

Transport Leasing/Contract, Inc.

Payroll Plus Corporation

The Labor Source, Inc.

COMMERCIAL DRIVER APPLICATION COVER PAGE/INSTRUCTIONS

Completed paperwork can be sent to apps-screening@tlccompanies.com or fax 219-926-9627

The following forms are required to begin screening an applicant: ☐ TLC Application (4 pages) ☐ Essential Job Function Worksheet ☐ Request for information from a previous employer (top portion must be signed/dated by applicant). ☐ Background Check Disclosure and Authorization Form (includes FCRA Summary of Rights to be given to applicant)
Personal & Confidential Medical Review Form - *After you receive a Pre-Approval notification from TLC and you have extended a conditional job offer to the applicant we will need the driver to complete this form (available separate from this application packet). TLC can also obtain this information over the phone from the driver upon your request. This medical information will be reviewed by TLC and you will then receive a notification of a final decision (Approved: Pending Payroll or Denied) from TLC. DRIVERS ARE NOT APPROVED TO BEGIN WORK UNTIL YOU RECEIVE NOTIFICATION OF A FINAL APPROVAL, AND ALL REQUIRED PAYROLL PAPERWORK HAS BEEN RECEIVED BY TLC.
The following items are required before payroll will be processed for a new hire who has been APPROVED by TLC: Driver's Employee Representation, signed and dated by driver (driver keeps one copy) Federal Form W-4 State tax withholding form (if applicable) Employment Eligibility Verification Form (I-9); the driver fills out the top portion and signs by Employee Signature. Section 2 to be completed by the person witnessing the documents (copies of documents used should be included). Person witnessing the documents must also sign the Certification section. Pre-employment drug screen results Medical Certification must be current on Motor Vehicle Record (MVR) Signed receipt for TLC Employee Handbook (handbook should be given to each employee; receipt in handbook should be signed by employee and returned to TLC). Some states have forms that employers are required to give employees at the time of hire — contact TLC for forms or information, if applicable to this applicant: Colorado — affirmation of legal work status Maryland — employee pay notice New Jersey — family leave law notice, employer record keeping notice, unemployment/disability benefits notice New York - employee pay notice (labor law 195) Pennsylvania — residency certification form South Carolina — terms of employment notice Texas — workers compensation notice to new employees
The following forms are optional: Equal Employment Opportunity Form Direct Deposit Authorization Form
The following forms are only required if your company is interested in our complimentary compliance service: Alcohol and Controlled Substance Employee's Certified Receipt Certificate of Compliance Motor Vehicle Certification / Annual Review of Driving Record (not needed at time of hire) FMCSR Driver's Receipt Driver Statement of On-Duty Hours

*You are required to comply with the Fair Credit Reporting Act with respect to any consumer reports you are provided by TLC.





Corporate Offices 6160 Summit Drive N., Suite 500 Brooklyn Center, MN 55430 763-585-7000

APPLICATION FOR EMPLOYMENT COMMERCIAL DRIVER

Personnel Office 802 Wabash Ave., Suite 1 Chesterton, IN 46304 Ph 800-926-8440 Fax 219-926-9627

In compliance with Federal and State Equal Employment Opportunity Commission (EEOC) laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, genetic information, or any other protected classification under local, state or federal law.

<u>For As</u>		/ TLC Client Name: TLC Client Address:		A TRANSPORTATION		
Position Applying For: Type of Truck						
Local OTR License Type/Class required: A B C Other					_	
DATE OF APPLICATION:		/ Al.	questions on this fo	rm must be completed. Please	e Print and Use Ink.	
			Social Security Number:			
Last	Firs	t	Middle	Trainibot.		
Address:				County:		
				Home Phone: ()	
				Mobile Phone: ()	
City, State, Zip:				Email Address:		
Address						
For Past Street			City	State & Zip Code	How Long?	
Years						
Street			City	State & Zip Code	How Long?	
Date of Birth / / (Required for Commercial Drivers)	-	Have you applied of Before? ☐ Yes ☐	or worked for TLC	Who referred you to TL		
(Required for Commercial Differs)						
			List any loca	Il, city or county taxes you a	are subject to:	
Do you have the legal right to wo ☐ YES ☐ NO	rk in the Unite	ed States?	List arry loca	ii, city of county taxes you a	are subject to.	
Are you now employed?						
If NO, how long since leaving you	ır last employ	ment:	vvnat school	What school district do you live in?		
	act omploy					
Is there any reason you would no accommodation? (see attached	ot be able to p Essential Jol	perform the functions b Function Workshe	of the job for whic et) □ NO		without reasonable ease explain below:	
		EMERGENC	Y INFORMATIO	N		
	Name:		Relationship:	Phone Number:	City, State:	
In case of emergency, contact:				()		

