



APPLICATION FOR EMPLOYMENT
COMMERCIAL DRIVER

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

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.

Form section containing Name, Social Security Number, Address, County, Home Phone, Mobile Phone, Email, City, State, Zip, Address For Past Three Years, Date of Birth, and Who referred you to TLC?

Form section containing Do you have the legal right to work in the United States?, Are you now employed?, List any local, city or county taxes you are subject to?, What school district do you live in?, and Is there any reason you would not be able to perform the functions of the job for which you are applying...

EMERGENCY INFORMATION section containing Name, Relationship, Phone Number, and City, State.

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: | | | |
| <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 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: |
|---|

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., duffel 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 5th 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

1st Attempt: _____

2nd Attempt: _____

3rd Attempt: _____

4th 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.*

DateApplicant's SignatureApplicant's Printed NameLast 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: | |
| 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