



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.

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		DATES	
NAME:		FROM MO.	YR. TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
PHONE #: ()	REASON FOR LEAVING:		SALARY/WAGE:
CONTACT PERSON:			Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYER		DATES	
NAME:		FROM MO.	YR. TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
PHONE #: ()	REASON FOR LEAVING:		SALARY/WAGE:
CONTACT PERSON:			Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYER		DATES	
NAME:		FROM MO.	YR. TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
PHONE #: ()	REASON FOR LEAVING:		SALARY/WAGE:
CONTACT PERSON:			Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYER		DATES	
NAME:		FROM MO.	YR. TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
PHONE #: ()	REASON FOR LEAVING:		SALARY/WAGE:
CONTACT PERSON:			Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYER		DATES	
NAME:		FROM MO.	YR. TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
PHONE #: ()	REASON FOR LEAVING:		SALARY/WAGE:
CONTACT PERSON:			Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> 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		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	SALARY/WAGE:	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:		Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	SALARY/WAGE:	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:		Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	SALARY/WAGE:	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:		Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EXPERIENCE AND QUALIFICATIONS - DRIVER				
DRIVER LICENSES	STATE	LICENSE NO.	TYPE (A, B, etc.)	EXPIRATION DATE
	ENDORSEMENTS:			
<p>A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?.....YES <input type="checkbox"/> NO <input type="checkbox"/> <i>**If you answered yes to any of these questions please provide details on a separate sheet**</i></p> <p>B. Has any license, permit or privilege ever been suspended or revoked?YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>C. Have you ever been convicted of a felony?.....YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(If you are a Massachusetts resident or if you are applying for work in Hawaii, Illinois, Minnesota, New Jersey, New York City NY, Rhode Island, Buffalo NY, or Philadelphia PA, you may disregard the felony question. Answering Yes to this question will not automatically disqualify you from being hired.)</i></p> <p>D. Have you tested positive for, or refused to take, a pre-employment or random Drug and/or Alcohol test in the past Three (3) years?.....YES <input type="checkbox"/> NO <input type="checkbox"/></p>				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. MILES (TOTAL)
		FROM:	TO:	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

DRIVING RECORD

ACCIDENT RECORD FOR PAST FIVE YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES			NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
Mo.	Day	Yr.			
LAST ACCIDENT:	/	/			
NEXT PREVIOUS:	/	/			
NEXT PREVIOUS:	/	/			

**HOURS OF SERVICE VIOLATIONS, TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST FIVE YEARS
(OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

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:													DATE:				

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST COURSES AND TRAINING OTHER THAN THOSE SHOWN ELSEWHERE IN THIS APPLICATION:

PLEASE READ AND SIGN BELOW

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at an employment decision. I understand that consumer reports may be requested from HireRight. These reports may include: previous employer verifications, reason for termination, accidents, driving records, workers compensation claims, etc. I further understand that such reports may contain information from federal, state or other agencies. I hereby release employers, schools, healthcare providers and other persons from all liability 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.

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 past three years.

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.











Date

Applicant's Signature



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.

	<p>Can you walk up and down a 12" step?</p> <p>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?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>Can you Step/Step-Kneel/Kneel?</p> <p>Ability to: With or without a load step up to / down from the cab, the trailer and cat-walk</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>Can you do the Squats and Sit?</p> <p>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</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>Can you do a Floor To Waist Lift?</p> <p>Ability to: Load / unload freight Lift and move 100 lbs or more</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>Can you do a Front Carry for 50 feet?</p> <p>Ability to: Carry product /cargo the Length of the trailer</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>Shoulder Lift?</p> <p>Ability to: Load / unload freight Raise the hood from the tractor</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>Can you do a Floor to Head Lift of 60 lbs?</p> <p>Ability to: Lift personal gear into the cab (i.e., duffle bag)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>Can you do a Horizontal Pull of 100 lbs of force or more?</p> <p>Ability to: Crank the dollies Open / close trailer doors Close / lower tractor hood Enter the tractor and trailer "Pull the 5th wheel" "Slide the tandem" Utilize a "pallet jack"</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>Can you Crouch?</p> <p>Ability to: Perform pre- and post-trip Inspections of the truck</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>Can you do a Horizontal Push of 100 lbs of force or more?</p> <p>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</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

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

Printed Name

SSN



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: _____