

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: 6-3-15

Name: First Steven Middle D Last Honcoop

Address 16767 Pine Crest Trail

Home telephone: 651-248-4049

City Cottage Grove State MN Zip 55016

Cellular telephone: 651-248-4049

Date of Birth: 8-5-70

Social Security Number: 539-80-8252

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

1 Street 7033 Thames Rd Dates: From 1/01 To 12/13
City Woodbury State MN Zip 55125

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 P186159069915 Expiration Date 8-5-15

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

Experience:

Transit Bus 9/13 to present 100 a day
School Bus 11/06 to 9/14 90 a day
Dock Truck 5/11 to 5/12 20 a day

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

Date NONE Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

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

Date NONE 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
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: Metro Transit Dates: 9/14 to present
Address: 560 16th Ave N Supervisor: _____
City, State, Zip code: Minneapolis MN Telephone: 612-373-3333

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: still employed

2) Employer: Monarch Bus Dates: 2/14 to 9/14
Address: 570 Hardman Ave S Supervisor: _____
City, State, Zip code: South St Paul, MN Telephone: 651-288-9648

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: more hours wanted

3) Employer: MVTA Dates: 9/13 to 2/14
Address: 100 E Highway 13 Supervisor: _____
City, State, Zip code: Burnsville MN Telephone: 952-882-7500
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: hours-needed more

4) Employer: Pro Act Dates: 3/11 to 9/13
Address: 3195 Neil Armstrong Supervisor: _____
City, State, Zip code: Eagan MN Telephone: 651-686-0405
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: hours-needed more

5) Employer: Allied Waste Dates: 6/10 to 12/10
Address: 2495 117th St E Supervisor: _____
City, State, Zip code: Inver Grove Heights, MN Telephone: 651-457-2778
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: Seasonal employment ended

6) Employer: Safeway Dates: 11/01 to 6/10
Address: 6030 Carmen Ave Supervisor: _____
City, State, Zip Code: Inver Grove Heights MN Telephone: 651-451-1375
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: hours-needed more

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."

Steven Hancock
Applicant's Signature

6-3-2014
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 Hancock

Applicant/Employee SS Number: 539-80-8252

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 Hancock Date: 6-3-2015

Previous Employer Name: Metro Transit

Position(s) Held: bus driver

Address: 5100 16th Ave N

Phone #: 612-373-3333 Fax #: _____

Designated Employer Representative: _____

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: Steve Hancock 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: Steve Hancock

Title: _____ Date: 6-3-2015

Phone #: _____

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

Steven Honcoop

Driver's Name

P 186159069915

Driver's Operators Lic. No.

539-80-8252

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

Street

Edina

City

MN

State

55424

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 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.

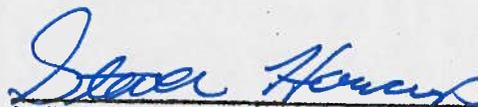
3. The Company will provide an employee with access to information in the employee's file relating to positive test result reports and other information acquired in the testing process as well as conclusions drawn from or actions taken based upon such information.

**DRUG AND ALCOHOL
TESTING CONSENT FORM**

1. I have been allowed to read and inspect a written copy of 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.

4. 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.



Individual's Name

6-4-2015

Date

DISCLOSURE AND AUTHORIZATION (IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439, Tel.: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING's website is at www.orangetreescreening.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.
New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
Oregon applicants or employees only: 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 ESSG has not maintained secured records is available to you upon request.
Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING's website is at: www.orangetreescreening.com, another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

(Must include email address: _____)

Signature: Steven Hancock Date: 6-5-2015

BACKGROUND INFORMATION

Last Name: Hancock First: Steven Middle: D

Other Names/Alias: _____

Social Security #: 539-80-8252 Date of Birth (mm/dd/yyyy)*: 8-5-1970

Driver's License #: Minnesota State of Driver's License: P186159069915

Present Address: 10767 Pine Crest Trail Telephone # (Primary): 651-248-4049

City/State/Zip: Cottage Grove MN 55016

*This information will be used for background screening purposes only and will not be used as hiring criteria.

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 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 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 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.
- **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 1-888-567-8688.
- **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 Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.



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

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

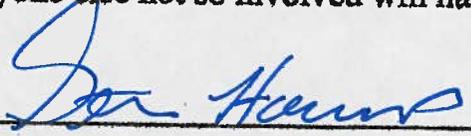
I, Steven Honcoop, hereby authorize my employer, Employer Solutions Staffing Group LLC, to release any or all of the following information relating to my application for federal Department of Transportation driver qualification file to _____ (staffing client company's name).

(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 _____ (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

Steve Honcoop

Employee's Name - Printed

Date Signed: 6-3-2015



employer solutions staffing group
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, Steve Honcoop, 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.

Steve Honcoop

Applicant's Signature

6-3-2015

Date

Steve Honcoop

Print Employee's Name

SOCIAL SECURITY

539-80-8252

THIS NUMBER HAS BEEN ESTABLISHED FOR
STEVEN D HONCOOP

Steven D Honcoop
 SIGNATURE

MINNESOTA
DRIVER'S LICENSE
COMMERCIAL



STEVEN DANIEL HONCOOP
 5747 PINECREST TRLS
 COTTAGE GROVE, MN 55018

Date of Birth 08-05-1970
 Sex M
 Eyes HZL
 Hair A
 Height 6-9
 Weight 230
 DONOR

ISSUED 03-2014
 EXPIRES 03-05-2015

Steven D Honcoop

P186159069915

STEVEN HARCOFF

I certify that I have examined _____ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-49.49) and with the provisions of the eldng eldng, I find the person to be qualified and, if applicable, any other:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a _____
- eldng within an exempt license zone (49 CFR 391.49)
- accompanied by a valid Performance Evaluation Certificate (PEC)
- qualified by operation of 49 CFR 391.44

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

SIGNATURE OF MEDICAL EXAMINER

Dr. T. Hutchins MD

TELEPHONE

6519485300

DATE

9.5.2014

MEDICAL EXAMINER'S NAME (PRINT)

Austin Hutchins MD

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. ISSUING STATE

31097

- MD
- DO
- Physician Assistant
- Advanced Practice Nurse
- Other Practitioner

NATIONAL REGISTRY NO.

6605524548

SIGNATURE OF DRIVER

Steve Harcoff

INTRASTATE ONLY

- YES
- NO

CDL

- YES
- NO

DRIVER'S LICENSE NO.

P166159069915

STATE

MN

ADDRESS OF DRIVER

6767 PINECREST TRS Cottage Grove MN 55016

MEDICAL CERTIFICATION EXPIRATION DATE

9/3/2015

ORIGINAL - DRIVER