



Corporate Office
 6160 Summit Drive N., Ste. 500
 Brooklyn Center, MN 55430 877-248-8360

DRIVER'S APPLICATION FOR EMPLOYMENT

TLC Payroll Plus Corporation

811 Washington Ave.
 PO Box 1168
 Detroit Lakes, MN 56502-1168
 800-825-3832 Fax 877-227-8080

Transport Leasing Contract, Inc.

325 South Calumet Road, Suite 1
 Chesterton, IN 46304
 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, marital status, or non-job-related disability.

For Assignment To / TLC Client Name: _____
 TLC Client Address: _____

Position Applying For: _____ Type of Truck _____
 Local ___ OTR ___ License Type/Class required: A B C Other _____

DATE OF APPLICATION: ___/___/___

All questions on this form must be completed. Please Print and Use Ink.

Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;">Last First Middle</small>			Social Security Number: _____			
Address: _____			County: _____			
City, State, Zip: _____			Home Phone Number: () _____			
Address For Past Three Years	Street _____		City _____		State & Zip Code _____	How Long? _____
	Street _____		City _____		State & Zip Code _____	How Long? _____
Date of Birth ___/___/___ <small>(Required for Commercial Drivers)</small>		Height _____	Weight _____	Have you applied or worked for TLC before? <input type="checkbox"/> Yes <input type="checkbox"/> No Who referred you to TLC? _____		

Do you have the legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	List any local, city or county taxes you are subject to: _____
Are you now employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, how long since leaving your last employment? _____	What school district do you live in? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached driver job description)? YES NO If YES, please explain below.

EMERGENCY INFORMATION				
In case of emergency, contact:	Name	Relationship	Phone Number	City, State
			() _____	

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 such 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:	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	
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	

* 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

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	EXPIRATION DATE	

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

B. Has any license, permit or privilege ever been suspended or revoked? YES NO

C. Have you ever been convicted of a felony? YES NO

D. Have you ever tested positive for, or refused to take, a pre-employment or random Drug and/or Alcohol test in the past **Three (3) years**? YES NO

If you answered yes to any of these questions please provide details on a separate sheet

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:	/	/			
NEXT PREVIOS:	/	/			

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:

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN):

TO BE READ AND SIGNED BY APPLICANT

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. Specifically, I understand that consumer reports may be requested from DAC Services. These reports may include the following types of information: previous employers, dates of service, reason for termination, accidents, etc. I further understand that such reports may contain from federal, state or other agencies, information concerning my driving record, criminal record, workers' compensation claims, etc. 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 TLC 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 (f) of the FMCSRs.

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



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REQUEST FOR INFORMATION FROM A PREVIOUS EMPLOYER

Transport Leasing Contract, Inc.

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800-926-8440 Fax 219-926-9627

Corporate Offices
6160 Summit Drive N., Ste. 500
Brooklyn Center, MN 55430 877-248-8360

I hereby authorize you, a DOT Regulated Employer for whom I have worked in the last 3 years, to release the following information to The TLC Companies for purposes of investigation as required by Sections 391 and 382 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information. A SEPARATE FORM MUST BE SIGNED BY THE APPLICANT FOR EACH DOT REGULATED EMPLOYER FOR WHOM THE APPLICANT HAS WORKED IN THE LAST THREE (3) YEARS (FMCSR 40.321).

Date Applicant's Signature Applicant's Printed Name

Previous Employer Name: Address: Fax #: Phone #:

The individual named below has applied to our company for a position as a Commercial driver and states that he/she was employed by your company as a(n) from to. We appreciate your time in completing, in confidence, the information requested below.

Please return form via fax to 219-926-9627 Attention: TLC Customer Service Rep.

Form with 14 numbered questions regarding applicant information, employment details, and safety records. Includes checkboxes for Yes/No and a signature line at the bottom.



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RELEASE & CONSENT FORM
 CONSUMER REPORTS
 USIS/DAC SERVICES

Transport Leasing Contract, Inc.
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PART 1 – DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by my previous employers to USIS 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 USIS to review involves tests required by the DOT. If any carrier/company/school for whom I was previously employed furnishes USIS 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.

