



Transport Leasing/Contract, Inc.

Payroll Plus Corporation

The Labor Source, Inc.

COMMERCIAL DRIVER APPLICATION COVER PAGE/INSTRUCTIONS

Completed paperwork can be sent to
apps-screening@tlccompanies.com or fax 219-926-9627

The following forms are required to begin screening an applicant:

- TLC Application (4 pages)
- Essential Job Function Worksheet
- Request for information from a previous employer (top portion must be signed/dated by applicant).
- General Consent for Limited Queries of the FMCSA Drug and Alcohol Clearinghouse
- Background Check Disclosure and Authorization Form (includes FCRA Summary of Rights to be given to applicant)

The following items are required for a final decision (Approved: Pending Payroll or Denied):

- Drug & Alcohol Clearinghouse Pre-Employment Query Consent
- Personal & Confidential Medical Review Form - *After you receive a Pre-Approval notification from TLC and you have extended a conditional job offer to the applicant we will need the driver to complete this form (available separate from this application packet). TLC can also obtain this information over the phone from the driver (after a conditional offer of employment has been extended) upon your request.

** DRIVERS ARE NOT APPROVED TO BEGIN WORK UNTIL YOU RECEIVE NOTIFICATION OF A FINAL APPROVAL, AND ALL REQUIRED PAYROLL PAPERWORK HAS BEEN RECEIVED BY TLC.**

The following items are required before payroll will be processed for a new hire who has been APPROVED by TLC:

- Driver's Co-Employee Acknowledgement, signed and dated by driver (driver keeps one copy)
- Federal Form W-4
- State tax withholding form (if applicable)
- Employment Eligibility Verification Form (I-9); the driver fills out the top portion and signs by Employee Signature. Section 2 to be completed by the person witnessing the documents (copies of documents used should be included). Person witnessing the documents must also sign the Certification section.
- Pre-employment drug screen results
- Medical Certification must be current on Motor Vehicle Record (MVR)
- Signed receipt for Worksite Employer Employee Handbook (handbook should be given to each employee; receipt in handbook should be signed by employee and returned to TLC).

Some states have forms that employers are required to give employees at the time of hire – contact TLC for forms or information, if applicable to this applicant:

- Colorado – affirmation of legal work status
- Maryland – employee pay notice
- Minnesota – employee notice wage form
- New Jersey – family leave law notice, employer record keeping notice, unemployment/disability benefits notice
- New York - employee pay notice (labor law 195)
- Pennsylvania – residency certification form
- South Carolina – terms of employment notice
- Texas – workers compensation notice to new employees

The following forms are optional:

- Equal Employment Opportunity Form
- Direct Deposit Authorization Form

The following forms are only required if your company is interested in our complimentary compliance service:

- Alcohol and Controlled Substance Co-Employee's Certified Receipt
- Certificate of Compliance
- FMCSR Driver's Receipt
- Driver Statement of On-Duty Hours

*You are required to comply with the Fair Credit Reporting Act with respect to any consumer reports you are provided by TLC.



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

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

APPLICATION FOR EMPLOYMENT COMMERCIAL DRIVER

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

In compliance with Federal and State Equal Employment Opportunity Commission (EEOC) laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, genetic information, or any other protected classification under local, state or federal law.

For Co-Employment with/ TLC Client Name: _____
TLC Client Address: _____

Position Applying For: _____ Type of Truck _____
Local ___ OTR ___ License Type/Class required: A B C Other _____

DATE OF APPLICATION: ___/___/___ *All questions on this form must be completed. Please Print and Use Ink.*

Name: _____ <small style="text-align: center;">Last First Middle</small>		Social Security Number: _____	
Address: _____		County: _____	
City, State, Zip: _____		Home Phone: () <i>Can this phone receive text messages?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO Mobile Phone: () <i>Can this phone receive text messages?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO Email: _____	
Address For Past Three Years	Street _____	City _____	State & Zip Code _____
	Street _____	City _____	State & Zip Code _____
Date of Birth ___/___/___ <small>(Required for Commercial Drivers)</small>	Have you applied or worked for TLC Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who referred you to TLC? _____	

Do you have the legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		List any local, city or county taxes you are subject to: _____	
Are you now employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, how long since leaving your last employment: _____		What school district do you live in? _____	
Is there any reason you <i>would not</i> be able to perform the functions of the job for which you are applying, with or without reasonable accommodation? (see attached Essential Job Function Worksheet) <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, please explain below: _____ _____			

EMERGENCY INFORMATION				
In case of emergency, contact:	Name: _____	Relationship: _____	Phone Number: _____ ()	City, State: _____

