



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

ValuScreen™
COMMERCIAL DRIVER
APPLICATION
Screening Services Only
Applicant will not be a TLC Employee

TLC Payroll Plus Corporation
811 Washington Ave.
PO Box 1168
Detroit Lakes, MN 56502-1168
800-825-3832 Fax 877-227-8080

Transport Leasing Contract, Inc.
325 South Calumet Road, Suite 1
Chesterton, IN 46304
800-926-8440 Fax 219-926-9627

In compliance with Federal and State Equal Employment Opportunity Commission (EEOC) laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job-related disability.

TLC Client Name: _____

DATE OF APPLICATION: ____/____/____

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

Name: _____ Last First Middle			Social Security Number: _____		
Address: _____			County: _____		
City, State, Zip: _____			Home Phone Number: () _____		
Address For Past Three Years	Street _____		City _____	State & Zip Code _____	How Long? _____
	Street _____		City _____	State & Zip Code _____	How Long? _____
Date of Birth _____ (Required for Truck Drivers)	Height _____	Weight _____			

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 might be unable to perform the functions of the job for which you have applied (as described in the attached driver job description)? YES NO If YES, please explain below.

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

EMPLOYMENT HISTORY

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

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

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

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

EMPLOYMENT HISTORY

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

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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 ever been convicted of a felony? YES NO

D. Have you ever 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

DRIVING EXPERIENCE

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

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

DRIVING RECORD

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT:	/ /		
NEXT PREVIOUS:	/ /		
NEXT PREVIOUS:	/ /		
NEXT PREVIOUS:	/ /		

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST FIVE YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

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

NAME:

DATE:

EXPERIENCE AND QUALIFICATIONS – OTHER

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

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

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN):

TO BE READ AND SIGNED BY APPLICANT

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. Specifically, I understand that consumer reports may be requested from DAC Services. These reports may include the following types of information: previous employers, dates of service, reason for termination, accidents, etc. I further understand that such reports may contain from federal, state or other agencies, information concerning my driving record, criminal record, workers' compensation claims, etc. 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 TLC to release any and all information regarding myself to any of its clients for whom I may be employed.

You have the right to review information provided to us by your previous employers and have any errors in such information corrected by your previous employer as stated in section 391.23 (i) of the FMCSRs. Should you wish to review this information you must submit a written request to us, your prospective employer, as stated in section 391.23 (i) of the FMCSRs.

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



Corporate Offices
6180 Summit Drive N., Ste. 500
Brooklyn Center, MN 55430 877-248-8360

REQUEST FOR INFORMATION FROM A PREVIOUS EMPLOYER

TLC Payroll Plus Corporation

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PO Box 1168
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800-825-3832 Fax 877-227-8080

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800-926-8440 Fax 219-926-9627

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 purposes of investigation as required by Sections 391 and 382 of the Federal Motor Carrier Safety Regulations. 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 (FMCSR 40.321).*

Date _____ Applicant's Signature _____ Applicant's Printed Name _____

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

The individual named below has applied to our company for a position as a **Commercial driver** 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. Name of applicant: _____	SS#: _____
2. Employed from: _____ to: _____ as(n): _____	
3. 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 _____	
4. If a tractor-trailer, what type of trailer? <input type="checkbox"/> Dryvan <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	
5. Were Dot Logs Required to be kept? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Was he/she an on-time and dependable driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Was his/her overall work record satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Reason for leaving your employ: <input type="checkbox"/> Discharged; reason _____ <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Military	
9. Is he/she eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain _____	
10. Please advise of any injuries, illnesses or prescribed medications: _____	
11. Please advise of dates and details of any DOT reportable accidents or tickets (<i>specify # of injuries, fatalities, property damage, hazardous spills, etc.</i>): _____	
12. Do you know of any reason why this person could not perform all the required duties of this position? _____	
13. Comments regarding safety habits, awards, work ethics, skills, attitude, etc.: _____	
14. In the past <u>3 years</u> did he/she:	
test 0.04 or greater for alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
test positive for 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? _____	
SIGNATURE: _____ TITLE: _____ DATE: _____	



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TLC Payroll Plus Corporation
 811 Washington Ave.
 PO Box 1168
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 800-825-3832 Fax 877-227-8060

RELEASE & CONSENT FORM
 CONSUMER REPORTS
 USIS/DAC SERVICES

Transport Leasing Contract, Inc.
 325 South Calumet Road, Suite 1
 Chesterton, IN 46304
 800-926-8440 Fax 219-926-9627

PART 1 – DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by my previous employers to USIS 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 USIS to review involves tests required by the DOT. If any carrier/company/school for whom I was previously employed furnishes USIS 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.

