

**"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: TIMOTHY KRAUSE

Applicant/Employee SS Number: 474.08.6311

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: [Signature] Date: 1/27/17

Previous Employer Name: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ 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 <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Date _____   |
| 2. Did the employee have verified positive drug test?   | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Date _____   |
| 3. Did the employee refuse to be tested?  | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Date _____   |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?             | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Date _____   |
| 5. Did the previous employer report a drug and alcohol rule violation?                                    | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Date _____   |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | Yes <input type="checkbox"/> | No <input type="checkbox"/>            | Not Applicable <input checked="" type="checkbox"/> |

**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: Timothy Krause Employer Name: \_\_\_\_\_

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**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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employee Start Date: \_\_\_\_\_ Employee End Date: \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_

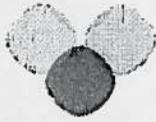
Reason for Leaving: \_\_\_\_\_ Eligible for Rehire: \_\_\_\_\_

**Name of person providing information in Section II and additional questions:**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_



employer solutions staffing group<sup>llc</sup>  
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, Timothy Krause, 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 CMG (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 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

Timothy Krause

\_\_\_\_\_  
Employee's Name - Printed

Date Signed: 1/27/17



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## AUTHORIZATION FOR CONTACTING CURRENT EMPLOYER PERMISSION OF PERSPECTIVE EMPLOYEE

I am currently employed with another organization.

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

(Applicant's name below)

I, TIMOTHY KRAUSE, 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 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 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.

T. Krause  
Applicant's Signature

01/27/2017  
Date

TIMOTHY KRAUSE  
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.

### Motor Vehicle Records and Driving History Release Authorization

I authorize cmg 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 1788.22 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 5<sup>th</sup> 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: 11/27/17 Signature: [Signature]  
SSN: 474-08-6311 Printed Name: Timothy Krause

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

437 Valleyview Rd Roberts WI 54023  
Street Address City State Zip Code  
9587047462320 MN 09/30/2020 09/30/1980  
Driver's License Number State of License Expires On Date of Birth

St. Paul, MN Maplewood, 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.

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 CMG 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\*? [X] 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: tmkrause2458@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 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: 1/27/17 Signature: [Signature]
SSN: 474-08-6311 Printed Name: TIMOTHY KRAUSE

Note: The following information will be used in verifying information on your Employment Application.
437 Valleyview Rd Roberts WI 54023
Street Address City State Zip Code
9567047462320 MN 9/30/2020 09/30/1980
Driver's License Number State of License Expires On Date of Birth
St. Paul, MN Maplewood, 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

## KARI KOSKINEN MANAGER BACKGROUND CHECK ACT RELEASE OF INFORMATION CONSENT FORM

Property Owner: CORPORATE MANAGEMENT GROUP  
404 BROADWAY AVE  
ST PAUL PARK, MN 55071  
Ph 651-666-8883  
RHR Account#: 11659S

Screening Company: Trusted Employees  
701 5th Street South  
Hopkins, MN 55343  
Ph 952.545.3953

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:  Date: 1/27/17

### Complete Information (Please Print):

Krause, Timothy Allen  
(Last Name) (First Name) (Middle Name)

437 Valleyview Rd Roberts, WI 54023 From: 11/2016 - Current  
(Current Address) (City) (State) (Zip Code)

1247 Century Ave N #1 Madewood, MN 55119 From: 9/2014 To: 11/2016  
(Previous Address) (City) (State) (Zip Code)

760 Humboldt Ave St. Paul, MN 55107 From: 1/2008 To: 9/2014  
(Previous Address) (City) (State) (Zip Code)

Maiden Name: \_\_\_\_\_ Previous Name / Alias: \_\_\_\_\_

Date of Birth: 09/30/1980 Sex (M or F): M Social Security Number: 474.08.6311

Driver's License Number: G 587047462320 State: \_\_\_\_\_

### 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.

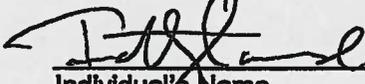


**DRUG AND ALCOHOL  
TESTING CONSENT FORM**

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.

3. 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.

Timothy Krause  
  
\_\_\_\_\_  
Individual's Name  
11/27/17  
\_\_\_\_\_  
Date

# AUTHORIZATION OF BACKGROUND INVESTIGATION

I have received, read, and understand:

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

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

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

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

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

E-mail Address: TimKrause.2458@gmail.com

Date: 01/27/2017

Signature: [Handwritten Signature]

## PERSONAL DATA NEEDED FOR BACKGROUND CHECK—PLEASE COMPLETE

<u>TIMOTHY</u> First Name	<u>ALLEN</u> Middle Name	<u>Krause</u> Last Name
<u>437 Valleyview</u> Street Address	<u>Roberts</u> City	<u>WI</u> State
<u>01/30/1980</u> Date of Birth	<u>474-08-6311</u> Social Security Number	<u>54023</u> Zip Code
		<u>(651)895-2133</u> Phone
		<u>9507047462320</u> Driver's License Number
		<u>MN</u> State of License

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

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