EMPLOYMENT HISTORY

All drivers must provide the following information on all employers during the preceding three years. List complete address and phone number for each employer. If applying for a position driving a commercial motor vehicle* you must also provide an additional seven years of employment information for those employers for whom the applicant operated a commercial motor vehicle (a total of 10 years). Your present and previous employers will be contacted for the purpose of investigating your safety performance history as required by 391.23 of the FMCSRs.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

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

* Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY CONTINUED

EMPLOYER		DATES	
NAME:		FROM MO.	TO MO.
ADDRESS:		YR.	YR.
CITY:	STATE: ZIP:	POSITION HELD:	
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.	TO MO.
ADDRESS:		YR.	YR.
CITY:	STATE: ZIP:	POSITION HELD:	
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.	TO MO.
ADDRESS:		YR.	YR.
CITY:	STATE: ZIP:	POSITION HELD:	
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"/> <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)
STRAIGHT TRUCK		FROM:	TO:	
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

DRIVING RECORD

ACCIDENT RECORD FOR PAST FIVE YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES			NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
Mo.	Day	Yr.			
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 TLC's Worksite Employer clients with which I may be co-employed. You have the right to review information provided to us by your previous employers and have any errors in such information corrected by your previous employer as stated in section 391.23 (i) of the FMCSRs. Should you wish to review this information you must submit a written request to us, your prospective employer, as stated in section 391.23 (i) of the FMCSRs.

I authorize, per 49 CFR Part 40 of FMCSRs, the release of information from my DOT regulated drug and alcohol testing records by my previous employers to HireRight for the sole purpose of transmitting such records to The TLC Companies and its representatives/agents/clients. I authorize the release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of drug and alcohol rule violation(s); and (vi) documents, if any, of completion of return-to-duty process following a rule violation. I hereby authorize my worksite employer to submit copies of my current and future drug test results to the TLC Companies. This authorization shall expire if and when my worksite employer is no longer a client of the TLC Companies. The information I have authorized HireRight to review involves tests required by the DOT. If any carrier/company/school for whom I was previously employed furnishes HireRight with information concerning items (i) through (vi) above, I also authorize that carrier/company/school to release and furnish the dates of my negative drug and/or alcohol tests with results below 0.04 during the three year period and the name and phone number of any substance abuse professionals who evaluated me during the past three years.

The TLC Companies participates in E-Verify, which means if you are hired information from your I-9 form will be provided to the Social Security Administration, and if necessary, the Department of Homeland Security, to confirm work authorization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant's Signature



ESSENTIAL JOB FUNCTIONS WORKSHEET, AGILITY TESTING AND PRE – WORK SCREEN

This questionnaire is designed to reflect the physical demands associated with the most common tasks of a driver. Simply check **YES** if you have the ability and **NO** if you do not have the ability to safely and regularly perform the task with or without reasonable accommodation.

	<p>1. Can you walk up and down a 12" step?</p> <p>Perform sustained work activities including: Loading / unloading freight, walk to / from a truck stop, perform repetitive clutching, perform pre- and post – trip inspections of truck?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>2. Can you Step/Step-Kneel/Kneel?</p> <p>Ability to: With or without a load step up to / down from the cab, the trailer and cat-walk</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>3. Can you do the Squats and Sit?</p> <p>Ability to: Perform repeated clutching, breaking, operating foot controls of a truck. Step up to / down from the cab or trailer Perform pre- and post-trip inspections Sit and drive for an 11 hour shift</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>4. Can you do a Floor to Waist Lift?</p> <p>Ability to: Load / unload freight Lift and move 100 lbs or more</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>5. Can you do a Front Carry for 50 feet?</p> <p>Ability to: Carry product /cargo the Length of the trailer</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>6. Can you do a Shoulder Lift?</p> <p>Ability to: Load / unload freight Raise the hood from the tractor</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>7. Can you do a Floor to Head Lift of 60 lbs?</p> <p>Ability to: Lift personal gear into the cab (i.e., 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
www.tlccompanies.com

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.**

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

Previous Employer Name: _____ Email/Fax#: _____
Address: _____ Phone#: _____

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

The individual named above has applied to our company, or one of our client companies, for a commercial driver position and states that he/she was employed by your company as a(n) _____ from _____ to _____. We appreciate your time in completing, in confidence, the information requested below.

Please return form via fax to 219-926-9627 Attention: _____, TLC Customer Service Rep.

