



your workforce management & staffing experts

Criminal Background Check Acknowledgement

Part of the selection process at Corporate Management Group includes a background check. The background check includes the applicant's criminal history. As part of this interview, we ask if the applicant has been convicted of any crime. Whether or not an applicant has been convicted of a crime does not determine applicant's eligibility for this position.

Applicant Name: William Sechrist Date of Interview: 12-9-15

Recruiter Name: _____

Have you ever been convicted of any crime, felony, misdemeanor, not including expunged records?

Yes ___ No X

Is yes, when, where and what was the nature of this offense.

You will not be denied employment solely because you answer "Yes" above or because you have been convicted of a crime, felony or misdemeanor. The company considers many individualized factors in evaluating a job candidate, including but not limited to, with respect to criminal history, the nature and date of any offense, the surrounding circumstances, and the nature of the position for which you apply.

By my signature below, I certify that the information provided above is true and complete that I have discussed the above with my interviewer as disclosed. I understand and agree that any misrepresentation by me will be sufficient cause to eliminate me from consideration for employment and/or terminate employment at any time if I have been employed.

Applicant Signature: Will Sechrist Date: 12-9-15

HR Manager Signature: _____ Eligible: ___ Ineligible: ___ Date: _____

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: 12-9-15

Name: First William Middle Alexander Last Sechrist

Address 1411 5th St

Home telephone:

City St Paul Park State MN Zip 55071

Cellular telephone: 651-448-1257

Date of Birth: 02-23-61

Social Security Number: 470-84-3229

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

1 Street 30100 Ludlow Ave Dates: From Jun 29 To Aug 15
City Frontenac State MN Zip 55026

2 Street City State Zip

3 Street City State Zip

Use backside of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

State MN Number 2096 20609 3715 Expiration Date 2017

State Number Expiration Date

State Number Expiration Date

Experience:

26 Foot Straight Mar 08 to Jan 15 52,000
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 None Describe Fatalities Injuries

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

None

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

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: Will Do Trucking Dates: March 2008 to Jan 2015
 Address: 13561 Hillside Dr Supervisor: Herb Adicker
 City, State, Zip code: Red Wing MN 55066 Telephone: 651-764-4611

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: Company was sold

2) Employer: Street Fleet Dates: Jan 2005 to Jan 2008
 Address: 721 Hennepin Ave Supervisor: Paul
 City, State, Zip code: Mpls MN 55004 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: Not enough work

3) 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: _____

4) 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: _____

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."

Will Sechrist 12-9-15
 Applicant's Signature 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: _____

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

William Sechrist

Driver's Name

2096206093715

Driver's Operators Lic. No.

470-84-3229

Driver's Social Sec. No.

Dear _____

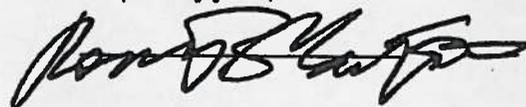
The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

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

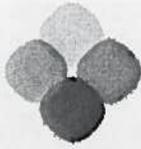
Client Services Director

Title of person making inquiry

Employer Solutions Staffing Group LLC

Motor Carrier Name

7301 Ohms Lane, Suite 405 Edina MN 55424
Street City State Zip



employer solutions staffing group^{llc}
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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, William Sechrist, 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 Will Do Trucking (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.

William Sechrist

Applicant's Signature

12-9-15

Date

William Sechrist

Print Employee's Name

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: _____

Date: 12-9-15

Signature: William Alexander Sechrist

PERSONAL DATA NEEDED FOR BACKGROUND CHECK—PLEASE COMPLETE

<u>William</u>	<u>Alexander</u>	<u>Sechrist</u>
First Name	Middle Name	Last Name
<u>1411 5th St</u>	<u>S+Paul Park</u>	<u>MN</u>
Street Address	City	State
<u>55071</u>	<u>651-448-1257</u>	
Zip Code	Phone	
<u>02-23-61</u>	<u>470-84-3229</u>	<u>2096206093715</u>
Date of Birth	Social Security Number	Driver's License Number
<u>Frontenac</u>	<u>MN</u>	<u>55026</u>
City	State	Zip Code

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

None

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

RELEASE AUTHORIZATION

DOT DRUG AND ALCOHOL TESTING INFORMATION AND FMCSA SAFETY PERFORMANCE INFORMATION

SECTION I: To be completed by the employee.

