick McKenzie Sr  
Signature of Employee

Dierrick McKenzie Sr  
Employee's Name - Printed

Date Signed: 10/24/17

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 1-888-389-4023/952-545-3953. 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: 10/24/17

Signature: Dietrick McKenzie Sr

SSN: 358762-5618

Printed Name: Dietrick McKenzie Sr

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

3650 Adiras View Dr White Bear Lake MN 55110  
Street Address City State Zip Code

5929188762220 MN 12/20 12/5/72  
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.

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: 10/24/17

Signature: Dick McKenrick

SSN: 358-62-5614

Printed Name: Dick McKenrick

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

3050 Rolling View Dr White Bear Lake MN 55110  
Street Address City State Zip Code

592918876 2220 MN 5/26 12/5/72  
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 651-666-6883  
RHR Account#: 11659S

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: Dietrick M. McKenzie Date: 10/24/17

**Complete Information (Please Print):**

Mckenzie Dietrick Lee  
(Last Name) (First Name) (Middle Name)

3650 Rollingview Dr W.B.L 9770 From: 8/05  
(Current Address) (City) (State) (Zip Code) 55110

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

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

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

Date of Birth: 10/5/72 Sex (M or F): M Social Security Number: 358-62-5618

Driver's License Number: 5929188762220 State: MN

**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.

Dietrick McKenzie Sr  
Individual's Name

10/24/17  
Date

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

Dietrick McKensic  
Driver's Name

5929188762220  
Driver's Operators Lic. No.

358-62-5618  
Driver's Social Sec. No.

Dear \_\_\_\_\_

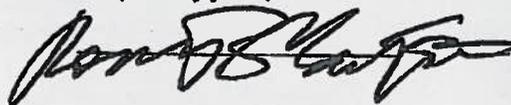
The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,



Ross Plaetzer  
(printed) name of person making inquiry

Client Services Director  
Title of person making inquiry

Employer Solutions Staffing Group LLC  
Motor Carrier Name

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

# DRUG AND ALCOHOL TESTING POLICY

## I. PURPOSE

Alcohol and drug abuse adversely affects job performance, the kind of work an employee performs and an employee's opportunities for successful employment. It is the intent of this document to provide employees with ESSG's [hereafter "the Company"] policy regarding the use of drugs and alcohol while at work. The Company does not intend to intrude into the private lives of its employees, but strongly believes that a drug-free workplace is in the best interest of employees and non-employees alike.

## II. SCOPE

This policy applies to all applicants for employment and to all employees including contract or temporary employees. The policy is applicable at Company facilities or whenever Company employees are performing company business.

## III. DISCLAIMER

Employment at the Company is at-will. This policy is not a unilateral employment contract and should not be interpreted as creating a unilateral employment contract.

## IV. PROHIBITIONS

A. No employee shall report to work under the influence of alcohol, any controlled substances, or any other drugs or medications that may affect the employee's alertness, coordination, reaction, response, judgment, decision-making, or safety.

B. No employee shall operate, use, or drive any equipment, machinery, or vehicle of the Company or any client of Company while under the influence of alcohol, any controlled substances, or any other drugs or medications that may adversely affect the employee's ability to operate such equipment, machinery, or vehicle. Employees are under an affirmative duty to immediately notify their supervisor if they are not in an appropriate mental or physical condition to operate, use, or drive any equipment machinery, or vehicle or otherwise safely perform their job duties.

C. No employee shall unlawfully manufacture, distribute, dispense, possess, transfer, or use a controlled substance in the workplace or wherever the Company's work is being performed.

D. Engaging in off-duty sale, purchase, transfer, use or possession of illegal drugs or controlled substances may have a negative effect on an employee's ability to perform his/her work for the Company. In such circumstances, the employee is subject to discipline.

E. When an employee is taking medically authorized drugs or other substances that may alter job performance, the employee is under an affirmative duty to notify their supervisor of the temporary inability to perform his or her job duties.

F. The Company shall notify the appropriate law enforcement agency, licensing boards, and other relevant authorities when it has reasonable suspicion to believe that an employee may have illegal drugs in his or her possession at work or on company premises.

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.

**B. Conducting the Testing.**

1. Consent. All employees required to undergo testing will be required to complete and sign the employee consent form attached as Appendix A.

2. Refusal to Participate. An employee or job applicant has the right to refuse testing. However, a refusal of testing will be treated as a failure to comply with Company policy and may result in withdrawal of a job offer or disciplinary action up to and including termination of employment.

3. The Laboratory. The Company will use a laboratory certified by the National Institute on Drug Abuse (NIDA) or its successor, the College of American Pathologists (CAP), or the New York State Department of Health or other licensing body recognized by applicable law to perform all drug and alcohol tests.