1. Please <u>list</u> all employment dates:		and position:
2. Did he/she drive a motor vehicle for you? <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Other _____		
3. If tractor-trailer, what type of trailer? <input type="checkbox"/> Dry van <input type="checkbox"/> Flatbed <input type="checkbox"/> Reefer <input type="checkbox"/> Hopper <input type="checkbox"/> Dump <input type="checkbox"/> Lowboy <input type="checkbox"/> Tanker <input type="checkbox"/> Container		
4. Type of driving: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> OTR		
5. Was he/she on time and dependable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Reason for leaving employ: <input type="checkbox"/> Discharged; reason _____ <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Leave of Absence		
7. Is he/she eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No *If No, please explain: _____		
8. Did he/she have any DOT reportable accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No *If YES, please provide details (specify dates, fault, # of injuries, fatalities, property damage, hazardous spills, etc.):		
9. Comments regarding safety habits, awards, work ethics, skills, attitude, ability to perform job functions, etc.:		
Person providing verification, please sign below:		
SIGNATURE: _____	PRINTED NAME/TITLE: _____	DATE: _____
Revised 1/6/2023		

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

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

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

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

Employee Signature

Date



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

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

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

Personnel Office
2650 Barley Rd., Ste. 110
Valparaiso, IN 46383
Ph 800-926-8440
Fax 219-926-9627

Please read carefully and completely before signing

Disclosure:

As part of your application for employment with TLC client and co-employment by The TLC Companies (the "Company"), the Company intends to obtain a consumer report and criminal background screen from one or more consumer reporting agencies. These consumer reports will be used for employment purposes within the meaning of the Fair Credit Reporting Act (the "FCRA"). To the extent you enter into a co-employment or contractual relationship with the Company, the Company may periodically obtain updated consumer reports and criminal background screens.

As required by the FCRA, this disclosure is to inform you that a consumer report, including information as to character, general reputation, personal characteristics, and mode of living, whichever are applicable, may be procured from time to time. Such reports may contain public information concerning your driving record, safety record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies, which maintain such records. Consumer reports and background checks are conducted only in accordance with state and local laws.

Should the information received in the consumer report be the reason in whole or in part for any adverse action taken against you by the Company, you may obtain a free copy of the consumer report from the consumer reporting agency so long as the report is requested within 60 days of notification of the adverse action. You have the right to dispute the accuracy or completeness of any information contained in the consumer report furnished by the consumer reporting agency.

Authorization:

This signed Authorization is my authorization and consent for the Company to procure consumer reports and criminal background reports from a consumer reporting agency from time to time as required by the Company for employment or contract purposes. I further authorize the Company to release any and all information regarding myself to any of its Worksite Employer clients with which I may be co-employed.

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: _____



COMMERCIAL DRIVERS – CO-EMPLOYEE ACKNOWLEDGEMENT

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

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
Fax 219-926-9627

I understand and accept that the following are conditions of being a co-employee of my Worksite Employer and The TLC Companies ("TLC"):

1. I will adhere to Federal and State Department of Transportation regulations to which I and my Worksite Employer are subject.
2. I am a co-employee of TLC and the Worksite Employer for who I am driving.
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. There shall be no alterations or repairs done on any of Worksite Employer's equipment without Worksite Employer's prior approval.
5. Any unauthorized alteration of this agreement by co-employee or Worksite Employer, will make the agreement null and void and co-employment with TLC Companies will terminate immediately.
6. 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 COMMERCIAL DRIVERS CO-EMPLOYEE ACKNOWLEDGEMENT.

I ALSO ACKNOWLEDGE THAT I WAS GIVEN A COPY OF THIS SIGNED COMMERCIAL DRIVERS CO-EMPLOYEE ACKNOWLEDGEMENT 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



**COMMERCIAL DRIVERS – CO-EMPLOYEE
ACKNOWLEDGEMENT**

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

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
Fax 219-926-9627

I understand and accept that the following are conditions of being a co-employee of my Worksite Employer and The TLC Companies ("TLC"):

1. I will adhere to Federal and State Department of Transportation regulations to which I and my Worksite Employer are subject.
2. I am a co-employee of TLC and the Worksite Employer for who I am driving.
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.
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6. 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 COMMERCIAL DRIVERS CO-EMPLOYEE ACKNOWLEDGEMENT.

