

RELEASE AUTHORIZATION

DOT DRUG AND ALCOHOL TESTING INFORMATION AND FMCSA SAFETY PERFORMANCE INFORMATION

SECTION I: To be completed by the employee.

Name: STEVEN FORTE Social Security No.: 474-86-5112

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: _____

Address, City, State, ZIP: _____

Phone: _____

New Employer: _____

Address, City, State, ZIP: _____

Phone: _____

Steven Forte

Employee Signature

01/02/2017

Date

SECTION II: Please fax response to 6123955574

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?
2. Did the employee have any verified positive drug tests?
3. Did the employee refuse to be tested?
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?
5. Did a previous employer report a drug and alcohol rule violation to you?
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?
7. Did the driver violate the alcohol and controlled substances prohibitions under subpart B of § 382?
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?
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?
b. Verified positive drug tests?
c. Refusals to test (including verified adulterated or substituted drug test results)?

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: _____



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**AUTHORIZATION FOR CONTACTING CURRENT
EMPLOYER PERMISSION OF PERSPECTIVE
EMPLOYEE**

I am currently employed with another organization.

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

(Applicant's name below)

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

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

Steven Forte
Applicant's Signature

01/02/2017
Date

STEVEN FORTE
Print Employee's Name



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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, STEVEN FORTE, 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 Corporate Management Group (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.

Steven Forte
Signature of Employee

STEVEN FORTE
Employee's Name - Printed

Date Signed: 01/02/2017

AUTHORIZATION OF BACKGROUND INVESTIGATION

I have received, read, and understand:

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

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

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

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

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

E-mail Address: _____

Date: 01/02/2017

Signature: Steven Forte

PERSONAL DATA NEEDED FOR BACKGROUND CHECK—PLEASE COMPLETE

<u>STEVEN</u>	<u>BERNDELL</u>	<u>FORTE</u>
First Name	Middle Name	Last Name
<u>1531 E. IDAHO ST. PAUL MN</u>	<u>SS106</u>	<u>651 410-6639</u>
Street Address	City	State
<u>01/18/1967</u>	<u>474-86-512</u>	<u>D-634-004-395-713</u>
Date of Birth	Social Security Number	Driver's License Number
		<u>MN</u>
		State of License

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

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

