





## 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:	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 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 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 align="right"><i>**If you answered yes to any of these questions, please provide details on a separate sheet**</i></p>				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. MILES
		FROM:	TO:	(TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS:
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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	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 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 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.


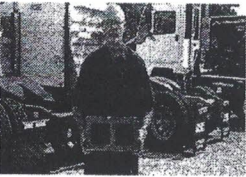
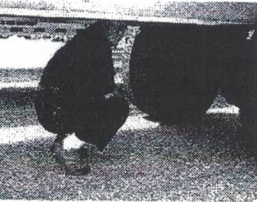
Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_





### 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.

	<p><b>1. Can you walk up and down a 12" step?</b></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><b>2. Can you Step/Step-Kneel/Kneel?</b></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><b>3. Can you do the Squats and Sit?</b></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><b>4. Can you do a Floor to Waist Lift?</b></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><b>5. Can you do a Front Carry for 50 feet?</b></p> <p>Ability to: Carry product / cargo the Length of the trailer</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p><b>6. Can you do a Shoulder Lift?</b></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><b>7. Can you do a Floor to Head Lift of 60 lbs?</b></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><b>8. Can you do a Horizontal Pull of 100 lbs of force or more?</b></p> <p>Ability to: Crank the dollies Open / close trailer doors Close / lower tractor hood Enter the tractor and trailer "Pull the 5" wheel" "Slide the tandem" Utilize a "pallet jack"</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p><b>9. Can you Crouch?</b></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><b>10. Can you do a Horizontal Push of 100 lbs of force or more?</b></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

Revised 12/8/16





## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

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

Personnel Operations  
802 Wabash Avenue, Suite 1  
Chesterton, IN 46304  
Ph 219 926 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. Please advise of any injuries, illnesses or prescribed medications:			
9. 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.):			
10. Comments regarding safety habits, awards, work ethics, skills, attitude, ability to perform job functions, etc.:			
11. 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: _____	





**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**  
802 Wabash Ave., Suite 1  
Chesterton, IN 46304  
Ph 800-926-8440  
Fax 219-926-9627

**Please read carefully and completely before signing**

Disclosure:

As part of your application for employment or your interest in being qualified as a contractor with The TLC Companies (the "Company"), the Company intends to obtain a consumer report and criminal background screen from consumer reporting agencies such as HireRight, Asurint, Accurate Background, and/or US Information Search. 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 an 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: \_\_\_\_\_

Revised 5/31/17





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

## COMMERCIAL DRIVERS - EMPLOYEE REPRESENTATION AGREEMENT

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

Personnel Office  
802 Wabash Ave., Suite 1  
Chesterton, IN 46304  
Ph 800-926-8440  
Fax 219-926-9627

I understand and accept that the following are conditions of being an employee of The TLC Companies ("TLC"):

1. I will adhere to Federal and State Department of Transportation regulations.
2. I am an employee of TLC on loan/lease to the Lessee to whom I am assigned.
3. Any on-the-job injury I suffer will be immediately reported to TLC so they may file a worker's compensation report of injury to the Indiana Worker's Compensation Board.
4. I shall call in for reassignment within 72 hours if the Lessee that I am assigned to goes out of business; the Lessee releases me for lack of work; the Lessee has a temporary work slowdown; the Lessee discharges me; or I quit my assignment with Lessee. If I do not call TLC I will be classified as a 'voluntary termination' for unemployment compensation claim purposes. Reassignment Phone Number is 1-800-926-8440
5. There shall be no alterations or repairs done on any of Lessee's equipment without Lessee's prior approval.
6. Any unauthorized alteration of this agreement by Employee or Client, will make the agreement null and void and employment with TLC Companies will terminate immediately.
7. I acknowledge having received, agree to familiarize myself with and acknowledge my responsibilities under the Federal Motor Carrier Safety Regulations Pocketbook and the Employee Handbook

**With my signature below, I hereby certify that I have read and understand this EMPLOYEE REPRESENTATION.**

**I ALSO ACKNOWLEDGE THAT I WAS GIVEN A COPY OF THIS SIGNED EMPLOYEE REPRESENTATION FOR MY RECORDS. If any of the conditions do not meet with my approval, I will not accept employment or will resign my employment immediately.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_



# Form W-4 (2017)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	A	_____
B	Enter "1" if: <div><div>• You're single and have only one job; or</div><div>• You're married, have only one job, and your spouse doesn't work; or</div><div>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div> . . . . .	B	_____
C	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	C	_____
D	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	D	_____
E	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	E	_____
F	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note:</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have two to four eligible children or <b>less "2"</b> if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. . . . .	G	_____
H	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____

For accuracy, complete all worksheets that apply.

• If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.

• If you are **single** and have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.