I ALSO ACKNOWLEDGE THAT I WAS GIVEN A COPY OF THIS SIGNED COMMERCIAL DRIVERS CO-EMPLOYEE ACKNOWLEDGEMENT 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

EMPLOYEE'S COPY

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2023

Department of the Treasury
Internal Revenue Service

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)	Date
--	-------------

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **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 <i>(See instructions)</i>	
<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. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

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

STOP **Employer Completes Next Page** STOP



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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
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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	Additional Information	QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority		
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)
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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
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NC-4 Employee's Withholding Allowance Certificate

PURPOSE - Complete **Form NC-4** 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 the filing status, "Single" with zero allowances.**

FORM NC-4 EZ - You may use Form NC-4-EZ if you plan to claim either the N.C. Standard Deduction or the N.C. Child Deduction Amount (but no other N.C. deductions), and you do not plan to claim any N.C. tax credits.

FORM NC-4 NRA - If you are a nonresident alien you must use Form NC-4 NRA. In general, a nonresident alien is an alien (not a U.S. citizen) who has not passed the green card test or the substantial presence test. (See Publication 519, U.S. Tax Guide for Aliens, for more information on the green card test and the substantial presence test.)

FORM NC-4 BASIC INSTRUCTIONS - Complete the NC-4 **Allowance Worksheet**. The worksheet will help you determine your withholding allowances based on federal and State adjustments to gross income including the N.C. Child Deduction Amount, N.C. itemized deductions, and N.C. tax credits. However, you may claim fewer allowances than you are entitled to if you wish to increase the tax withheld during the tax 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, determine 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 page 4).

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 the Department's website at www.ncdor.gov.

HEAD OF HOUSEHOLD - Generally you may 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.

SURVIVING SPOUSE - You may claim "Surviving Spouse" filing 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 complete the NC-4 Allowance Worksheet based on the filing status, "Married Filing Jointly" or "Married Filing Separately."

- Married taxpayers who complete the worksheet based on the filing status, "Married Filing Jointly" should consider the sum of both spouses' income, federal and State adjustments to income, and State tax credits to determine the number of allowances.
- Married taxpayers who complete the worksheet based on the filing status, "Married Filing Separately" should consider only his or her portion of income, federal and State adjustments to income, and State tax credits 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 17 of the NC-4 Allowance Worksheet)

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

_____ .00

Social Security Number _____		Filing Status <input type="radio"/> Single or Married Filing Separately <input type="radio"/> Head of Household <input type="radio"/> Married Filing Jointly 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.



EQUAL EMPLOYMENT OPPORTUNITY FORM
EEOC

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

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
 Fax 219-926-9627

TLC files annual reports with the EEOC that identifies the makeup of our workforce. To assist us with this effort we request co-employees self-identify who they are. This is strictly voluntary, and our employees 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 EEOC. 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)

Worksite Employer (if applicable)

Sex: Male Female

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

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

EMAIL address: directdeposit@tlccompanies.com

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. I understand that I may access my wage statements at any time at no cost by using the secure log in at https://www.tlchrconnect.com/. If I desire a paper copy of my wage statements, I may make this request by calling TLC 800-825-3832.

Name (PRINT): First MI Last

Employee ID or Last 4 of SSN (required): Phone #:

Email address
(By providing an email address you will be alerted when account changes are made for your security.)

Client Assigned To (required):

Signature (required): Date

NOTE: Your next pay may be a live check due to a verification process (prenote) sent through the direct deposit network.

THIS IS: (check one) [] New Account [] Change [] Cancellation

1. Name of Bank: Bank Address: City, State, Zip: Bank Telephone #: () Transit/Routing # (9-digits): Acct #: [] Check [] Save Amount to Deposit: Fixed Amount: \$ OR [] Entire Check

2. Name of Bank: Bank Address: City, State, Zip: Bank Telephone #: () Transit/Routing # (9-digits): Acct #: [] Check [] Save Amount to Deposit: Fixed Amount: \$ OR [] Entire Check

REQUIRED
PLEASE ATTACH A VOIDED CHECK FOR CHECKING DEPOSITS
AND/OR
ATTACH A DEPOSIT SLIP FOR SAVINGS DEPOSITS



ALCOHOL AND CONTROLLED SUBSTANCE CO-EMPLOYEE'S CERTIFIED RECEIPT

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

Personnel Office
2650 Barley Rd., Suite 110
Valparaiso, IN 46383
Ph 800-926-8440 Fax 219-926-9627

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

Co-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 Worksite 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. Drug & Alcohol Clearinghouse.
- _____ 11. 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
- _____ 12. Other information:

Co-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
 2650 Barley Rd., Suite 110
 Valparaiso, IN 46383
 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
 2650 Barley Rd., Suite 110
 Valparaiso, IN 46383
 Ph 800-926-8440 Fax 219-926-9627

This issue of the FMCSR Pocketbook includes all revisions issued on or before November 1, 2019.

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.