



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).
- Background Check Disclosure and Authorization Form (includes FCRA Summary of Rights to be given to applicant)

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 upon your request. This medical information will be reviewed by TLC and you will then receive a notification of a final decision (Approved: Pending Payroll or Denied) from TLC. 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 Employee Representation, 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 TLC 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
- 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 Employee's Certified Receipt
- Certificate of Compliance
- Motor Vehicle Certification / Annual Review of Driving Record (not needed at time of hire)
- 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

APPLICATION FOR EMPLOYMENT COMMERCIAL DRIVER

- 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

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

For Assignment To / TLC Client Name: _____
TLC Client Address: _____

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

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

Name: _____ Last First Middle		Social Security Number: _____	
Address: _____		County: _____	
City, State, Zip: _____		Home Phone: ()	
		Mobile Phone: ()	
		Email Address: _____	
Address For Past Three Years	Street _____ City _____ State & Zip Code _____		How Long? _____
	Street _____ City _____ State & Zip Code _____		How Long? _____
Date of Birth ____/____/____ <small>(Required for Commercial Drivers)</small>		Have you applied or worked for TLC Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Who referred you to TLC? _____	

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

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

EMPLOYMENT HISTORY

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

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

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

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

EMPLOYMENT HISTORY CONTINUED

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

EXPERIENCE AND QUALIFICATIONS - DRIVER

EXPERIENCE AND QUALIFICATIONS - DRIVER				
DRIVER LICENSES	STATE	LICENSE NO.	TYPE (A, B, etc.)	EXPIRATION DATE
	ENDORSEMENTS:			
<p>A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?.....YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>B. Has any license, permit or privilege ever been suspended or revoked?YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>C. Have you ever been convicted of a felony?.....YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(If you are a Massachusetts resident or if you are applying for work in Hawaii, Illinois, Minnesota, New Jersey, New York City NY, Rhode Island, Buffalo NY, or Philadelphia PA, you may disregard the felony question. Answering Yes to this question will not automatically disqualify you from being hired.)</i></p> <p>D. Have you tested positive for, or refused to take, a pre-employment or random Drug and/or Alcohol test in the past Three (3) years?.....YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p align="right">**If you answered yes to any of these questions please provide details on a separate sheet**</p>				

DRIVING EXPERIENCE

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

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

DRIVING RECORD

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

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT:	/ /		
NEXT PREVIOUS:	/ /		
NEXT PREVIOUS:	/ /		

HOURS OF SERVICE VIOLATIONS, TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST FIVE YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED	1 2 3 4 5 6 7 8								HIGH SCHOOL	1 2 3 4				COLLEGE	1 2 3 4			
	LAST SCHOOL ATTENDED NAME: _____ DATE: _____																	

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST COURSES AND TRAINING OTHER THAN THOSE SHOWN ELSEWHERE IN THIS APPLICATION:

PLEASE READ AND SIGN BELOW

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at an employment decision. I understand that consumer reports may be requested from HireRight. These reports may include: previous employer verifications, reason for termination, accidents, driving records, workers compensation claims, etc. I further understand that such reports may contain information from federal, state or other agencies. I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I further authorize The TLC Companies to release any and all information regarding myself to any of its lessees that TLC may consider assigning me to. You have the right to review information provided to us by your previous employers and have any errors in such information corrected by your previous employer as stated in section 391.23 (i) of the FMCSRs. Should you wish to review this information you must submit a written request to us, your prospective employer, as stated in section 391.23 (i) of the FMCSRs.

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

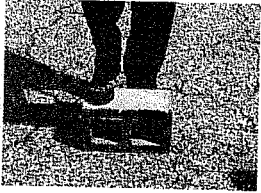








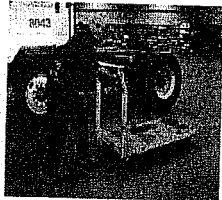
The TLC Companies participates in E-Verify, which means if you are hired information from your I-9 form will be provided to the Social Security Administration, and if necessary, the Department of Homeland Security, to confirm work authorization. In the event of employment, I understand that false or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

Date _____

Applicant's Signature _____

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 the ability to safely and regularly perform the task.

	<p style="text-align: center;">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 style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p style="text-align: center;">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 style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p style="text-align: center;">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 style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p style="text-align: center;">Can you do a Floor To Waist Lift?</p> <p>Ability to: Load / unload freight Lift and move 100 lbs or more</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p style="text-align: center;">Can you do a Front Carry for 50 feet?</p> <p>Ability to: Carry product /cargo the Length of the trailer</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p style="text-align: center;">Shoulder Lift?</p> <p>Ability to: Load / unload freight Raise the hood from the tractor</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p style="text-align: center;">Can you do a Floor to Head Lift of 60 lbs?</p> <p>Ability to: Lift personal gear into the cab (i.e., duffle bag)</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p style="text-align: center;">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 style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p style="text-align: center;">Can you Crouch?</p> <p>Ability to: Perform pre- and post-trip Inspections of the truck</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p style="text-align: center;">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 style="text-align: center;"><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 _____

SSN _____



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

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: Address: Email/Fax#: 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 list all employment dates: and position:
2. Did he/she drive a motor vehicle for you? Straight Truck Tractor Trailer Bus Other
3. If tractor-trailer, what type of trailer? Dry van Flatbed Reefer Hopper Dump Lowboy Tanker Container
4. Type of driving: Local Regional OTR
5. Was he/she on time and dependable? Yes No
6. Reason for leaving employ: Discharged; reason Resigned Layoff Leave of Absence
7. Is he/she eligible for re-hire? Yes No *If No, please explain:
8. Please advise of any injuries, illnesses or prescribed medications:
9. Did he/she have any DOT reportable accidents? Yes 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 3 years did he/she: test 0.04 or greater for alcohol? test positive for a Controlled Substance? refuse to be tested while in your employ? violate any other Drug/Alcohol prohibitions? To your knowledge fail a drug or alcohol test for a previous employer?
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:



**BACKGROUND CHECK
DISCLOSURE AND AUTHORIZATION
FORM**

- 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
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, 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. Among the reports that may be procured by the Company are reports from the Pre-Employment Screening Program (PSP) conducted by the Federal Motor Carrier Safety Administration (the information obtained from this program is hereinafter referred to as a "PSP Report").

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 a PSP report for pre-employment screening only, 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: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For Information about your Federal rights contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency</p> <p>Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center</p> <p>PO Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center</p> <p>1100 Walnut St., Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration</p> <p>Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>

5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area Supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357



COMMERCIAL DRIVERS - EMPLOYEE REPRESENTATION AGREEMENT

- 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
 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
8. **Mandatory DOT and Client Safety Requirements:**
 - Seatbelts are mandatory
 - Non-slip, enclosed work shoes are required
 - Empty hands and three points of contact are required when entering/exiting the cab
 - No texting while driving, and use of hands-free cell phone devices only. These are minimum requirements as state/local laws regarding cell phone usage may be more restrictive.
 - Maintain a safe following distance between you and other vehicles

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 _____