• If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>		<b>2017</b>		
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6		\$
7 I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)



**Deductions and Adjustments Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details . . . . .	1	\$	_____
2	Enter: { \$12,700 if married filing jointly or qualifying widow(er) \$9,350 if head of household \$6,350 if single or married filing separately } . . . . .	2	\$	_____
3	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	3	\$	_____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	4	\$	_____
5	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.) . . . . .	5	\$	_____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest) . . . . .	6	\$	_____
7	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	7	\$	_____
8	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .	8		_____
9	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	9		_____
10	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	10		_____

**Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**

**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	1	_____
2	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	2	_____
3	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	3	_____

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet . . . . .	4	_____
5	Enter the number from line 1 of this worksheet . . . . .	5	_____
6	<b>Subtract</b> line 5 from line 4 . . . . .	6	_____
7	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	7	\$ _____
8	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	9	\$ _____

**Table 1****Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



# NC-4 Employee's Withholding Allowance Certificate

**PURPOSE** - Complete Form NC-4, **Employee's Withholding Allowance Certificate**, so that your employer can withhold the correct amount of State income tax from your pay. **If you do not provide an NC-4 to your employer, your employer is required to withhold based on single with zero allowances.**

**FORM NC-4 EZ** - You may use this form if you intend to claim either: exempt status, or the N.C. standard deduction and no tax credits or only the credit for children.

**FORM NC-4 NRA** - If you are a nonresident alien you must use Form NC-4 NRA.

**FORM NC-4 BASIC INSTRUCTIONS** - Complete the **Allowance Worksheet**. The worksheet will help you figure the number of withholding allowances you are entitled to claim. The worksheet is provided for employees to adjust their withholding allowances based on N.C. itemized deductions, federal adjustments to income, N.C. additions to federal adjusted gross income, N.C. deductions from federal adjusted gross income, and N.C. tax credits. However, you may claim fewer allowances if you wish to increase the tax withheld during the year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs. Exception: When an individual ceases to be head of household after maintaining the household for the major portion of the year, a new NC-4 is not required until the next year.

**TWO OR MORE JOBS** - If you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using one Form NC-4 Allowance Worksheet. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other. You should also refer to the Multiple Jobs Table to determine the additional amount to be withheld on line 2 of Form NC-4 (See Allowance Worksheet).

**NONWAGE INCOME** - If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form NC-40 to avoid underpayment of estimated tax interest. Form NC-40 is available on our website at [www.dornc.com](http://www.dornc.com) under individual income tax forms.

**HEAD OF HOUSEHOLD** - Generally you may claim head of household status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. Note: "Head of Household" for State tax purposes is the same as for federal tax purposes.

**SURVIVING SPOUSE** - You may claim surviving spouse status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

1. Your home is maintained as the main household of a child or stepchild for whom you can claim a federal exemption; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

**MARRIED TAXPAYERS** - For married taxpayers, both spouses must agree as to whether they will each complete the Allowance Worksheet based on married filing jointly or married filing separately.

- For married taxpayers completing the Allowance Worksheet based on married filing jointly, you will consider the sum of both spouses' incomes, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.
- For married taxpayers completing the worksheet on the basis of married filing separately, each spouse will consider only his or her portion of income, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.

**All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.**

**CAUTION:** If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Cut here and give this certificate to your employer. Keep the top portion for your records.

# NC-4 Employee's Withholding Allowance Certificate

1. **Total number of allowances you are claiming**  
(Enter zero (0), or the number of allowances from Page 2, line 16 of the NC-4 Allowance Worksheet)

2. **Additional amount, if any, withheld from each pay period** (Enter whole dollars)

Social Security Number		Marital Status			
<input type="radio"/> Single <input type="radio"/> Head of Household <input type="radio"/> Married or Surviving Spouse					
First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)		M.I.	Last Name		
Address		County (Enter first five letters)			
City	State	Zip Code (5 Digit)	Country (If not U.S.)		

Employee's Signature

Date

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on line 1 above.





**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)
<p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page







Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority		<div>QR Code - Sections 2 &amp; 3 Do Not Write in This Space</div>		
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---



## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	<b>OR</b>	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li>For persons under age 18 who are unable to present a document listed above:</li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<b>AND</b>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.





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

**EQUAL EMPLOYMENT OPPORTUNITY FORM  
EEOC**

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

**Personnel Office**  
802 Wabash Ave., Suite 1  
Chesterton, IN 46304  
Ph 800-926-8440  
Fax 219-926-9627

TLC files annual reports with the U.S. Department of Labor that identifies the makeup of our workforce. To assist us with this effort we request employees self-identify who they are. This is strictly voluntary and our employers are under no obligation to provide this information to us. However, the information does help us to improve the accuracy of the information we provide to the U.S. Department of Labor. Although, you are under no obligation to do so, we would appreciate your completing and returning this form to us. Thank you.