EMPLOYMENT HISTORY

All drivers must provide the following information on all employers during the preceding three years. List complete address and phone number for each employer. If applying for a position driving a commercial motor vehicle* you must also provide an additional seven years of employment information for those employers for whom the applicant operated a commercial motor vehicle (a total of 10 years). Your present and previous employers will be contacted for the purpose of investigating your safety performance history as required by 391.23 of the FMCSRs.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Present or most recent EMPLOYER	The starting was the most recons	DATES
NAME:		FROM TO MO. YR. MO. YR.
ADDRESS:		POSITION HELD:
CITY:	STATE: ZIP:	SALARY/WAGE:
PHONE #: ()	REASON FOR LEAVING:	Were you subject to the FMCSRs? ☐ Yes ☐ No Were you subject to DOT Drug/Alcohol Testing?
CONTACT PERSON:		☐ Yes ☐ No
EMPLOYER		DATES
NAME:		FROM TO MO. YR. MO. YR.
ADDRESS:		POSITION HELD:
CITY:	STATE: ZIP:	SALARY/WAGE:
PHONE #: ()	REASON FOR LEAVING:	Were you subject to the FMCSRs? ☐ Yes ☐ No
CONTACT PERSON:		Were you subject to DOT Drug/Alcohol Testing? ☐ Yes ☐ No
EMPLOYER		DATES
NAME:		FROM TO MO. YR. MO. YR.
ADDRESS:		POSITION HELD:
CITY:	STATE: ZIP:	SALARY/WAGE:
 PHONE #: ()		Were you subject to the FMCSRs? ☐ Yes ☐ No
CONTACT PERSON:	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing? ☐ Yes ☐ No
EMPLOYER	DATES	
NAME:		FROM TO MO. YR. MO. YR.
ADDRESS:		POSITION HELD:
CITY:	STATE: ZIP:	SALARY/WAGE:
PHONE #: ()		Were you subject to the FMCSRs? ☐ Yes ☐ No
CONTACT PERSON:	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing? ☐ Yes ☐ No
EMPLOYER		DATES
NAME:		FROM TO MO. YR. MO. YR.
ADDRESS:		POSITION HELD:
CITY:	STATE: ZIP:	SALARY/WAGE:
PHONE #: ()		Were you subject to the FMCSRs? ☐ Yes ☐ No
CONTACT PERSON:	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing? ☐ Yes ☐ No

^{*} Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY CONTINUED

EMPLOYER						DAT	ΓES	
NAME:				FROM MO.	YR.		TO MO.	YR.
ADDRESS:				POSITION	I HELD:			
CITY:		STATE: ZIP:		SALARYA	VAGE:			
			Were you ☐ Yes ☐	subject to	the F	MCSRs?		
CONTACT PER	SON:	REASON FOR LEAVING:			subject to	DOT	Drug/Alcoh	nol Testing?
EMPLOYER						DAT	ΓES	
NAME:				FROM MO.	YR.		TO MO.	YR.
ADDRESS:				POSITION	I HELD:			
CITY:		STATE: ZIP:		SALARYA	VAGE:			
PHONE #: ()			Were you ☐ Yes ☐		the F	MCSRs?	
CONTACT PER	SON:	REASON FOR LEAVING:			subject to	DOT	Drug/Alcoh	nol Testing?
EMPLOYER						DAT	ΓES	
NAME:				FROM MO.	YR.		TO MO.	YR.
ADDRESS:				POSITION	I HELD:			
CITY:		STATE: ZIP:		SALARYA	_			
PHONE #: ()			Were you ☐ Yes ☐	subject to	the F	MCSRs?	
		REASON FOR LEAVING:			subject to	DOT	Drug/Alcoh	nol Testing?
		EXPERIENCE AND QUALIFICAT						
	STATE	LICENSE NO.	TY	PE (A, B,	etc.)		EXPIRATION	ON DATE
DRIVER								
LICENSES	ENDODOEMENTO							
ENDORSEMENTS:								
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?YES NO yes to any of these B. Has any license, permit or privilege ever been suspended or revoked? YES NO yes to any of these C. Have you ever been convicted of a felony?				of these please etails on a				
DRIVING EXPERIENCE								
CLASS OF EQU	JIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	F	DAT ROM:	ES TO:			(. NO. MILES OTAL)
STRAIGHT TRUC	K	(7743, 1743), 1 LAT, 210.)	''	. CIVI.	10.		(1	→ 17 12/
TRACTOR AND SEMI-TRAILER								
TRACTOR-TWO T	TRAILERS							
OTHER								
LIST STATES O	DERATED IN FOR LAS	T FIVE YEARS:						

