

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: 12-15-14

Name: First Steven Middle John Last MATTON

Address 1210 Miss Dr.

Home telephone: 763-568-7544

City Champlin State MN Zip 55316

Cellular telephone: 763-568-8302

Date of Birth: 11-2-67

Social Security Number: 469-90-4970

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 N954123104418 Expiration Date 2018

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

Experience:

STRAIGHT TRUCK 2000 to 2005 150,000
Type of vehicle driven Dates Approximate mileage driven

FLAT bed 2005 to 2010 75,000
Type of vehicle driven Dates Approximate mileage driven

DOCK TRUCK 2010 to Present 60,000
Type of vehicle driven Dates Approximate mileage driven

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

Date _____ 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 _____ 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: ~~XXXXXX~~ CROTHAL Dates: 10-7-13 to 11-19-14
 Address: 680 Kasota Supervisor: MESIA
 City, State, Zip code: MPIS MN. 55412 Telephone: 612-331-1914

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: BUDGET CUTS

2) Employer: Ruan Dates: 10-12 to 5-13
 Address: 7000 Broadway Supervisor: CLARK
 City, State, Zip code: BP 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: LAYED OFF

3) Employer: Wicks Trucking Dates: 12-07 to 12-10
Address: Mpls Supervisor: Rick
City, State, Zip code: Mpls, Mn, 55405 Telephone: 612 741-6617

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: closed for good

4) Employer: ~~tcw~~ tcw Dates: 5-06 to 12-07
Address: 7910 Powell Rd Supervisor: Tim
City, State, Zip code: Hopkins mn. Telephone: 952-933 7910

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 wicks trucking

5) Employer: Jack Truck S Dates: 1-2001 to 5-05
Address: SLP Supervisor: elwin
City, State, Zip code: SLP mn. 55426 Telephone: 952-933 2400

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: NOT enough HRS

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."

ST. Martin
 Applicant's Signature

12-15-14
 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: Steven J MATTON

Applicant/Employee SS Number: 469-96-4970

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: Steven Matton Date: 12-15-14

Previous Employer Name: Crothall Health Care Services

Position(s) Held: Driver

Address: 680 Kasota Ave

Phone #: 612 331-1814 Fax #: _____

Designated Employer Representative: _____ Can We Imbed Signature Here? _____

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: _____ **Employer Name:** _____

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 #: _____

DRUG AND ALCOHOL TESTING POLICY

1. 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 this Company [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 nonemployees 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 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 are discouraged from consuming 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 must continue conducting the Company's business after the intake of alcohol any employee whose condition or behavior adversely affects his or her work performance shall be subject to possible 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 Minnesota law. This policy represents the notice required under Minnesota 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 Minnesota 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 successor¹, the College of American Pathologists (CAP), or the New York State Department of Health or other licensing body recognized by Minnesota 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

¹ NIDA no longer certifies drug testing laboratories for the federal government; certification is now performed by the Substance Abuse and Mental Health Administration (SAMHSA). However, the Minnesota employee drug testing law has not been updated to reflect this change and still references NIDA as one of the agencies authorized to certify a drug testing laboratory. Although it is not 100% clear, a court would presumably accept a laboratory certified by SAMHSA as meeting the requirements of the Minnesota drug testing law. However, in order to maintain consistency with the law as currently worded, this policy refers to NIDA.

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.

**DRUG AND ALCOHOL
TESTING CONSENT FORM**

1. I have been allowed to read and inspect a written copy of the Company 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 Company.
3. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.
4. I hereby voluntarily consent to the Company, 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 Company may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to the Company of the results of my drug and/or alcohol test and other information related to the test.

Steven MATTON
Individual's Name

12-15-14
Date

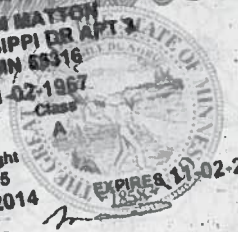
MINNESOTA
DRIVER'S LICENSE
COMMERCIAL



STEVEN JOHN MATTON
1210 MISSISSIPPI DR APT 3
CHAMPLIN, MN 55316

Date of Birth 11-02-1967
Sex M Eyes BLU
Height 6-2 Weight 255

ISSUED 11-2014



EXPIRES 11-02-2018

N954123104418

DOT EXAMINER'S CERTIFICATE

I certify I have examined Steven Mattan in accordance with the Federal motor carrier safety regulations (49 CFR 391.41-391.49) and knowledge of the driving duties. I find this person is

- Qualified Expiration Date 10.23.15, and if applicable only when:
- Wearing Corrective Lenses Wearing Hearing Aid
 - Accompanied by a _____ with _____
 - Driving with in an exempt intra-city zone (49 CFR 391.62)
 - Accompanied by a Skill Performance Certificate (SPE)
 - Qualified by operation of 49 CFR 391.54

A Complete Examination Form For This Person is on File in my Office

Driver's Address: 1240 Mississippi Dr. Apt 3
Champlin, MN 55316

Driver's Name: Steven Mattan Signature: [Signature]
Driver's License No. N95412310448 State: MN

Back to Health

6944 Nicolet Ave. So.
Richfield, MN 55423



(612) 861-8864 BACK to HEALTH
Issue Date: 10/23/13

Scott C. Kolbas, D.C., C.D.S.P.
Minnesota License Number 4186

I certify that I examined the patient listed.

A handwritten signature in black ink, appearing to read 'S. Kolbas', written over a horizontal line.

Scott C. Kolbas, D.C., C.D.S.P.