Name: William Sechrist Social Security No.: 470-84-3229

This release is in accordance with DOT regulation 49 CFR Parts 40, 382, and 391. I hereby authorize release of FMCSA-regulated safety performance records, as well as the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (1) alcohol tests with a result of 0.04 or higher alcohol concentration; (2) verified positive drug tests; (3) refusals to be tested; (4) other violations of DOT agency drug and alcohol testing regulations; (5) documentation, if any, of completion of the return-to-duty process following a rule violation; (6) information obtained from previous employers of a drug and alcohol rule violation.

Previous Employer: Will Do Trucking

Address, City, State, ZIP: 13561 Hillside Dr

Phone: 651-764-4611

New Employer:

Address, City, State, ZIP:

Phone:

Will Sechrist Employee Signature Date 12-9-15

SECTION II: Please fax response to 6123955574

CONTROLLED SUBSTANCES AND ALCOHOL TESTING INFORMATION

in the previous two years, in regards to DOT-regulated testing:

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? [X] No [] Yes
2. Did the employee have any verified positive drug tests? [] No [] Yes
3. Did the employee refuse to be tested? [] No [] Yes
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? [] No [] Yes
5. Did a previous employer report a drug and alcohol rule violation to you? [] No [] Yes
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? [] N/A [] No [] Yes
7. Did the driver violate the alcohol and controlled substances prohibitions under subpart B of § 382? [] No [] Yes
8. Did the driver fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to § 382.605 or 49 CFR part 40, subpart O? [] N/A [] No [] Yes
9. For a driver who successfully completed a SAP's rehabilitation referral and remained in the employ of the referring employer, did the driver have any of the following testing violations subsequent to completion of a §382.605 or 49 CFR part 40, subpart O SAP referral:
a. Alcohol tests with a result of 0.04 or higher alcohol concentration? [] N/A [] No [] Yes
b. Verified positive drug tests? [] N/A [] No [] Yes
c. Refusals to test (including verified adulterated or substituted drug test results)? [] N/A [] No [] Yes

SAFETY PERFORMANCE HISTORY

In the previous **three years**, has the driver had any accidents as defined by § 390.5 of DOT regulations?

No Yes

If yes, please attach all information as required by §390.15 (b)(1), as well as information on accidents you may wish to provide pursuant to §390.15 (b)(2) or your internal company policies.

Name of person providing information: _____

Phone: _____

Title: _____

Date: _____

**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.

William Sechrist

Individual's Name

12-9-15

Date



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

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

I, William Sechrist, 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 William Sechrist (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.

Will Sechrist
Signature of Employee

William Sechrist
Employee's Name - Printed

Date Signed: 12-9-15

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined William Alexander Sechrist
 in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge
 of the driving duties, I find this person is qualified; and, if applicable, only when:

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

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

SIGNATURE OF MEDICAL EXAMINER <i>Susan M. Eisenmenger</i>		TELEPHONE 651-385-0097
		DATE 9-4-2014
MEDICAL EXAMINER'S NAME (PRINT) Susan M. Eisenmenger		<input type="checkbox"/> MD <input checked="" type="checkbox"/> Chiropractor
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. 3040		<input type="checkbox"/> DO <input type="checkbox"/> Advanced Practice Nurse
ISSUING STATE MN		<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Other Practitioner
NATIONAL REGISTRY NO. 3303541831		
SIGNATURE OF DRIVER <i>William G. Sechrist</i>	INTRASTATE ONLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CDL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DRIVER'S LICENSE NO. 2096206093715	STATE MN	
ADDRESS OF DRIVER 30100 Ludlow Ave Frontenac MN 55027		
MEDICAL CERTIFICATION EXPIRATION DATE 9-4-2016		

ORIGINAL - DRIVER

26520 (7/13)

