



**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="text-align: center;">Last                      First                      Middle</small>			Social Security Number: _____	
Address: _____			County: _____	
City, State, Zip: _____			Home Phone Number: (     ) _____	
<b>Address For Past Three Years</b>	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 <input type="checkbox"/> NO <input type="checkbox"/> B. Has any license, permit or privilege ever been suspended or revoked?                      YES <input type="checkbox"/> NO <input type="checkbox"/> C. Have you ever been convicted of a felony?    YES <input type="checkbox"/> NO <input type="checkbox"/> D. Have you ever tested positive for, or refused to take, a pre-employment or random Drug and/or Alcohol test in the past <b>Three (3) years</b> ?    YES <input type="checkbox"/> NO <input type="checkbox"/>			<b>**If you answered yes to any of these questions please provide details on a separate sheet**</b>	

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				

<b>LIST STATES OPERATED IN FOR LAST FIVE YEARS:</b>
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**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 PREVIOUS:	/	/			

**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 (i) 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





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

**RELEASE & CONSENT FORM**  
 CONSUMER REPORTS  
 USIS/DAC SERVICES

**TLC Payroll Plus Corporation**  
 811 Washington Ave.  
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 Detroit Lakes, MN 56502-1168  
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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 DISCLOSURE 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:** \_\_\_\_\_



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

**TLC Payroll Plus Corporation**  
811 Washington Ave.  
PO Box 1168  
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**Corporate Office**  
6160 Summit Drive N., Ste. 500  
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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:*

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*Prompt and reliable attendance is a job requirement.  
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.

**Transport Leasing Contract, Inc.**  
325 South Calumet Road, Suite 1  
Chesterton, IN 46304  
800-926-8440 Fax 219-926-9627

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:

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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:

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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:

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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:

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5. Are you currently under a doctor or chiropractor's care?  No  Yes  
If Yes, please explain (including type of treatment and current restrictions):

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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:

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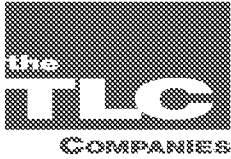
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*I hereby certify that the information contained on this form is true and correct and that there are no omissions. I authorize any physician, medical facility, past employers, and/or privileged agency by TLC, Inc. to furnish or verify workers compensation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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number



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

**TLC Payroll Plus Corporation**

357 4<sup>th</sup> Street  
 Audubon, MN 56511  
 800-825-3832 Fax 218-439-3237

## PRE-EMPLOYMENT URINALYSIS CONSENT AGREEMENT

**Transport Leasing Contract, Inc.**

325 South Calumet Road, Suite 1  
 Chesterton, IN 46304  
 800-926-8440 Fax 219-926-9627

The Federal Motor Carrier Safety Regulations Title 49 United States Code of Federal Regulations, Section 382.301, Pre-employment testing requirement apply to driver-applicants of this company.

### 382.301 Pre-employment testing requirements

- (a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- (c) Prior to collection of a urine sample under 382.113 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my Employment Application, I consent to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-employment Urinalysis Consent Agreement.

\_\_\_\_\_  
 Applicant's Name (Print)

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Month Day Year

**Witnessed By:**

\_\_\_\_\_  
 Company Representative's Signature

\_\_\_\_\_  
 Month Day Year