Applicant Name – Printed: _____ **Applicant Signature:** _____

Social Security Number: _____ **Date:** _____

PART 2 – CONSUMER REPORT DISCLOSER AND RELEASE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services or other Consumer Reporting Agencies ("CRA"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drug/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain such records; as well as information from CRA concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to CRA, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that CRA previously furnished within the three-year period preceding your request. The TLC Companies can be contacted by mail at 325 S. Calumet Road, Suite 1, Chesterton, IN, 46304 or by phone at 1-800-926-8440.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTRACTED BY CRA, TO FURNISH THE ABOVE-MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART 1.

I hereby consent to your obtaining the above information from CRA, and I agree that such information which CRA has or obtains, and my employment history (not Drug and Alcohol information without a specific consent from me) with you if I am hired, will be supplied by CRA to other companies which subscribe to CRA. I hereby authorize procurement of consumer report(s). If hired or contracted this authorization, for Part 2 reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Applicant Name-Printed: _____ **Applicant Signature:** _____



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ESSENTIAL JOB FUNCTIONS WORKSHEET COMMERCIAL TRUCK DRIVER (CLASS A & B)

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The following are physical requirements pertaining to the job(s) for which you are applying. These bona fide physical requirements are essential functions of the job and are in addition to the skill, certification, years of experience and other qualifications required to perform the job(s) for which you have applied.

Please be aware that all persons may be required to furnish health condition information and if necessary, submit to an examination by a company-designated physician. This information will be used to determine appropriate job placement. It shall not be used to disqualify an otherwise qualified person who may have a mental or physical disability.

These statements/questions pertain only to the essential functions of the job for which you are applying.

1. Can you sit and drive as is required for an 11-hour shift?
 YES NO
2. Can you perform repetitive motion tasks with your hands and wrists?
 YES NO
3. Can you push and pull levers or objects that require 100 lbs. of force or more?
 YES NO
4. Do you have free and continual movement of your legs and feet as required to safely operate a clutch, brake and gas pedal or foot controls of a truck?
 YES NO
5. If required, are you able to you reach and lift 60 lbs. above your head?
 YES NO
6. Can you climb stairs to safely get in an out of a truck or with a load regularly?
 YES NO
7. Can you grip, grasp and twist using your hands and wrists constantly as is required to safely operate the steering, shifting or other mechanical or hydraulic controls of a truck?
 YES NO
8. If required, are you able to lift and move 100 lbs. or more?
 YES NO

For any No answers to the above questions, please explain:

I understand that any misstatement, omission, falsification, or misrepresentation of fact on this form is ground for withdrawal of the conditional job offer or termination of employment if already employed.

Signature of Employee

Date

Printed Name

Social Security Number



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**PERSONAL & CONFIDENTIAL
CONDITIONAL JOB OFFER & MEDICAL REVIEW**

Offeree note: This form is to be completed only after you have been given an offer of employment.

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Offeree Name	Position	Date of Job Offer
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I understand that I have been offered a job with your organization conditioned upon my completion of this form and your determination, after reviewing this completed form, that the job offer should be made unconditional. I understand that any misstatement, omission, falsification, or misrepresentation of fact on this form or any other employment-related form is grounds for withdrawal of the conditional job offer, or termination of employment if assigned to a job. I further understand that this information is considered personal, confidential and medical in nature and will be treated as such by handling it confidentially in strict compliance with the Americans with Disabilities Act.

1. Have you had any on the job injuries? No Yes

If Yes, for each injury list date of injury, employer at the time, cause of injury, how much time off from work, body part involved, and percentage of disability if applicable:

2. Do you have or have you ever had any other injuries or illnesses, not on the job, which resulted in surgery, lost time from work, or hospitalization? No Yes

If Yes, for each injury/illness list date, cause, body part involved, how much time off from work and if there is any continuing treatment at this time:

3. Are you currently taking any prescribed medications? No Yes

If Yes, list what medications you are currently taking, for what condition you are taking the medication, and any side effects the medications have:

4. Do you currently have any medical restrictions, or medical conditions requiring special care? (i.e. diabetes, seizures, allergic reactions, etc.)

No Yes

If Yes, please explain:

5. Are you currently under a doctor or chiropractor's care? No Yes

If Yes, please explain (including type of treatment and current restrictions):

6. Have you ever had any problems affecting your wrists, back, neck, shoulders or knees that would affect your ability to perform the duties of the position with or without reasonable accommodations? No Yes

If Yes, please explain:

I hereby certify that the information contained on this form is true and correct and that there are no omissions. I authorize any physician, medical facility, past employers, and/or privileged agency by TLC, Inc. to furnish or verify workers compensation and medical information.

Signature of Employee

Date

Social Security Number