



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

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

APPLICATION FOR EMPLOYMENT COMMERCIAL DRIVER

Personnel Office
325 S. Calumet Rd. Suite 1
Chesterton, IN 46304
Ph 800-926-8440

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

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

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

DATE OF APPLICATION: ____/____/____

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

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

Do you have the legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	List any local, city or county taxes you are subject to: _____
Are you now employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, how long since leaving your last employment: _____	What school district do you live in? _____

Is there any reason you *would not* 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) NO YES If YES, please explain below:

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

EMPLOYMENT HISTORY

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

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

Present or most recent EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	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	
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	

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

EMPLOYMENT HISTORY CONTINUED

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

EXPERIENCE AND QUALIFICATIONS - DRIVER

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. *Disregard this question if you are a Massachusetts resident or if you are applying for work in Philadelphia* - 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
Mo.	Day	Yr.			
LAST ACCIDENT:	/	/			
NEXT PREVIOUS:	/	/			
NEXT PREVIOUS:	/	/			
NEXT PREVIOUS:	/	/			

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

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

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

LAST SCHOOL ATTENDED

NAME:

DATE:

EXPERIENCE AND QUALIFICATIONS – OTHER

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

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

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 HireRight. 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 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 (j) 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.

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



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

REQUEST FOR INFORMATION FROM A PREVIOUS EMPLOYER

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

Personnel Office
325 S. Calumet Rd. Suite 1
Chesterton, IN 46304
Ph 800-926-8440

1st Attempt: _____
2nd Attempt: _____
3rd Attempt: _____
4th Attempt: _____

I hereby authorize you, a DOT Regulated Employer for whom I have worked in the last 3 years, to release the following information to The TLC Companies for 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 #: _____

Applicant: do not complete anything below this line.

The individual named below has applied to our company, or one of our client companies, 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: _____		Last 4 digits of SSN: _____	
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. Type of driving: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> OTR		6. Were DOT Logs Required to be kept? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Was he/she an on-time and dependable driver? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Was his/her overall work record satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Reason for leaving your employ: <input type="checkbox"/> Discharged; reason _____ <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Military			
10. Is he/she eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain _____			
11. Please advise of any injuries, illnesses or prescribed medications: _____			
12. Please advise of dates and details of any DOT reportable accidents or tickets (<i>specify # of injuries, fatalities, property damage, hazardous spills, etc.</i>): _____			
13. Do you know of any reason why this person could not perform all the required duties of this position? _____			
14. Comments regarding safety habits, awards, work ethics, skills, attitude, etc.: _____			
15. 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? _____			
Person providing verification, please sign below:			
SIGNATURE: _____		PRINTED NAME/TITLE: _____	DATE: _____



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

RELEASE & CONSENT FORM
 CONSUMER REPORTS
 HireRight

Personnel Office
 325 S. Calumet Rd. Suite 1
 Chesterton, IN 46304
 Ph 800-926-8440

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 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.

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 HireRight 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, credit reports 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. If final adverse action is taken against you based upon a background report, TLC will notify you that the action has been taken and that the background report was the reason for the action.

I authorize TLC to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that TLC might contact in the course of conducting a reference check or background investigation of my suitability for employment. 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. Information about HireRight's privacy practices is available at www.hireright.com/privacy-policy.aspx.

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. I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with TLC. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for the TLC's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to TLC or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against TLC or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above Consumer Report Disclosure and Release provided to me by TLC and I understand that if I sign this consent form, TLC and /or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment. I hereby authorize TLC, its employees, agents, and affiliates to obtain the information authorized above.

NOTICE: 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.

Applicant Signature: _____ **Date:** _____

Applicant Name (Printed): _____



PERSONAL & CONFIDENTIAL
MEDICAL REVIEW QUESTIONNAIRE
COMMERCIAL DRIVERS

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

Personnel Office
325 S. Calumet Rd. Suite 1
Chesterton, IN 46304
Ph 800-926-8440

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

Congratulations, based on our initial screening, we are pleased to extend to you a conditional job offer of employment. This offer is conditioned upon your successful completion of the remaining steps in our screening process, including but not limited to your completion of this questionnaire. You will be notified of your start date, subject to your completion of the Personal and Confidential Medical Review questions provided below. This information is requested to ensure that you can safely perform the essential functions of the job and that you meet all applicable federal regulations governing physical qualifications of commercial drivers. The information you provide below is considered personal, confidential and medical in nature and will be treated as such by handling it confidentially. This form should only be completed after you have received a conditional offer of employment. If you have not yet received a conditional offer of employment, you should not complete this form.

1. Have you had any on the job injuries? [] No [] Yes
If Yes, for each injury list date of injury, employer at the time, cause of injury, how much time off from work, body part involved, and percentage of impairment if applicable:

2. Do you have or have you ever had any other injuries or illnesses, not on the job, which resulted in surgery, lost time from work, or hospitalization? [] No [] Yes
If Yes, for each injury/illness list date, cause, body part involved, how much time off from work and if there is any continuing treatment at this time:

3. Are you currently taking any prescribed medications? [] No [] Yes
If Yes, list what medications you are currently taking, for what condition you are taking the medication, and any side effects the medications have:

4. Do you currently have any medical restrictions or medical conditions that must be considered with your application pursuant to the Federal Motor Carrier Safety Regulations, 49 C.F.R. §391.41? (i.e. current diagnosis of myocardial infarction, diabetes requiring insulin for control, seizures, allergic reactions, hearing loss, etc)
[] No [] Yes If Yes, please explain:

5. Are you currently under a doctor or chiropractor's care? [] No [] Yes
If Yes, please explain (including type of treatment and current restrictions):

6. Have you ever had any problems affecting your wrists, back, neck, shoulders or knees that would affect your ability to perform the duties of the position with or without reasonable accommodations? [] No [] Yes
If Yes, please explain:

I hereby certify that the information contained on this form is true and correct and that there are no omissions. I authorize any physician, medical facility, past employers, and/or privileged agency by TLC, Inc. to furnish or verify workers compensation and medical information.

Signature of Applicant/Employee

Date

Printed Name

Social Security Number

TLC Client - Please complete the portion below after you have made a conditional job offer to the applicant:

Table with 3 columns: Applicant/Offeree Name, Position Offered, Date of Conditional Job Offer; Anticipated Start Date, Company (TLC Client) Name, Name of person making job offer.



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

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

Personnel Office
325 S. Calumet Rd. Suite 1
Chesterton, IN 46304
Ph 800-926-8440

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

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.

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?
2. Can you perform repetitive motion tasks with your hands and wrists?
3. Can you push and pull levers or objects that require 100 lbs. of force or more?
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?
5. If required, are you able to reach and lift 60 lbs. above your head?
6. Can you climb stairs to safely get in and out of a truck or with a load regularly?
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?
8. If required, are you able to lift and move 100 lbs. or more?
9. Is there any reason you may not be considered physically qualified to operate a commercial motor vehicle per the qualifications set forth in part §391.41 of the Federal Motor Carrier Safety Regulations?

If Yes, please explain: _____

For any No answers to questions 1-8 above, please explain below:

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

Signature of Applicant

Date

Printed Name

Social Security Number

MANDATORY USE FOR ALL ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with Gallano Trucking Inc ("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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize Gallano Trucking Inc ("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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.