

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: 10/22/15

Name: First ERIC Middle ANDREW Last DUNCAN

Address 8149 POLK ST N.E.

Home telephone: 763-205-2787

City SPRING LAKE State MN Zip 55432

Cellular telephone: 612-200-4807

Date of Birth: 08/31/1984

Social Security Number: _____

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 L032105970605 Expiration Date 02/31/2017

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

Experience:

BUSES 10/05 to 06/10 1,000,000
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 _____ 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: Feist towing Dates: 08/01 to Current
 Address: 1875 Lilac Dr N Supervisor: Ron Feist
 City, State, Zip code: Golden valley MN 55422 Telephone: 763 544 5512

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: I will be moving to woodbury in Nov

2) Employer: Lorenz bus service Dates: 06/15 to 08/01
 Address: 8600 Xyrite St NE Supervisor: Mike C
 City, State, Zip code: Minneapolis, MN 55449 Telephone: 763 784 7196

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: Needed more hours

3) Employer: Chase towing Dates: 04/15 to 06/15
Address: 10939 89th Ave N Supervisor: Dee
City, State, Zip code: Maple Grove MN 55369 Telephone: 763-315-3995

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: let go

4) Employer: Lorenz bus service Dates: 02/10 to 04/15
Address: 2600 Xylite St N.E Supervisor: Mike C
City, State, Zip code: Minneapolis MN 55449 Telephone: 763-784-7196

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: Better pay

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."

[Signature]
 Applicant's Signature

10/22/15
 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

Eric D... ..

Driver's Name

LO 321 059 70605

Driver's Operators Lic. No.

499-17-3317

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

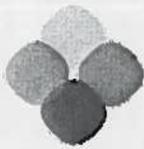
Client Services Director

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



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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, Eric Duncan, 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 UMG (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.

Eric Duncan
Applicant's Signature

10/22/15
Date

ERIC DUNCAN
Print Employee's Name

RELEASE AUTHORIZATION

DOT DRUG AND ALCOHOL TESTING INFORMATION AND FMCSA SAFETY PERFORMANCE INFORMATION

SECTION I: To be completed by the employee.

Name: Eric Duanan Social Security No.: 469 17 33 17

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: Feist Jowling
Address, City, State, ZIP: 1875 Linnoc Dr N Golden Valley MN 55422
Phone: 763 544 5512

New Employer:

Address, City, State, ZIP:

Phone:

Eric Duanan 10/22/15
Employee Signature Date

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?
2. Did the employee have any verified positive drug tests?
3. Did the employee refuse to be tested?
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?
5. Did a previous employer report a drug and alcohol rule violation to you?
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?
7. Did the driver violate the alcohol and controlled substances prohibitions under subpart B of § 382?
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?
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?
b. Verified positive drug tests?
c. Refusals to test (including verified adulterated or substituted drug test results)?

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.

ERIC DUNN

Individual's Name

10/22/15

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, ERIC DUNN, 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.

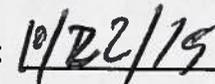
I further release and hold harmless both Employer Solutions Staffing Group LLC and _____ (staffing client company's name) from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by Employer Solutions Staffing Group 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



Employee's Name - Printed

Date Signed:  _____

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 _____ ("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: 10/22/15

Signature: *Eric Duncan*

PERSONAL DATA NEEDED FOR BACKGROUND CHECK—PLEASE COMPLETE

<u>ERIC</u>	<u>ANDREW</u>	<u>DUNCAN</u>		
First Name	Middle Name	Last Name		
<u>2144 POLK ST AVE SOUTH LAKE MN</u>	<u>55432</u>	<u>763 200 278</u>		
Street Address	City	State	Zip Code	Phone
<u>08/31/84</u>	<u>469 17 3317</u>	<u>LA32105970605</u>	<u>MA</u>	
Date of Birth	Social Security Number	Driver's License Number	State of License	

NONE

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).

MINNESOTA
DRIVER'S LICENSE
COMMERCIAL

ERIC ANDREW DUNCAN
8144 POLK ST NE
SPRING LAKE PARK, MN 55432

Date of Birth 08-31-1984
Sex Eyes Class
M HZL B
Height Weight DONOR
5-0 260
ISSUED 09-2013 EXPIRES 08-31-2017

L032105970606

SOCIAL SECURITY

469-17-3317
THIS NUMBER HAS BEEN ESTABLISHED FOR
ERIC A DUNCAN

Eric A Duncan
SIGNATURE

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined [Name] 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 where:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a waiver/exemption
- being within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- certified 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>William J. [unclear]</i>		TELEPHONE 73-72-2111
MEDICAL EXAMINER'S NAME (PRINT) William J. [unclear]		DATE 12-9-13
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. 20279	ISSUING STATE MD	<input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner
NATIONAL REGISTRY NO. NA		
SIGNATURE OF DRIVER <i>[Signature]</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. 6922105970605		STATE MD
ADDRESS OF DRIVER 2114 Hill St Baltimore, MD 21201-1542		
MEDICAL CERTIFICATION EXPIRATION DATE 12-9-15		

ORIGINAL - DRIVER