



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
 6180 Summit Drive N., Suite 500
 Brooklyn Center, MN 55430 763-585-7000

- 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

APPLICATION FOR EMPLOYMENT COMMERCIAL DRIVER

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.

HODGES TRUCKING COMPANY
 PO BOX 6722
 COLUMBUS, GA 31917

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

Position Applying For: Local _____ OTR _____
 Type of Truck 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="display: flex; justify-content: space-between; width: 100%;">Last First Middle</small>		Social Security Number: _____	
Address: _____		County: _____	
City, State, Zip: _____		Home Phone: () _____	
		Mobile Phone: () _____	
		Email: _____	
	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 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: _____ _____	

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

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.)

EMPLOYER		FROM MO.	YR.	TO MO.	YR.
NAME:		POSITION HELD:			
ADDRESS:		SALARY/WAGE:			
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		FROM MO.	YR.	TO MO.	YR.
NAME:		POSITION HELD:			
ADDRESS:		SALARY/WAGE:			
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		FROM MO.	YR.	TO MO.	YR.
NAME:		POSITION HELD:			
ADDRESS:		SALARY/WAGE:			
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		FROM MO.	YR.	TO MO.	YR.
NAME:		POSITION HELD:			
ADDRESS:		SALARY/WAGE:			
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

EMPLOYEE		FROM MO. YR.	TO MO. YR.
NAME:		POSITION HELD:	
ADDRESS:		SALARY/WAGE:	
CITY:	STATE:	ZIP:	
PHONE # ()	REASON FOR LEAVING:		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
CONTACT PERSON:			

EMPLOYEE		FROM MO. YR.	TO MO. YR.
NAME:		POSITION HELD:	
ADDRESS:		SALARY/WAGE:	
CITY:	STATE:	ZIP:	
PHONE # ()	REASON FOR LEAVING:		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
CONTACT PERSON:			

EMPLOYEE		FROM MO. YR.	TO MO. YR.
NAME:		POSITION HELD:	
ADDRESS:		SALARY/WAGE:	
CITY:	STATE:	ZIP:	
PHONE # ()	REASON FOR LEAVING:		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
CONTACT PERSON:			

DRIVER LICENSES	STATE	LICENSE NO.	TYPE (A, B, etc.)	EXPIRATION DATE
ENDORSEMENTS:				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?.....YES NO

B. Has any license, permit or privilege ever been suspended or revoked?YES NO

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 NO

****If you answered yes to any of these questions, please provide details on a separate sheet****

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:

DATES	NATURE OF ACCIDENT			FATALITIES	INJURIES
	Mo.	Day	Yr.		
LAST ACCIDENT:	/	/			
NEXT PREVIOUS:	/	/			
NEXT PREVIOUS:	/	/			

LOCATION	DATE	CHARGE	PENALTY

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:				

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

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

PLEASE READ AND SIGN BELOW

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

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



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: _____
3rd Attempt: _____

2nd 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.

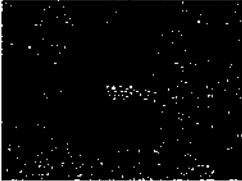









Please return form via fax to 219-926-9627 Attention: _____, TLC Customer Service Rep.

1. Please list all employment dates:	and position:
2. Did he/she drive a motor vehicle for you? <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Other _____	
3. If tractor-trailer, what type of trailer? <input type="checkbox"/> Dry van <input type="checkbox"/> Flatbed <input type="checkbox"/> Reefer <input type="checkbox"/> Hopper <input type="checkbox"/> Dump <input type="checkbox"/> Lowboy <input type="checkbox"/> Tanker <input type="checkbox"/> Container	
4. Type of driving: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> OTR	
5. Was he/she on time and dependable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Reason for leaving employ: <input type="checkbox"/> Discharged; reason _____ <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Leave of Absence	
7. Is he/she eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No *If No, please explain: _____	
8. Please advise of any injuries, illnesses or prescribed medications:	
9. Did he/she have any DOT reportable accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No *if YES, please provide details (specify dates, fault, # of injuries, fatalities, property damage, hazardous spills, etc.):	
10. Comments regarding safety habits, awards, work ethics, skills, attitude, ability to perform job functions, etc.:	
11. In the past 3 years did he/she:	
test 0.04 or greater for alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
test positive for a Controlled Substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
refuse to be tested while in your employ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
violate any other Drug/Alcohol prohibitions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
To your knowledge fail a drug or alcohol test for a previous employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to any of the above questions, please provide date test was failed or refused: _____	
If YES to the above, did the driver follow the mandatory treatment steps? _____	
Person providing verification, please sign below:	
SIGNATURE: _____	DATE: _____
PRINTED NAME/TITLE: _____	