4. Test Results.

The laboratory will conduct both an initial test and a confirmatory test if the initial test is positive. A negative result on either the initial or confirmatory test will be deemed a negative test result (i.e. the employee passed the test). A positive result on both the initial and confirmatory test will be deemed a positive test result (i.e. the employee failed the test.)

a. Negative Test Result. An employee or applicant who tests negative for drugs or alcohol will be given written notice that they passed the test within three working days of the Company receiving the test results from the testing laboratory.

b. Positive Test Result. An employee or applicant who tests positive for drugs or alcohol will be given written notice that they have failed the test within three working days of the Company receiving the test results from the testing laboratory. The employee or applicant will then be given the opportunity to provide any information to explain the positive result, including any over-the-counter or prescription medications the employee or applicant may have taken. An employee or applicant who wishes to submit any explanatory information must do so within three working days after being notified of the positive test result.

An employee or applicant who has a positive test result may also request a retest of the original sample by the same or different certified laboratory at his or her own expense. An employee or applicant who wishes to conduct a retest must notify the Company in writing of their intention to conduct such a retest within five working days after being notified of the positive test result. If the results of the retest are negative, the test will be considered a negative test result.

c. Right to Test Result. An employee or job applicant has the right to request and receive from the Company a copy of the test result report on any drug or alcohol test.

**C. Costs.** All costs related to alcohol and drug testing will be paid by the Company, with the exception of any retests requested by the employee or applicant following a positive test result.

**D. Disciplinary Action in Response to a Positive Test Result.**

1. Interim Discipline and Action: The Company reserves the right to temporarily suspend an employee or transfer the employee to another position at the same rate of pay pending the outcome of any drug or alcohol test. An employee who is suspended without pay will be reinstated with back pay if the test or any requested retest is negative.

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.

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: Corporate Management Group

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

Social Security Number: 358-62-5618

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

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

Dietrick McKenzie  
(Driver's Name)  
5929188762220  
(Driver's Operators License No.)  
358-62-5618  
(Driver's Social Security Number)

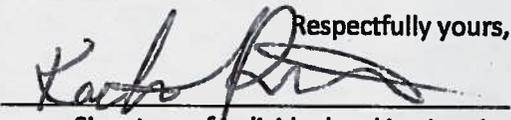
Dear \_\_\_\_\_

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,  
  
Signature of individual making inquiry

Kate Ritter  
Name of person making inquiry (printed)

On-site Rep  
Title of person making inquiry

Employer Solutions Group/Corporate Management Group  
Motor Carrier Name

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 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, CMS ("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 5<sup>th</sup> Street South, Minneapolis, MN 55343, (888) 389-4023.**

**Trusted Employees' Information and privacy policy can be found at [www.trustedemployees.com](http://www.trustedemployees.com).**

Para información en español, visite [www.consumerfinance.gov/learnmore](http://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](http://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](http://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](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
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	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
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 <sup>th</sup> Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
<b>8. Federal Land Banks, Federal Lank Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</b>	<b>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</b>
<b>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</b>	<b>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</b>

## ADDITIONAL STATE LAW NOTICES

**Notice to individuals who reside in Massachusetts, work in Massachusetts, or are applying to work in Massachusetts:** You have the right to know whether the Company requested an investigative report about you and, upon written request to the Company, to receive a copy of any such report. You also have the right to ask the consumer reporting agency (i.e., Trusted Employees) for a copy of any such report.

**Notice to individuals who reside in New Jersey, work in New Jersey, or are applying to work in New Jersey:** You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency (i.e., Trusted Employees)

**Notice to individuals who reside in New York, work in New York, or are applying to work in New York:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency (i.e., Trusted Employees) directly. You are also receiving a copy of Article 23-A of the New York Correction Law.

**Notice to individuals who reside in Oregon, work in Oregon, or are applying to work in Oregon:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that Employer has not maintained secured records is available to you upon request.

**Notice to individuals who reside in Washington State, work in Washington State, or are applying to work in Washington State:** Under the Washington Fair Credit Reporting Act, you have the right to ask Trusted Employees for a written summary of your rights. If you submit a request to the Company in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report the Company ordered, if any.

**Notice to individuals who reside in Minnesota, work in Minnesota, or are applying to work in Minnesota:** You have the right, upon written request to Trusted Employees, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Trusted Employees must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later.

# 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 CMG ("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: 10/24/17

Signature: Dietrick McKenzie Sr

## PERSONAL DATA NEEDED FOR BACKGROUND CHECK—PLEASE COMPLETE

Dietrick Lee McKenzie Sr  
First Name Middle Name Last Name

3450 Rollingview Dr W. RL MN 55110 651-334-7818  
Street Address City State Zip Code Phone

12/5/72 358-62-5618 5929188702220 MN  
Date of Birth Social Security Number 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: Dietrick McKenzie Jr Social Security No: 358-68-5018

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: MKF

Address, City, State, ZIP: Brooklyn Park

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

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

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

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

Dietrick McKenzie Jr  
Employee Signature

10/24/17  
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: \_\_\_\_\_