	DRIVING RE			
	PAST FIVE YEARS OR MOR	E (ATTACH SHEE	ET IF MORE SPAC	E IS NEEDED)
DATES	NATURE OF ACCIDENT		FATALITIES	INJURIES
Mo. Day Yr. (H	HEAD-ON, REAR-END, UPSET, I	=1C.)		
NEXT PREVIOUS: / /				
NEXT PREVIOUS: / /				
HOURS OF SERVICE VIOLATION	IS TRAFFIC CONVICTION	NS AND FORFE	ITURES FOR TH	HE PAST FIVE YEARS
TIOCKS OF GERVIOL VIOLATION	(OTHER THAN PARKIN		TORLOT OR TI	IET AOTTIVE TEARO
LOCATION	DATE		CHARGE	PENALTY
	EDUCAT	ION		
CIRCLE HIGHEST GRADE COMPLETED	1 2 3 4 5 6 7 8	HIGH SCHOOL	1 2 3 4	COLLEGE 1 2 3 4
LAST SCHOOL ATTENDED NAME:			DA	TE:
E	XPERIENCE AND QUALI	FICATIONS - C	THER	
SHOW ANY TRUCKING, TRANSPORTATION	OR OTHER EXPERIENCE THAT	MAY HELP IN YOU	JR WORK FOR THIS	S COMPANY:
LIGT COLUDE AND TO ANNING OTHER THA	N THOSE SHOWN ELSEWHER	- 11 110. 4 551. 10.4:	TION	
LIST COURSES AND TRAINING OTHER THA	N THOSE SHOWN ELSEWHERE	E IN THIS APPLICA	HON:	
PLEASE READ AND SIGN BELOW				
This certifies that I completed this application, a	nd that all entries on it and inform	nation in it are true a	nd complete to the be	est of my knowledge.
I authorize you to make such investigations and	l inquiries of my personal, employ	ment. financial and	other related matters	as may be necessary in arriving at
an employment decision. I understand that con reason for termination, accidents, driving record	sumer reports may be requested	from HireRight. The	ese reports may inclu	ide: previous employer verifications,
federal, state or other agencies. I hereby release	se employers, schools, healthcare	providers and othe	r persons from all lial	bility in responding to inquiries and
releasing information in connection with my application. I further authorize The TLC Companies to release any and all information regarding myself to any of its lessees that TLC may consider assigning me to. You have the right to review information provided to us by your previous employers and have any errors				
in such information corrected by your previous employer as stated in section 391.23 (i) of the FMCSRs. Should you wish to review this information you must submit a written request to us, your prospective employer, as stated in section 391.23 (i) of the FMCSRs.				
Lauthorize, per 49 CFR Part 40 of FMCSRs, the	e release of information from mv [OOT regulated drug	and alcohol testing re	ecords by my previous employers to
I authorize, per 49 CFR Part 40 of FMCSRs, the release of information from my DOT regulated drug and alcohol testing records by my previous employers to HireRight for the sole purpose of transmitting such records to The TLC Companies and its representatives/agents/clients. I authorize the release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a				
result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of				
DOT drug and alcohol testing regulations; (v) information obtained from previous employers of drug and alcohol rule violation(s); and (vi) documents, if any, of completion of return-to-duty process following a rule violation. I hereby authorize my worksite employer to submit copies of my current and future drug test				
results to the TLC Companies. This authorization shall expire if and when my worksite employer is no longer a client of the TLC Companies. The information I have authorized HireRight to review involves tests required by the DOT. If any carrier/company/school for whom I was previously employed furnishes				
HireRight with information concerning items (i) through (vi) above, I also authorize that carrier/company/school to release and furnish the dates of my negative drug and/or alcohol tests with results below 0.04 during the three year period and the name and phone number of any substance abuse				
professionals who evaluated me during the pas	, ,	onou and the Haille	and phone number (n arry substante abuse
The TLC Companies participates in E-Verify, which means if you are hired information from your I-9 form will be provided to the Social Security				
Administration, and if necessary, the Department of Homeland Security, to confirm work authorization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and				
regulations of the Company.				

