

Employer Solutions Staffing Group, LLC

7801 China Lane, Suite 408

Edina, MN 55425

(612) 422-1222

COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED - PRINT OR TYPE

Date: 7-31-15

Name: First Teresa Middle Lynn Last Thomas

Address: 3255 Pierce St. N.E. Home telephone:

City: Maple State: MN Zip: 55418 Cellular telephone: 651-276-4251

Date of Birth: 10-2-61 Social Security Number: 473-80-5801

If you have addresses in the past 5 years describe in the space below in order from most recent to oldest

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 4 years

State: MN Number: W683201969617 Expiration Date: 10-02-2017

State: Number: Expiration Date:

State: Number: Expiration Date:

Experiences

Table with 3 columns: Type of commercial driver, In Date, Expiration Date. Rows are blank.

All Accidents, last 5 years (if none, write NONE)

Date: Describe: NO ACCIDENTS Fatalities: Injuries:

Date: Describe: Fatalities: Injuries:

Date: Describe: Fatalities: Injuries:

List all Traffic Violations, Citations, and Accidents (If none, write 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 annulled by any issuing state agency?

Yes No If yes, state of business explanation _____

Employment History last 10 years (OS 30) - account for your business employees (If owner/partner, list entities owned by)

1) Employer: Tac Home Personal Care Dates: 000-09 to July-2015
 Address: 8441 Wayzata Blvd Supervisor: ERin
 City, State, Zip code: Golden Valley, MN Telephone: 763-546-1000

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: Still Employed

2) Employer: North Land Transport Dates: July-04 to Nov-09
 Address: 1103 West Buensville Pkwy Supervisor: Sherry
 City, State, Zip code: Buensville, MN 55337 Telephone: 952-885-0580

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: _____

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: _____

1) Employer: _____ **Date:** _____
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 information

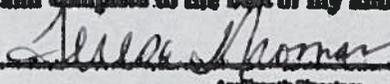
For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

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 deadline 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

July 31 - 2015
 Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

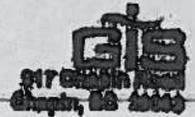
Application reviewed for completion by:

Name _____
 Title _____

Name _____
 Title _____

SIGNIFICANT DATES:

Date of Hire: _____
 Time & Date of Pre-Employment CBT: _____
 Time & Date of Post-Employment CBT (if applicable) Received: _____
 Date First Lined 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) 680-4008

Section I. To be completed and signed by the Applicant/Employee:

Applicant/Employee Printed or Typed Name: Teresa Thomas

Applicant/Employee SS Number: 473 80 8801

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 381 and allowed by Section 399 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 employees 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: Teresa Thomas Date: 7-31-2015

Previous Employer Name: In Home Personal Care

Position(s) Held: HHA/PCA

Address: 8441 - Weydale Blvd

Phone #: 763-546-1000 Fax #: _____

Designated Employer Representative: _____

Section II. To be completed by the previous employer and transmitted by mail or fax to GIS at (877) 680-4008 within 30 days from the date of the request in compliance with the amended Parts 380 and 391 of the Federal Motor Carrier Safety Regulations (FMCSRs) including any accidents defined in Section 380:

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) 580-4000

Employee Name: TERESA THOMAS

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 vehicle did the employee operate?

Bus / 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 Retirement: _____

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

Printed Name: _____

Signature: _____

Title: _____

Date: _____

Phone #: _____



employer solutions staffing group

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.)

1. Leesa Thomas, 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 MNDOT medical waiver, if applicable

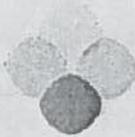
Documentation indicating the carrier verified the driver was medically certified by a medical examiner listed on the National Registry of Certified Medical Examiners.

I further release and hold harmless both Employer Solutions Staffing Group LLC and C.M.S. (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.

Keena Thomas
Signature of Employee

Keena Thomas
Employee's Name - Printed

Date Signed: 7-31-15



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, Teresa Thomas, 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 C.M.G. (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.

Teresa Thomas
Applicant's Signature

7-31-15
Date

Teresa Thomas
Print Employee's Name

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 651-688-6883
RHR Account#: 116698

Screening Company: Trusted Employees
701 6th Street South
Hopkins, MN 55343
Ph 952.646.3953

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: TERESA LYON Date: 7-31-15

Complete Information (Please Print):

Thomas TERESA Lyon
(Last Name) (First Name) (Middle Name)

3255 - Pierce St. Mpls, MN 55418 From: Nov-2012
(Current Address) (City) (State) (Zip Code) July-2015

117 - East Franklin Ave Delano MN 55308 From: Oct-09 To: Oct-2012
(Previous Address) (City) (State) (Zip Code)

From: _____ To: _____
(Previous Address) (City) (State) (Zip Code)

Maiden Name: same Previous Name / Alias: _____

Date of Birth: 10-2-61 Sex (M or F): (F) Social Security Number: 473-80-5801

Driver's License Number: W683201969617 State: MN

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.

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 Terese Thomas 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*?
Would you like a copy of the consumer report prepared on you?
If yes, would you like the report sent via e-mail? (Fastest option)

Yes No
 Yes No
 Yes No

E-mail: _____

* 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 6th Street South, Hopkins, MN 55343. You may also receive a summary of the file by telephone at 1-888-889-4023/852-545-8853. 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: 7-31-15
SSN: 473-805801

Signature: Terese Thomas
Printed Name: TERESE THOMAS

Note: The following information will be used in verifying information on your Employment Application.

3255- Pierce St. N.E Mpls MN 55418
Street Address City State Zip Code

W683201969617 MN Oct-2-17/02-61
Driver's License Number State of License Expires On Date of Birth

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

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 HCMG 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 5th Street South, Hopkins, MN 55349. You may also receive a summary of the file by telephone at 1-888-389-4023/952-645-8953. 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: 7-31-15 Signature: [Signature]
SSN: 473-80-5801 Printed Name: TERESA THOMAS

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

3255 - Pierce St. N.E Mpls MN 55418
Street Address City State Zip Code
W683201969617 MN Oct-2-2017 10-2-61
Driver's License Number State of License Expires On Date of Birth

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

N/A
List any other Last Names you have used during the previous 7 years.