



your workforce management & recruiting 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: India Fitzpatrick Date of Interview: 8/24/15
Recruiter Name: Mabel Arias

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.

N/A

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: [Signature] Date: 8-24-15

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: 8-24-15
Name: First India Middle Last Fitzpatrick
Address 1522 LaSalle Ave Home telephone: 773-960-9505
City Minneapolis State MN Zip 55403 Cellular telephone: 773-960-9505
Date of Birth: 5-29-77 Social Security Number: 354-72-5540

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 J600160960714 Expiration Date 05/29/17
State Number Expiration Date
State Number Expiration Date

Experience:

Bus, Artic Bus 12/13 to 7/15 3
Type of vehicle driven Dates Approximate mileage driven
Tanker 6/08 to 8/12 2
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 Fatalities Injuries
Date None Describe NONE Fatalities None Injuries None
Date Describe Fatalities Injuries

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

Date 6/13 Violation Speeding (Motorcycle) State MN 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: Metropolitan Council Dates: 12/13 to 7/15
 Address: 390 Robert Street Supervisor: Human Resource
 City, State, Zip code: St Paul, MN 55101 Telephone: 651-602-1000

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: Resigned - Looking for better career opportunity

2) Employer: Servis Air LLC Dates: 6/08 to 8/12
 Address: 5398 Northwest Drive Supervisor: Human Resource
 City, State, Zip code: St Paul, MN 55111 Telephone: 612-455-1360

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: Resigned - Better Career Opportunity

3) Employer: Minneapolis Technical College Dates: 9/12 to Present
Address: 1209 Hennepin Ave Supervisor: N/A
City, State, Zip code: Minneapolis, MN 55401 Telephone: N/A

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: School (Criminal Justice Studies)

4) Employer: United Airlines Dates: 10/99 to 3/06
Address: OHARE Airport Supervisor: Human Resource
City, State, Zip code: Chicago, IL 60666 Telephone: 800-367-5690

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: Resigned

5) Employer: N/A 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: N/A 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."


 Applicant's Signature

8-24-15
 Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name _____
 Title _____ Date _____

Name _____
 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

India Fitzpatrick

Driver's Name

J680160960714

Driver's Operators Lic. No.

XX-XX-5540

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

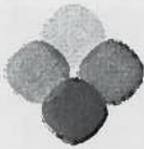
Client Services Director

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.
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, Indid Fitzpatrick 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.


Applicant's Signature

8-24-15
Date

Indid Fitzpatrick
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 _____ 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 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 8th 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: 08/24/15 Signature: [Signature]
SSN: 354-72-5540 Printed Name: Indie Fitzpatrick

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

1522 LaSalle Ave Minneapolis MN 55403
Street Address City State Zip Code

J1680160960714 05/29/17 05-29-77
Driver's License Number State of License Expires On Date of Birth

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.

**DRUG AND ALCOHOL
TESTING CONSENT FORM**

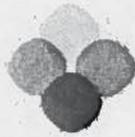
1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.

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.

India Fitzpatrick
Individual's Name

08/24/15
Date



employer solutions staffing group
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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, Indie Fitzpatrick, 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 _____ (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

India Fitzpatrick
Employee's Name - Printed

Date Signed: 08/24/15

MINNESOTA
DRIVER'S LICENSE
COMMERCIAL



INDIA CHANDRA FITZPATRICK
P O BOX 11444
ST PAUL, MN 55111

Date of Birth 05-29-1977

Sex Eyes Class

F BRN B

Height Weight

5-7 260

ISSUED 01-2014

EXPIRES 05-29-2017

India Chandra Fitzpatrick

J680160960714



COUNTY OF COOK
STATE OF ILLINOIS
OFFICE OF THE COUNTY CLERK
DAVID ORR
CERTIFICATION OF BIRTH

BIRTH NUMBER: 12-77-6021416

NAME: INDIA CHANDRA FITZPATRICK

DATE OF BIRTH: MAY 29, 1977

SEX: FEMALE

PLACE OF BIRTH: CHICAGO, COOK COUNTY, ILLINOIS

DATE FILED: JUNE 2, 1977

DATE ISSUED: JANUARY 5, 2006

0970416

This is to certify that this is a true and correct abstract from the official records filed with the Illinois Department of Public Health.

David D. Orr

DAVID D. ORR
COUNTY CLERK

ISSUED AT: COUNTY BUILDING
CHICAGO, ILLINOIS 60602-1304

This copy is not valid unless displaying embossed seals of Cook County and County Clerk signature CL81

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED



RECEIVED BY THE CLERK OF COOK COUNTY