Applicant's Signature

Date



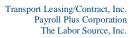
ESSENTIAL JOB FUNCTIONS WORKSHEET, AGILITY TESTING AND PRE - WORK SCREEN

This questionnaire is designed to reflect the physical demands associated with the most common tasks of a driver. Simply check **YES** if you have the ability and **NO** if you do not the ability to safely and regularly perform the task.

	Can you walk up and down a 12" step? Perform sustained work activities including: Loading / unloading freight, walk to / from a truck stop, perform repetitive clutching, perform pre- and post – trip inspections of truck?		Can you Step/Step-Kneel/Kneel? Ability to: With or without a load step up to / down from the cab, the trailer and cat-walk YES NO	
	Can you do the Squats and Sit? Ability to: Perform repeated clutching, breaking, operating foot controls of a truck. Step up to / down from the cab or trailer Perform pre- and post-trip inspections Sit and drive for an 11 hour shift		Can you do a Floor To Waist Lift? Ability to: Load / unload freight Lift and move 100 lbs or more	
	Can you do a Front Carry for 50 feet? Ability to: Carry product /cargo the Length of the trailer YES NO		Shoulder Lift? Ability to: Load / unload freight Raise the hood from the tractor	
	Can you do a Floor to Head Lift of 60 lbs? Ability to: Lift personal gear into the cab (i.e., duffle bag)	T STORAGE TI	Can you do a Horizontal Pull of 100 lbs of force or more? Ability to: Crank the dollies Open / close trailer doors Close / lower tractor hood Enter the tractor and trailer "Pull the 5 th wheel" "Slide the tandem" Utilize a "pallet jack"	
	Can you Crouch? Ability to: Perform pre- and post-trip Inspections of the truck	8043	Can you do a Horizontal Push of 100 lbs of force or more? Ability to: Crank the dollies Open / close trailer doors Utilize a "pallet jack" Operate steering, shifting, other mechanical or hydraulic controls of a truck Perform repetitive motion tasks with hands and wrists	
Prompt and reliable attendance is a job requirement. I understand that any misstatement, omission, falsification or misrepresentation of fact on this form is grounds for withdrawal of the conditional job offer or termination of my employment if already employed. Signature of Applicant Date				

SSN

Printed Name





REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Personnel Operations 802 Wabash Avenue, Suite 1 Chesterton, IN 46304 Ph 219 926 8440 Fax 219 926 9627

