



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
 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.

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: () Mobile Phone: () | |
| Email Address: _____ | | | |
| 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> | | 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: _____ |

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"/></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"/> <small>(If you are a Massachusetts resident or if you are applying for work in Hawaii, Illinois, Minnesota, Rhode Island, Buffalo NY, Philadelphia PA, or Newark NJ you may disregard the felony question. Answering Yes to this question will not automatically disqualify you from being hired.)</small></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> | | | | <p>**If you answered yes to any of these questions please provide details on a separate sheet**</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 | 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:

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** _____

Revised 01/03/13