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

This questionnaire is designed to reflect the physical demands associated with the most common tasks of a driver.
Simply check YES if you have the ability and NO if you do not have the ability to safely and regularly perform the task

	<p>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., duffle 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

Revised 12/8/16



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

**BACKGROUND CHECK
 DISCLOSURE AND AUTHORIZATION
 FORM**

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

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

Please read carefully and completely before signing

Disclosure:

As part of your application for employment or your interest in being qualified as a contractor with The TLC Companies (the "Company"), the Company intends to obtain a consumer report and criminal background screen from consumer reporting agencies such as HireRight, Asurint, Accurate Background, and/or US Information Search. These consumer reports will be used for employment purposes within the meaning of the Fair Credit Reporting Act (the "FCRA"). To the extent you enter into an employment or contractual relationship with the Company, the Company may periodically obtain updated consumer reports and criminal background screens.

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

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

Authorization:

This signed Authorization is my authorization and consent for the Company to procure consumer reports and criminal background reports from a consumer reporting agency from time to time as required by the Company for employment or contract purposes.

This authorization shall remain on file and shall serve as on-going authorization for the Company to procure consumer and criminal background reports at any time during my employment or contractual relationship and the qualification process with respect thereto. I understand that, upon termination of my employment or contract for any reason, this authorization shall be destroyed and of no further effect.

I hereby certify that I have read the foregoing and understand the contents of this Disclosure and Authorization. I also understand the remedies available to me should I disagree with the Consumer Reporting Agency with respect to the consumer report.

Signature: _____ **Date:** _____

Printed Name: _____ **Last 4 digits of Social Security Number:** _____

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 Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration 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



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

COMMERCIAL DRIVERS - EMPLOYEE REPRESENTATION AGREEMENT

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

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

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

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

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

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

Signature

Date

Print Name



Corporate Offices
8160 Summit Drive N., Suite 500
Brooklyn Center, MN 55430 763-585-7000

COMMERCIAL DRIVERS - EMPLOYEE REPRESENTATION AGREEMENT

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

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

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

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

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

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

Signature

Date

Print Name

EMPLOYEE'S COPY

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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

Exemption from withholding. You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
1 Your first name and middle initial			Last name		2 Your social security number
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)					5
6 Additional amount, if any, you want withheld from each paycheck					6 \$
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here					7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.)					Date
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A _____
B	Enter "1" if you will file as married filing jointly	B _____
C	Enter "1" if you will file as head of household	C _____
D	Enter "1" if: <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	D _____
E	<p>Child tax credit. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E _____
F	<p>Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 	F _____
G	<p>Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F</p>	G _____
H	Add lines A through G and enter the total here	H _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1 \$ _____
2	Enter: <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately 	2 \$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3 \$ _____
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4 \$ _____
5	Add lines 3 and 4 and enter the total	5 \$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6 \$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7 \$ _____
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8 _____
9	Enter the number from the Personal Allowances Worksheet , line H, above	9 _____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10 _____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 _____
- 2 Find the number in Table 1 below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet. 3 _____

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

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in Table 2 below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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



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

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p><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>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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



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





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

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

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		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

Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)
-------------------------	-------------------------	----------------	-------------------

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

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

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

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

<p align="center">LIST A Documents that Establish Both Identity and Employment Authorization</p>	<p align="center">LIST B Documents that Establish Identity</p>	<p align="center">LIST C Documents that Establish Employment Authorization</p>
<p>1. U.S. Passport or U.S. Passport Card</p> <p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p> <p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p> <p>4. Employment Authorization Document that contains a photograph (Form I-766)</p> <p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</p> <p>a. Foreign passport; and</p> <p>b. Form I-94 or Form I-94A that has the following:</p> <p>(1) The same name as the passport; and</p> <p>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</p> <p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</p>	<p>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p> <p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p> <p>3. School ID card with a photograph</p> <p>4. Voter's registration card</p> <p>5. U.S. Military card or draft record</p> <p>6. Military dependent's ID card</p> <p>7. U.S. Coast Guard Merchant Mariner Card</p> <p>8. Native American tribal document</p> <p>9. Driver's license issued by a Canadian government authority</p> <p>For persons under age 18 who are unable to present a document listed above:</p> <p>10. School record or report card</p> <p>11. Clinic, doctor, or hospital record</p> <p>12. Day-care or nursery school record</p>	<p>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</p> <p>(1) NOT VALID FOR EMPLOYMENT</p> <p>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</p> <p>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</p> <p>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</p> <p>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p> <p>4. Native American tribal document</p> <p>5. U.S. Citizen ID Card (Form I-197)</p> <p>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p> <p>7. Employment authorization document issued by the Department of Homeland Security</p>

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

Refer to the instructions for more information about acceptable receipts.