1 st Attempt:	2 nd Attempt	:	
3 rd Attempt:	4 th Attempt:		
to the TLC Companies for the purposes of inves Carrier Safety Regulations. This information in and employment information. You are releas	tigation as required by 49 CFR Parts 3 cludes DOT drug and alcohol (includi ed from any and all liability which n	ast 3 years, to release the following information 91.23, 382.413, and 40.25 of the Federal Motoring pre-employment testing) records, accident, may result from furnishing such information. A DEMPLOYER FOR WHOM THE APPLICANT HAS	
Date Applicant's Signature	Applicant's Printed Nan	ne Last 4 digits of SSN	
Previous Employer Name:Address:*Applicant: Do NOT complete anything below	Phone	/Fax#: p#:	
	ny as a(n)	nies, for a commercial driver position and states from to We v.	
Please return form via fax to 219-926-9627 Att	ention:	, TLC Customer Service Rep.	
1. Please <u>list</u> all employment dates:		and position:	
2. Did he/she drive a motor vehicle for you?	Straight Truck Tractor Trailer	Bus Other	
3. If tractor-trailer, what type of trailer? Dr	y van 🗌 Flatbed 🗌 Reefer 🗌 Hoppe	r 🗌 Dump 🔲 Lowboy 🔲 Tanker 🔲 Container	
4. Type of driving: Local Regional	OTR		
5. Was he/she on time and dependable?	Yes No		
6. Reason for leaving employ: Discharged;	reason	Resigned Layoff Leave of Absence	
7. Is he/she eligible for re-hire?	No *If No, please explain:		
8. Please advise of any injuries, illnesses or pre	scribed medications:		
9. Did he/she have any DOT reportable accider fatalities, property damage, hazardous spills, etc.):	nts? Yes No *If YES, please p	rovide details (specify dates, fault, # of injuries,	
10. Comments regarding safety habits, awards	, work ethics, skills, attitude, ability to	perform job functions, etc.:	
test pos refuse t violate any	4 or greater for alcohol? sitive for a Controlled Substance? o be tested while in your employ? o other Drug/Alcohol prohibitions? or alcohol test for a previous employer	Yes No Yes No Yes No Yes No Yes No No No	
If YES to any of the above questions, please pr	ovide date test was failed or refused:		
If YES to the above, did the driver follow the m	andatory treatment steps?		
Person providing verification, please sign below	v:		
SIGNATURE:	PRINTED NAME/TITLE:	DATE:	



Corporate Offices 6160 Summit Drive N., Suite 500 Brooklyn Center, MN 55430 763-585-7000

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

☐ Transport Leasing/Contract, Inc.
☐ Payroll Plus Corporation
☐ The Labor Source, Inc.

Personnel Office 802 Wabash Ave., Suite 1 Chesterton, IN 46304 Ph 800-926-8440 Fax 219-926-9627

Please read carefully and completely before signing

Disclosure:

As part of your application for employment or your interest in being qualified as a contractor with The TLC Companies (the "Company"), the Company intends to obtain a consumer report and criminal background screen from consumer reporting agencies such as HireRight, Asurint, and/or US Information Search. These consumer reports will be used for employment purposes within the meaning of the Fair Credit Reporting Act (the "FCRA"). To the extent you enter into an employment or contractual relationship with the Company, the Company may periodically obtain updated consumer reports and criminal background screens. Among the reports that may be procured by the Company are reports from the Pre-Employment Screening Program (PSP) conducted by the Federal Motor Carrier Safety Administration (the information obtained from this program is hereinafter referred to as a "PSP Report").

As required by the FCRA, this disclosure is to inform you that a consumer report, including information as to character, general reputation, personal characteristics, and mode of living, whichever are applicable, may be procured from time to time. Such reports may contain public information concerning your driving record, safety record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies, which maintain such records. Consumer reports and background checks are conducted only in accordance with state and local laws.

Should the information received in the consumer report be the reason in whole or in part for any adverse action taken against you by the Company, you may obtain a free copy of the consumer report from the consumer reporting agency so long as the report is requested within 60 days of notification of the adverse action. You have the right to dispute the accuracy or completeness of any information contained in the consumer report furnished by the consumer reporting agency.

Authorization:

This signed Authorization is my authorization and consent for the Company to procure a PSP report for pre-employment screening only, consumer reports and criminal background reports from a consumer reporting agency from time to time as required by the Company for employment or contract purposes.

This authorization shall remain on file and shall serve as on-going authorization for the Company to procure consumer and criminal background reports at any time during my employment or contractual relationship and the qualification process with respect thereto. I understand that, upon termination of my employment or contract for any reason, this authorization shall be destroyed and of no further effect.

I hereby certify that I have read the foregoing and understand the contents of this Disclosure and Authorization. I also understand the remedies available to me should I disagree with the Consumer Reporting Agency with respect to the consumer report.

Signature:	Date:
Printed Name:	Last 4 digits of Social Security Number: