



- 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

TLC Client Name: _____
 TLC Client ID Number: _____

DATE OF APPLICATION: ____/____/____

All questions on this form must be completed. Please Print and use Ink.

PERSONAL INFORMATION			
Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;">Last First Middle</small>		Social Security Number:	
Address:		County:	
City, State, Zip:		Phone Number:	
Are you subject to Local/City tax? (circle one): YES NO		If Yes list township, borough and school district:	
	High School	College/University	Graduate/Professional
School Name			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4+
Diploma/Degree			
Describe Course of Study			
Describe specialized training, apprenticeship, skills and extra curricular activities:			

EMPLOYMENT HISTORY

Please list present and past employment, beginning with the most recent position:

Company Name:		From:	To:
Address:		City, State, Zip:	
Telephone: ()	Supervisor Name:		Type of Business:
Reason for Leaving:	Weekly Starting Wage:	Weekly Ending Wage:	
Job Title:		Please describe your duties:	
May we contact this employer?		If NO, why?	

Company Name:		From:	To:
Address:		City, State, Zip:	
Telephone: ()	Supervisor Name:		Type of Business:
Reason for Leaving:	Weekly Starting Wage:	Weekly Ending Wage:	
Job Title:		Please describe your duties:	
May we contact this employer?		If NO, why?	

Employment History (Continued)

Company Name:		From:	To:
Address:		City, State, Zip:	
Telephone: ()	Supervisor Name:		Type of Business:
Reason for Leaving:	Weekly Starting Wage:	Weekly Ending Wage:	
Job Title:	Please describe your duties:		
May we contact this employer?	If NO, why?		

GENERAL INFORMATION

Are you prevented from lawfully becoming employed in this country because of your visa or immigration status? (*Proof of citizenship or immigration status will be required upon employment*)

NO YES – *Please Explain:*

If you are a resident of Massachusetts or if you are applying for work in Hawaii, Minnesota, Rhode Island, Buffalo NY, Philadelphia PA, or Newark NJ disregard this question. Answering Yes to this question will not automatically disqualify you from being hired.

Have you ever been convicted of a felony? (convictions will not necessarily disqualify an applicant)

NO YES – *Please Explain:*

NOTICE TO APPLICANTS:

This employer complies with all applicable equal employment opportunity laws and regulations. We will not use the information on this application to discriminate against an individual with respect to their compensation, terms, conditions, or privileges of employment because of race, color, religion, sex, age, national origin, disability, genetic information, or any other protected classification under local, state or federal law.

The TLC Companies (TLC) 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.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. You are hereby authorized to make any investigation of my personal and employment history, and financial and credit record through any investigative or credit agency(ies) or bureaus of your choice.

A BACKGROUND CREDIT REPORT MAY BE REQUIRED IF, IN YOUR JOB, YOU WILL HAVE ACCESS TO CASH OR SECURITIES, PERSONAL INFORMATION AND/OR CONFIDENTIAL INFORMATION.

Should I become an employee of TLC and an on-the- job injury occurs, I understand TLC may require a post injury drug and/or alcohol test. My refusal to submit to a drug or alcohol test may be grounds for termination. I will hold harmless all parties, including TLC and/or its affiliates, from any liability due to my refusal to test and/or the reporting of any results of such test.

It is also understood that TLC reserves the right to unilaterally abolish or modify any personnel policy without prior notice. In consideration of my employment, I agree to conform to the rules and regulations of TLC. For applicants in at-will employment states, I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at the option of either TLC or myself (Montana is not at at-will employment state).

I understand that no representative of TLC, other than the President or joint consensus of the Board of Directors, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Applicant Signature: _____ **Date:** _____

The TLC Companies considers applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability, genetic information, or any other protected classification under local, state or federal law.



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BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

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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 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 consumer reports and criminal background reports from a consumer reporting agency, including a PSP Report, 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, including PSP 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: _____



**ESSENTIAL JOB FUNCTIONS WORKSHEET
CLERICAL/MANAGERIAL/ADMINISTRATIVE**

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The following are physical requirements pertaining to the job(s) for which you are applying. These bona fide physical requirements are essential functions of the job and are in addition to the skill, certification, years of experience and other qualifications required to perform the job(s) for which you have applied.

Please be aware that all persons may be required to furnish health condition information and if necessary, submit to an examination by a company-designated physician. This information will be used to determine appropriate job placement. It shall not be used to disqualify an otherwise qualified person who may have a mental or physical disability.

These statements/questions pertain only to the essential functions of the job for which you are applying.

- 1. Can you stand/sit for up to 4-8 hours or more per day while completing office tasks during an 8-10 hour shift?
 YES NO
- 2. Are you able to safely view a computer monitor screen during your shift if required?
 YES NO
- 3. Can you walk and climb stairs?
 YES NO
- 4. Can you lift and carry up to 30 pounds such as manuals, charts, notebooks and supplies?
 YES NO
- 5. Can you perform repetitive motion tasks with your hands and wrists safely for an 8-10 hour shift?
 YES NO
- 6. Can you safely bend and stoop as required during an 8-10 hour shift?
 YES NO
- 7. Can you safely grip, grasp and twist using your hands and wrists regularly?
 YES NO

For any No answers to the above questions, please explain:

Prompt and reliable attendance is a job requirement.

I understand that any misstatement, omission, falsification, or misrepresentation of fact on this form is ground for withdrawal of the conditional job offer or termination of employment if already employed.

Signature of Applicant

Date

Printed Name