Corporate Offices
 8160 Summit Drive N., Suite 500
 Brooklyn Center, MN 55430 763-585-7000

**EQUAL EMPLOYMENT OPPORTUNITY FORM
 EEOC**

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

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

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

Employee Name (please print)

Client Leased To (if applicable)

Sex: Male Female

Race: White/Caucasian (not of Hispanic origin) 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: _____



Corporate Office
8180 Summit Drive N., Ste. 500
Brooklyn Center, MN 55430 877-248-8360

ALCOHOL AND CONTROLLED SUBSTANCE EMPLOYEE'S CERTIFIED RECEIPT

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

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

Employee's Name

Company/Department

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

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

Employee's Signature

Date

Authorized Employer Representative

Date



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

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

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

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

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

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

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

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

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

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

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

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

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____



DIRECT DEPOSIT AUTHORIZATION FORM

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

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

Date: _____

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

Name (please print): _____
First MI Last

Last 4 of SSN (required): _____

Signature (required): _____

Internal use only: Approved by: _____

Client Assigned To (required): _____

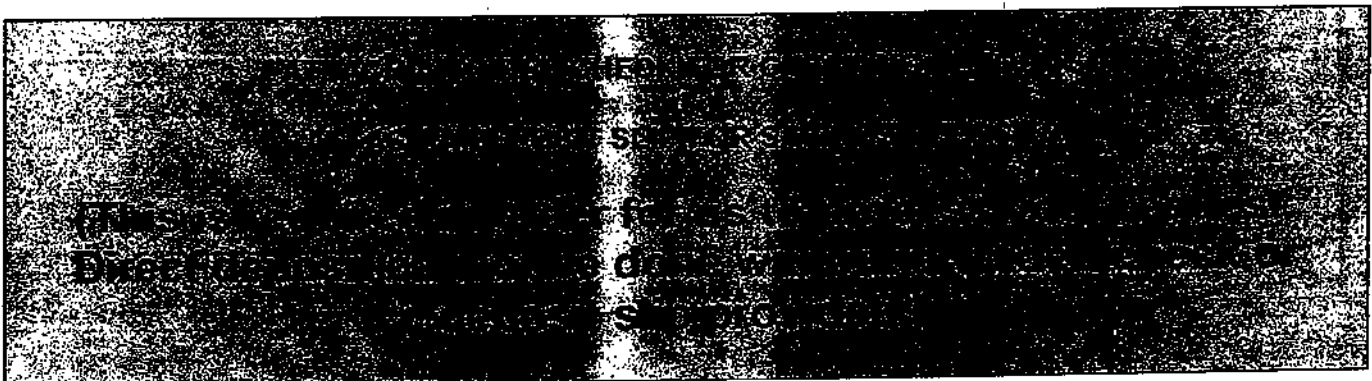
Contact Number: _____

Notes: _____

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

1. Name of Bank: Bank Address: City, State, Zip: Bank Telephone #: () Transit/Routing # (9-digits): Acct #: [] 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





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

DRIVER'S RECEIPT FMCSR POCKETBOOK

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

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

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

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

DRIVER'S SIGNATURE

DATE

COMPANY

COMPANY SUPERVISOR'S SIGNATURE

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



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

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

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

Corporate Office
8160 Summit Drive N., Ste. 500
Brooklyn Center, MN 55430 877-248-8360

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

Driver Name (Print) _____

Social Security Number _____

Motor Vehicle Operator's License Number _____

Type of License _____ Issuing State _____

DAY	1 Sun	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

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

_____ A.M. On _____
P.M. _____
Time Day Month Year

Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

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

Are you currently working for another employer? Yes No

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

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

Driver's Signature Date

Witness: _____
Company Representative Date

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

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

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

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

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

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

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

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

AUTHORIZATION

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

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

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

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

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

Date: _____

Signature

Name (Please Print)

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

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

LAST UPDATED 12/22/2015