

Employer Solutions Staffing Group, LLC

7801 China Lane, Suite 408

Edina, MN 55425

650.888.1888

COMMERCIAL DRIVER APPLICATION

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

Date 8-10-15

Name: First Anthony Middle Lee Last Larson

Address 3568 York Dr Home telephone (651) 278-5704

City Woodbury State MN Zip 55125 Cellular telephone (651) 278-5704

Date of Birth 4/16/1976 Social Security Number 472-15-8605

If your current address is less than 4 years old then list your previous addresses in reverse chronological order.

- 1 Street _____ Dates From _____ To _____
City _____ State _____ Zip _____
2 Street _____ Dates From _____ To _____
City _____ State _____ Zip _____
3 Street _____ Dates From _____ To _____
City _____ State _____ Zip _____

Has Reside of about for additional addresses

Merchant License Information All licenses held last 4 years

State MN Number M663149539015 Expiration Date 4-16-2018

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

Trucks

26' straight truck 80,000 mi

Cab over 10,000 mi

_____ _____ _____

All Accidents last 4 years (If none, write NONE)

Date Aug 2014 Describe Not at fault Fatalities 2 Injuries 2

Date _____ Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

List all Traffic Violations Committed Last 2 years (If none, write NONE)

Date 2012 Violation Speed State MD 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 licenses denied, suspended, revoked or annulled by any issuing state agency?

Yes No If yes, state of violation explanation _____

Employment History Last 10 years (1999-2012) - account for gaps between employments (if over-employed, list services listed to)

1) Employer Safety Services Dates July 2012 to April 2014
 Address 2355 Ariel St N suite B Supervisor Mike Adams
 City, State, Zip code St Paul MN 55109 Telephone (651) 251-0320

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: School

2) Employer Japs-Olson Company Dates Mar. 2011 to June 2012
 Address 7500 Excelsior Blvd Supervisor Steve
 City, State, Zip code St Louis Park MN 55426 Telephone (952) 932-9393

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: Better pay

3) Employer: Town & Country Meats Inc. Dates: May 2001 to Feb 2011
Address: 4908 Quail Ave N Supervisor: Jason Doll
City, State, Zip code: Crystal MN 55429 Telephone: (218) 255-2729

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

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

Reason for Leaving: Company Dissolved

4) Employer: Peipho Allied Van Lines Dates: Feb 1997 to April 2001
Address: 2995 Lone Oak Cir #7 Supervisor: Duane
City, State, Zip code: Eagan MN 55121 Telephone: 1-800-622-4515

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

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

Reason for Leaving: Better Pay

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 substances 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 substances and alcohol testing during this period? Yes No
Reason for Leaving: _____

T) Employer _____ Date _____
 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 questions

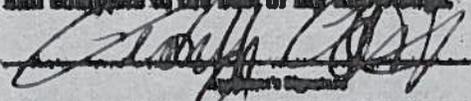
For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

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-assert 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 investigated 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 deadline 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

8-10-15
 Date Signed

TO BE COMPLETED BY THE EMPLOYEE:

Application received by:

Application reviewed for completeness by:

Name _____

Name _____

Title _____

Title _____

SIGNIFICANT DATES:

Date of Hire: _____

Time & Date of Pre-Employment CBT: _____

Time & Date of Pre-Employment CBT 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) 450-4500

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

Applicant/Employer Printed or Typed Name: Anthony Lee Larson

Applicant/Employer SSN: 472-151-8605

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 CMB and its designated agent, GIS. This release is in accordance with DOT Regulation 49 CFR Part 40 and 491and 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/Employer Signature: [Signature] Date: 8-10-15

Previous Employer Name: Peipho Allied Van Lines

Position(s) Held: Class B Driver

Address: 2995 Lane Oak Cir #7 Eagan MN 55121

Phone #: 1-800-622-4615 Fax #: _____

Designated Employer Representative: Duane

Section II. To be completed by the previous employer and transmitted by mail or fax to GIS at (877) 450-4500 within 30 days from the date of the request in compliance with the amended Parts 200 and 201 of the Federal Motor Carrier Safety Regulations (FMCSR) including any accidents defined in Section 380:

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) 580-4000

Employee Name: _____

Employer Name: _____

In the past three years prior to the date of the employer'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?