Applicant Name – Printed: _____ **Applicant Signature:** _____

Social Security Number: _____ **Date:** _____

PART 2 – CONSUMER REPORT DISCLOSURE AND RELEASE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services or other Consumer Reporting Agencies ("CRA"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drug/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain such records; as well as information from CRA concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to CRA, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that CRA previously furnished within the three-year period preceding your request. The TLC Companies can be contacted by mail at 325 S. Calumet Road, Suite 1, Chesterton, IN, 46304 or by phone at 1-800-926-8440.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTRACTED BY CRA, TO FURNISH THE ABOVE-MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART 1.

I hereby consent to your obtaining the above information from CRA, and I agree that such information which CRA has or obtains, and my employment history (not Drug and Alcohol information without a specific consent from me) with you if I am hired, will be supplied by CRA to other companies which subscribe to CRA. I hereby authorize procurement of consumer report(s). If hired or contracted this authorization, for Part 2 reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Applicant Name-Printed: _____ **Applicant Signature:** _____



Corporate Office
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**ESSENTIAL JOB FUNCTIONS WORKSHEET
 COMMERCIAL TRUCK DRIVER (CLASS A & B)**

TLC Payroll Plus Corporation

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 PO Box 1168
 Detroit Lakes, MN 56502-1168
 800-825-3832 Fax 877-227-8080

Transport Leasing Contract, Inc.

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 Chesterton, IN 46304
 800-926-8440 Fax 219-926-9627

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 sit and drive as is required for an 11-hour shift?
 YES NO
2. Can you perform repetitive motion tasks with your hands and wrists?
 YES NO
3. Can you push and pull levers or objects that require 100 lbs. of force or more?
 YES NO
4. Do you have free and continual movement of your legs and feet as required to safely operate a clutch, brake and gas pedal or foot controls of a truck?
 YES NO
5. If required, are you able to you reach and lift 60 lbs. above your head?
 YES NO
6. Can you climb stairs to safely get in an out of a truck or with a load regularly?
 YES NO
7. Can you grip, grasp and twist using your hands and wrists constantly as is required to safely operate the steering, shifting or other mechanical or hydraulic controls of a truck?
 YES NO
8. If required, are you able to lift and move 100 lbs. or more?
 YES NO

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

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 Employee

 Date

 Printed Name

 Social Security Number



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DRIVER'S RECEIPT FMCSR POCKETBOOK

Transport Leasing Contract, Inc.
325 South Calumet Road, Suite 1
Chesterton, IN 46304
800-926-8440 Fax 219-926-9627

This issue of the FMCSR Pocketbook includes all revisions issued on or before September 10, 2001.

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

CLIENT COMPANY

COMPANY SUPERVISOR'S SIGNATURE

10/01

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.



Corporate Office
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ALCOHOL AND CONTROLLED SUBSTANCE EMPLOYEE'S CERTIFIED RECEIPT

TLC Payroll Plus Corporation
811 Washington Ave.
PO Box 1168
Detroit Lakes, MN 56502-1168
800-825-3832 Fax 877-227-8080

Transport Leasing Contract, Inc.
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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 affects 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



CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

TLC Payroll Plus Corporation
811 Washington Ave.
PO Box 1168
Detroit Lakes, MN 58502-1168
800-825-3632 Fax 877-227-8060

Transport Leasing Contract, Inc.
325 South Calumet Road, Suite 1
Chesterton, IN 46304
800-828-8440 Fax 219-926-9627

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

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

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

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

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

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

The following license is the only one I will possess:

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

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

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____



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

TLC Payroll Plus Corporation
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 PO Box 1168
 Detroit Lakes, MN 56502-1168
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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	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

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

A.M.
 P.M.

On _____ 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