



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

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

## APPLICATION FOR EMPLOYMENT COMMERCIAL DRIVER

**Personnel Office**  
2650 Barley Rd.  
Suite 110  
Valparaiso, IN 46383  
Ph 800-926-8440

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.

For Co-Employment with/ 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: _____ Last First Middle		Social Security Number: _____	
Address: _____		County: _____	
City, State, Zip: _____		Home Phone: ( ) Can this phone receive text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO Mobile Phone: ( ) Can this phone receive text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO Email: _____	
<b>Address For Past Three Years</b>	Street City State & Zip Code		How Long?
	Street City State & Zip Code		How Long?
Date of Birth ____/____/____ (Required for Commercial Drivers)		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 <i>would not</i> be able to perform the functions of the job for which you are applying, with or without reasonable accommodation? (see attached Essential Job Function Worksheet) <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, please explain below: _____ _____	

### EMERGENCY INFORMATION

In case of emergency, contact:	Name: _____	Relationship: _____	Phone Number: _____ ( )	City, State: _____
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## 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:		Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PHONE #: (       )	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:			
EMPLOYER		DATES	
NAME:		FROM MO.                      YR.	TO MO.                      YR.
ADDRESS:		POSITION HELD:	
CITY:                      STATE:                      ZIP:		Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PHONE #: (       )	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:			
EMPLOYER		DATES	
NAME:		FROM MO.                      YR.	TO MO.                      YR.
ADDRESS:		POSITION HELD:	
CITY:                      STATE:                      ZIP:		Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PHONE #: (       )	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:			
EMPLOYER		DATES	
NAME:		FROM MO.                      YR.	TO MO.                      YR.
ADDRESS:		POSITION HELD:	
CITY:                      STATE:                      ZIP:		Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PHONE #: (       )	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:			
EMPLOYER		DATES	
NAME:		FROM MO.                      YR.	TO MO.                      YR.
ADDRESS:		POSITION HELD:	
CITY:                      STATE:                      ZIP:		Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PHONE #: (       )	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:			

\* 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:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PHONE #: (       )	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:			

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

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

## **EXPERIENCE AND QUALIFICATIONS - DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE (A, B, etc.)	EXPIRATION DATE
	ENDORSEMENTS:			

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 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	FATALITIES	INJURIES
Mo.	Day	Yr.	(HEAD-ON, REAR-END, UPSET, ETC.)		
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:

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

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**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 consumer reporting agencies such as HireRight. These reports may include: previous employer verifications, reasons 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 TLC's Worksite Employer clients with which I may be co-employed. 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 have the ability to safely and regularly perform the task with or without reasonable accommodation.

	<p>1. 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>2. 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>3. 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>4. 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>5. 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>6. Can you do a 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>7. 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>8. 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 5<sup>th</sup> wheel" "Slide the tandem" Utilize a "pallet jack"</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>9. 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>10. 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

Last 4 digits of SSN



## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

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

Personnel Operations  
2650 Barley Road, Suite 110  
Valparaiso, IN 46383  
Ph 800 926 8440  
Fax 219 926 9627

1<sup>st</sup> Attempt: \_\_\_\_\_

2<sup>nd</sup> Attempt: \_\_\_\_\_

3<sup>rd</sup> Attempt: \_\_\_\_\_

4<sup>th</sup> Attempt: \_\_\_\_\_

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 the purposes of investigation as required by 49 CFR Parts 391.23, 382.413, and 40.25 of the Federal Motor Carrier Safety Regulations. This information includes DOT drug and alcohol (including pre-employment testing) records, accident, and employment information. 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.

\_\_\_\_\_  
Date                      Applicant's Signature                      Applicant's Printed Name                      Last 4 digits of SSN

Previous Employer Name: \_\_\_\_\_ Email/Fax#: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

\*Applicant: Do NOT complete anything below this line.

The individual named above has applied to our company, or one of our client companies, for a commercial driver position 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.

1. Please <u>list</u> all employment dates:		and position:	
2. Did he/she drive a motor vehicle for you? <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Other _____			
3. If tractor-trailer, what type of trailer? <input type="checkbox"/> Dry van <input type="checkbox"/> Flatbed <input type="checkbox"/> Reefer <input type="checkbox"/> Hopper <input type="checkbox"/> Dump <input type="checkbox"/> Lowboy <input type="checkbox"/> Tanker <input type="checkbox"/> Container			
4. Type of driving: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> OTR			
5. Was he/she on time and dependable? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Reason for leaving employ: <input type="checkbox"/> Discharged; reason _____ <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Leave of Absence			
7. Is he/she eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No *If No, please explain: _____			
8. Did he/she have any DOT reportable accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No *If YES, please provide details (specify dates, fault, # of injuries, fatalities, property damage, hazardous spills, etc.):			
9. Comments regarding safety habits, awards, work ethics, skills, attitude, ability to perform job functions, etc.:			
10. In the past <u>3 years</u> did he/she:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
test 0.04 or greater for alcohol?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
test positive for a Controlled Substance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
refuse to be tested while in your employ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
violate any other Drug/Alcohol prohibitions?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
To your knowledge fail a drug or alcohol test for a previous employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES to any of the above questions, please provide date test was failed or refused: _____			
If YES to the above, did the driver follow the mandatory treatment steps? _____			
Person providing verification, please sign below:			
SIGNATURE: _____		PRINTED NAME/TITLE: _____	DATE: _____

General Consent for Limited Queries of the  
Federal Motor Carrier Safety Administration (FMCSA)  
Drug and Alcohol Clearinghouse

I, \_\_\_\_\_ (Driver Name), hereby provide consent to Transport Leasing/Contract, Inc., Payroll Plus Corporation or The Labor Source, Inc. (hereafter the "TLC Companies") to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. The query right shall be unlimited for the duration of my co-employment by the TLC Companies.

I understand that if the limited query conducted by the TLC Companies indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the TLC Companies without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the TLC Companies to conduct a limited query of the Clearinghouse, the TLC Companies must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
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**  
2650 Barley Rd., Ste. 110  
Valparaiso, IN 46383  
Ph 800-926-8440  
Fax 219-926-9627

Please read carefully and completely before signing

Disclosure:

As part of your application for employment with TLC client and co-employment by The TLC Companies (the "Company"), the Company intends to obtain a consumer report and criminal background screen from one or more consumer reporting agencies. 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 a co-employment or contractual relationship with the Company, the Company may periodically obtain updated consumer reports and criminal background screens.

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 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: \_\_\_\_\_