Self / 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 accidents, list the city/state where the accident occurred. _____

Employee Start Date: _____

Employee End Date: _____

Position Held: _____

Salary: _____

Reason for Leaving: _____

Eligible for Retire: _____

Name of person providing information (in Section I and additional questions):

Printed Name: _____

Signature: _____

Title: _____

Date: _____

Phone #: _____



employer solutions staffing group
Leveraging Resources in a Changing Market

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

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

I, Anthony Larson, 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 Super MOMS (staffing client company's name).

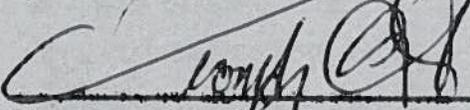
(Check items you consent to release):

- 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 MMDOT medical waiver, if applicable

Documentation indicating the center 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 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.

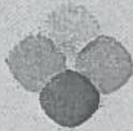


Signature of Employee

Anthony Larson

Employee's Name - Printed

Date Signed: 8-10-2019



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

I am currently employed with another organization.

*Not
Currently
Employed!*

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

(Applicant's name below)

I, _____, hereby authorize Employer Solutions Staffing Group, LLC (ESSG) and their designated agent, GIE, 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.

[Handwritten Signature]

8-10-2015

Applicant's Signature

Date

Anthony Lee Larson

Print Employee's Name

KARI KOSKINEN MANAGER BACKGROUND CHECK ACT RELEASE OF INFORMATION CONSENT FORM

Property Owner: CORPORATE MANAGEMENT GROUP
404 BROADWAY AVE
8T PAUL PARK, MN 55071
Ph 651-688-8883
RHR Account# 116698

Screening Company: Trusted Employees
701 6th Street South
Hopkins, MN 55348
Ph 952.546.8653

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: 8-10-2015

Complete Information (Please Print):
Larson, Anthony Lee
(Last Name) (First Name) (Middle Name)

3568 York Dr Woodbury MN 55125
(Current Address) (City) (State) (Zip Code) From: _____

(Previous Address) (City) (State) (Zip Code) From: _____ To: _____

(Previous Address) (City) (State) (Zip Code) From: _____ To: _____

Maiden Name: _____ Previous Name / Alias: _____

Date of Birth: 4-16-1976 Sex (M or F): M Social Security Number: 472-15-8605

Driver's License Number: M66 3149538015 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.

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 G.M.G. 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 employees 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: xx anthonylarsonxx @ Gmail . 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 55348. You may also receive a summary of the file by telephone at 1-888-889-4022/862-646-8983. 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: 8-10-2015
SSN: 472-15-8605

Signature: [Signature]
Printed Name: Anthony Larson

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

3568 York Dr Woodbury MN 55125
Street Address City State Zip Code

M/63149538015 MN 4-16-2018 4-16-1976
Driver's License Number State of License Expires On Date of Birth

Wausau, WI. Billings MT
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 made a part or attached to the Employment Application.

Motor Vehicle Records and Driving History Release Authorization

I authorize CMB 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 1766.22 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 1-888-888-4023/862-846-8663. 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: 9-10-2015
SSN: 472-15-9605

Signature: [Signature]
Printed Name: Anthony Larson

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

5568 York Dr Woodbury MN 55125
Street Address City State Zip Code

MN63149538015 MN 4-16-2018 4-16-1976
Driver's License Number State of License Expires On Date of Birth

Wausau WI Billings MT
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.

MEDICAL EXAMINER'S CERTIFICATE

Anthony Larson

I certify that I have examined Anthony Larson
 in accordance with 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:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a _____ waiver/exemption
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete.
 A complete examination form with any attachment embodies my findings completely and
 correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <i>[Signature]</i>	DATE 6/18/15
MEDICAL EXAMINER'S NAME (PRINT) J Flynn	<input checked="" type="checkbox"/> DO <input type="checkbox"/> Advanced Practice Nurse
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE 27127 MN	<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Other Practitioner
NATIONAL REGISTRY NO. 4586671171	<input type="checkbox"/> Chiropractor
SIGNATURE OF DRIVER <i>[Signature]</i>	INTRASTATE ONLY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DRIVER'S LICENSE NO. M66 3149538015	CDL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS OF DRIVER 3508 York Dr Woodbury MN 55455	STATE MN
ORIGINAL - DRIVER	MEDICAL CERTIFICATION EXPIRATION DATE 6/18/16

