

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: 9-14-15

Name: First Nathan Middle Frederick Last MRK

Address 3027 Lake St

Home telephone: (651) 779-3689

City Maplewood State MN Zip 55109

Cellular telephone: (651) 363-9846

Date of Birth: 10-21-82

Social Security Number: 470 - 17 - 4112

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

1 Street N/A Dates: From To

City State Zip

2 Street N/A Dates: From To

City State Zip

3 Street N/A 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 C213054847906 Expiration Date 10-21-19

State MN Number Expiration Date

State Number Expiration Date

Experience:

26 ft straight truck 6spd 7-15 to 8-15 50+
Type of vehicle driven Dates Approximate mileage driven

Type of vehicle driven Dates Approximate mileage driven

Type of vehicle driven Dates Approximate mileage driven

All Accidents, last 3 years: (If none, write NONE)

Date N/A Describe NONE Fatalities Injuries

Date Describe Fatalities Injuries

Date Describe Fatalities Injuries

List all Traffic Violations Convictions, last 3 years: (If none, write NONE)

Date N/A 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: Toptemp Dates: 8-15 to 8-15
Address: _____ Supervisor: _____
City, State, Zip code: Woodbury, MN 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: Left after being accepted at CMG

2) Employer: Cub Foods Dates: 8-14 to 2-15
Address: _____ Supervisor: _____
City, State, Zip code: Maplewood, MN 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: No advancement opportunity

3) Employer: Circle K Dates: 11-12 to 5-14
Address: _____ Supervisor: Danna B
City, State, Zip code: Monticello, MN 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: Took medical leave position wasn't held

4) Employer: Top Temp Dates: 4-11 to 9-12
Address: _____ Supervisor: _____
City, State, Zip code: Woodbury, MN 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: Left for steady work

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

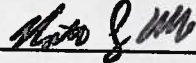
For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

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

9-16-15

 Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:
 Name _____
 Title _____ Date _____

Application reviewed for completeness by:
 Name _____
 Title _____ Date _____

SIGNIFICANT DATES:

Date of Hire: _____
 Time & Date of Pre-Employment CST: _____
 Time & Date of Pre-Employment CST Results Received: _____
 Date First Used in Safety Sensitive Position: _____
 Date of Termination: _____

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

Nathan F Maki
Driver's Name

CA13054847906
Driver's Operators Lic. No.

470-17-4112
Driver's Social Sec. No.

Dear Nathan Maki

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



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, Nathan F Maki, 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.

I further release and hold harmless both Employer Solutions Staffing Group LLC 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 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.

Nathan F Maki
Signature of Employee

Nathan F Maki
Employee's Name - Printed

Date Signed: 9-16-15



employer solutions staffing group^{llc}
Leveraging Resources in a Changing Market

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, Nathan Maki, 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.

Nathan F Maki
Applicant's Signature

9-14-15
Date

Nathan F Maki
Print Employee's Name

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 _____ 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: homerhankey1982@yahoo.com

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

Notice to California Applicants: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Trusted Employees during normal business hours. You may also obtain a copy of this file upon submitting proper identification by appearing at Trusted Employees in person or by mail. Mail requests should be directed to Trusted Employees, 701 5th Street South, Hopkins, MN 55343. You may also receive a summary of the file by telephone at 1-888-389-4023/952-545-3953. 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: 9-16-15 Signature: Nathan F Maqu
SSN: 470-17-4112 Printed Name: Nathan F Maqu

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

<u>3027 Lake St</u>	<u>Maplewood</u>	<u>MN</u>	<u>55109</u>
Street Address	City	State	Zip Code
<u>C213054847906</u>	<u>MN 10-21-2019</u>	<u>10-21-82</u>	
Driver's License Number	State of License Expires On	Date of Birth	

White Bear Lake, MN

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

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

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

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

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

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

Notice to California Applicants: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Trusted Employees during normal business hours. You may also obtain a copy of this file upon submitting proper identification by appearing at Trusted Employees in person or by mail. Mail requests should be directed to Trusted Employees, 701 5th Street South, Hopkins, MN 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: 9-16-15

Signature: 

SSN: 470-17-4112

Printed Name: Nathan K Maki

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

<u>3027 Lake St</u>	<u>Maplewood</u>	<u>MN</u>	<u>55109</u>
Street Address	City	State	Zip Code
<u>CA13054847906</u>	<u>MN 10-21-19</u>	<u>10-21-82</u>	
Driver's License Number	State of License Expires On	Date of Birth	

Whitbear Lake, MN
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

I certify that I have examined NATHAN MAKE
 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 Intra-city 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>	TELEPHONE 753-89250
MEDICAL EXAMINER'S NAME (PRINT) GEORGE VUKARIĆ	DATE 5-27-15
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE 9284-MN	<input type="checkbox"/> MD <input type="checkbox"/> Advanced <input type="checkbox"/> DO <input type="checkbox"/> Practice <input checked="" type="checkbox"/> Physician Nurse <input type="checkbox"/> Assistant <input type="checkbox"/> Other <input type="checkbox"/> Chiropractor <input type="checkbox"/> Practitioner
NATIONAL REGISTRY NO. 613 439 8012	INTRASTATE ONLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SIGNATURE OF DRIVER <i>[Signature]</i>	CDL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DRIVER'S LICENSE NO. C21305418473010	STATE MN
ADDRESS OF DRIVER 327 Lakeshore Maplewood, MN 55109	MEDICAL CERTIFICATION EXPIRATION DATE 5-27-17

ORIGINAL - DRIVER