\_\_\_\_\_  
**Employee Name (please print)**

\_\_\_\_\_  
**Client Leased To (if applicable)**

**Sex:** ☐ Male ☐ Female

**Race:** ☐ White/Caucasian (not of Hispanic origin)  
☐ Black/African American  
☐ American Indian or Alaskan Native  
☐ Native Hawaiian or other Pacific Islander  
☐ Two or more races

☐ Hispanic or Latino  
☐ Asian

**Veteran:** ☐ Yes ☐ No

**For TLC/PPC/LSI use only:**

EEOC job category: \_\_\_\_\_





## DIRECT DEPOSIT AUTHORIZATION FORM

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

Payroll Operations Office  
811 Washington Avenue, PO Box 1168  
Detroit Lakes, MN 56502-1168  
800-825-3832 Fax 877-227-8080

Date: \_\_\_\_\_

I authorize THE TLC COMPANIES to direct deposit funds to my account with the financial institution listed below. I understand that submitting this form means my entire payroll check will be deposited into the named institution. If funds to which I am not entitled are deposited in my account, I authorize the initiation of a correction (debit) entry electronically or by any other commercially accepted method. I understand that this authorization may be rejected or discontinued at any time. If any of the below information changes, I will promptly complete a new authorization agreement. I understand that if the direct deposit information is not changed before I close my account, funds payable to me will be returned to THE TLC COMPANIES for distribution and this will delay my check.

Name (please print): \_\_\_\_\_ Last 4 of SSN (required): \_\_\_\_\_  
First MI Last

Signature (required): \_\_\_\_\_ Internal use only:

Client Assigned To (required): \_\_\_\_\_ Approved by: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Notes: \_\_\_\_\_

**NOTE: Your next pay may be a check; Direct Deposit takes 7-10 business days from your next pay date.**

THIS IS: (check one) ☐ A new/additional account ☐ Information change ☐ A cancellation

1.	
Name of Bank:	Bank Address:
City, State, Zip:	Bank Telephone #: (     )
Transit/Routing # (9-digits): _____	Acct #: <input type="checkbox"/> Check <input type="checkbox"/> Save
Amount to Deposit:	Fixed Amount: \$ _____ OR <input type="checkbox"/> Entire Check

2.	
Name of Bank:	Bank Address:
City, State, Zip:	Bank Telephone #: (     )
Transit/Routing # (9-digits): _____	Acct #: <input type="checkbox"/> Check <input type="checkbox"/> Save
Amount to Deposit:	Fixed Amount: \$ _____ OR <input type="checkbox"/> Entire Check

**ATTACH A VOIDED CHECK FOR CHECKING DEPOSITS  
and/or  
ATTACH A DEPOSIT SLIP FOR SAVINGS DEPOSITS**

**(This is required in order for us to process your request.  
Direct deposit cannot be done without a voided check or  
deposit slip provided.)**





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

# ALCOHOL AND CONTROLLED SUBSTANCE EMPLOYEE'S CERTIFIED RECEIPT

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

**Personnel Office**  
802 Wabash Ave., Suite 1  
Chesterton, IN 46304  
Ph 800-926-8440 Fax 219-926-9627

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Company/Department

**This is to certify that I have been provided educational materials that explain the requirements of § 382.601 and my employer's policies and procedures with respect to meeting the requirements.**

- \_\_\_\_\_ 1. Designated person to answer questions about the materials.
- \_\_\_\_\_ 2. Categories of drivers subject to part 382.
- \_\_\_\_\_ 3. Information about the safety-sensitive functions and when compliance is required.
- \_\_\_\_\_ 4. Specific information concerning prohibited driver conduct.
- \_\_\_\_\_ 5. Circumstances under which a driver will be alcohol and/or drug tested.
- \_\_\_\_\_ 6. Test procedures, integrity of the testing processes, and the validity of the test.
- \_\_\_\_\_ 7. Explanation of what will be considered a refusal to submit to a test and the consequences.
- \_\_\_\_\_ 8. Consequences for Part 382 Subpart B violations including removal from safety-sensitive functions and § 382.605 procedures.
- \_\_\_\_\_ 9. Consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
- \_\_\_\_\_ 10. Information on the effects of alcohol and controlled substances use on an individual's health, work, personal life, signs and symptoms of a problem, available methods of intervening when a problem is suspected, and
- \_\_\_\_\_ 11. Other information:

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Employer Representative

\_\_\_\_\_  
Date





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

## CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

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

Personnel Office  
802 Wabash Ave., Suite 1  
Chesterton, IN 46304  
Ph 800-926-8440 Fax 219-926-9627

**MOTOR CARRIER INSTRUCTIONS:** Part 383 applies to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, transports more than 15 people, or transports hazardous materials that require placarding.

Part 391 applies to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, transports more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain requirements that a driver must comply with.

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial motor vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require you to notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. Section 383.31 also requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

**The following license is the only one I will possess:**

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understand the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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

## DRIVER'S RECEIPT FMCSR POCKETBOOK

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

Personnel Office  
802 Wabash Ave., Suite 1  
Chesterton, IN 46304  
Ph 800-926-8440 Fax 219-926-9627

This issue of the FMCSR Pocketbook includes all revisions issued on or before January 10, 2017.

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (ORS-7A). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts 40, 382, 383, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained therein.

\_\_\_\_\_  
DRIVER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMPANY

\_\_\_\_\_  
COMPANY SUPERVISOR'S SIGNATURE

**NOTE:** This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place it in the driver's qualification file.





## DRIVER STATEMENT OF ON-DUTY HOURS (FOR NEWLY HIRED DRIVERS)

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

Personnel Office  
802 Wabash Ave., Suite 1  
Chesterton, IN 46304  
Ph 800-926-8440 Fax 219-926-9627

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

When using a driver for the first time, Motor Carriers shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which the driver was last relieved from duty prior to beginning work for the carrier. Federal Motor Carrier Safety Regulations 395.8(j)(2). Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) \_\_\_\_\_

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

Motor Vehicle Operator's License Number \_\_\_\_\_

Type of License \_\_\_\_\_ Issuing State \_\_\_\_\_

DAY	1 <small>(today)</small>	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge, and that I was last relieved from work at

\_\_\_\_\_ A.M.  
\_\_\_\_\_ P.M. On \_\_\_\_\_  
Time Day Month Year

\_\_\_\_\_  
Driver's Signature Date

### DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

A driver must report to the carrier all on-duty time including time working for other employers.

Are you currently working for another employer? ☐ Yes ☐ No

Do you intend to work for another employer while still employed by this company? ☐ Yes ☐ No

I hereby certify that the information above is true. I also understand that once I become employed with this company, if I begin working for any additional employer(s), I must inform this company immediately of such employment activity.

\_\_\_\_\_  
Driver's Signature Date

Witness: \_\_\_\_\_  
Company Representative Date



**FAIR CREDIT REPORTING ACT DISCLOSURE, AUTHORIZATION AND RELEASE FORM Disclosure:**

GIRDEN ENTERPRISES, when considering your application for employment, making a decision whether to offer you employment, deciding whether to continue your employment (if you are hired), and when making other employment-related decisions directly affecting you, may wish to obtain and use a "consumer report" and/or "investigative consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting act ("FCRA"), which applies to you. As either an applicant for employment or an employee of GIRDEN ENTERPRISES, you are a "consumer" with rights under the FCRA.

A "consumer report" is any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment.

An "investigative consumer report" is a consumer report in which the information about your character, general reputation, personal characteristics and mode of living is obtained in whole or in part through personal interviews with persons who may have knowledge concerning such information.

**Authorization and Release:**

I hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements I have given will be considered as cause for dismissal. As part of my request for employment, I voluntarily authorize all persons, businesses, current and former employers and supervisors, credit reporting agencies, educational institutions, law enforcement agencies, motor vehicle departments and city, state, county and federal courts to release information they may have about me to GIRDEN ENTERPRISES or RIG INSURANCE. If I am employed by GIRDEN ENTERPRISES, this permission shall remain in effect as long as I am an employee.

I voluntarily waive all recourse, and release all parties from liability for complying with or responding to this Authorization. Also, I request that a photocopy or facsimile of this Authorization be treated as though it were the original.

In accordance with the Fair Credit Reporting Act, if my employment is denied, based either wholly or partly on information contained in a consumer report or investigative consumer report from a consumer reporting agency, GIRDEN ENTERPRISES shall so advise me, and supply the name and address of the consumer reporting agency making the report.

I hereby authorize GIRDEN ENTERPRISES to obtain a consumer report and/or investigative consumer report regarding me in connection with (1) my application for employment, and/or (2) if I am hired, my continued employment.

**I acknowledge that I have received and read this "Fair Credit Reporting Act Disclosure, Authorization and Release Form."**

**I have also received a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act"**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_



**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL  
ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with Groen Enterprises Inc ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Groen Enterprises Inc ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015



## MVR RELEASE CONSENT FORM

In conjunction with my potential employment at GROEN ENTERPRISES INC

("the company"), I \_\_\_\_\_ (applicant) consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act..

Signed (applicant) \_\_\_\_\_

Date: \_\_\_\_\_

Drivers' License Number: \_\_\_\_\_ State: \_\_\_\_\_