

Please Mail To:

101 Creekside Rd.
W. Columbia, SC 29172
Fax 803-822-8237

IMPORTANT NOTICE
FROM CDJ BULK EXPRESS, INC.

Please Read Carefully *Before* Filling Out Application

Pursuant to Federal DOT Guidelines, we, as the prospective employer must notify you, the applicant that CDJ Bulk Express, Inc. will be contacting each previous employer that you list on your application. CDJ will be verifying your dates of employment, accident history, federal drug and alcohol testing history, hours of service violations which resulted in being placed 'Out of Service' and any and all information contained in your application for employment.

You have the right to review your safety records submitted by companies you were previously employed with. You have the right to request corrections or refute any information in these records.

I have read and understand the terms listed herein. I authorize CDJ Bulk Express, Inc. to verify any and all information, including verification of federal drug and alcohol testing results, contained in my application for employment. I have been notified of my Due Process Rights as outlined in the FMCSR 49 CFR Section 391.23 (i). I understand these rights and give my consent to the verification process and practices of CDJ Bulk Express, Inc.

Driver's Signature

Date

Driver's Printed Name

This form must be submitted along with your application for employment. No application will be considered without this form being completed and signed by applicant.



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Driver Application For Employment

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-related medical condition or handicap.

Date of Application: _____ Social Security # : _____

Name: _____
(Last) (First) (MI)

Date Of Birth: _____ CB Handle: _____

Address: _____ How Long: _____
(Street #) (Street Name)
 _____ Phone: _____
(City) (State) (Zip) (Home)
 _____ Phone: _____
(Cell)

List Addresses For The Past Five (5) Years:

_____ How Long: _____
(Street #) (Street Name) (City, State, Zip)

_____ How Long: _____
(Street #) (Street Name) (City, State, Zip)

_____ How Long: _____
(Street #) (Street Name) (City, State, Zip)

Are you presently employed? Yes No

If not, how long since leaving your last employment? _____

Expected Gross Pay:	\$900 - \$1,000	\$1,200 - \$1,300	Expected Miles:	2,000 - 2,500
<small>(Circle One)</small>	\$1,000 - \$1,100	\$1,300 - \$1,400	<small>(Circle One)</small>	2,500 - 3,000
	\$1,100 - \$1,200	\$1,400 - \$1,500		3,000 - 3,500

How did you hear about our company? Driver (Name, Handle, Truck #) _____

Newspaper _____, Drive By _____, Sign On Trailer _____, Other _____

For Office Use Only (Do Not Write In This Space)

Date	Operation	Date	Operation
_____	Interview w/ John	_____	Company Policy Manual Issued
_____	Road Tested	_____	Scheduled To Qualify
_____	Drug Tested	_____	Scheduled to Train
_____	Results Received	_____	Qualified

Employment History

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce must provide the following information on all employers during the preceding ten (10) years.

NOTE: Begin with your most recent employer and work backward. Do not write in highlighted areas.

<input type="checkbox"/> OTR <input type="checkbox"/> Local		Dates	Verification	Initial
Name: _____		Phone # : _____	From: _____	Emp. Dates: _____
Address: _____			To: _____	Experience: _____
City: _____	State: _____	Zip: _____	Wage: _____	Position: _____
Engine: <input type="checkbox"/> CAT <input type="checkbox"/> Cummins <input type="checkbox"/> Detroit		Transmission: <input type="checkbox"/> 10 <input type="checkbox"/> 13 <input type="checkbox"/> 15 <input type="checkbox"/> 18		Equip: _____
Type of Tractor: <input type="checkbox"/> Straight <input type="checkbox"/> OTR <input type="checkbox"/> Peterbilt <input type="checkbox"/> Kenworth <input type="checkbox"/> Freightliner <input type="checkbox"/> Other				Accidents: _____
Type of Trailer: <input type="checkbox"/> Dump <input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Flat <input type="checkbox"/> Doubles <input type="checkbox"/> Auto Transport <input type="checkbox"/> Other				License: _____
What speed was truck governed at? _____ mph			Miles per week you averaged: _____	
Area of Operation: <input type="checkbox"/> 48 States <input type="checkbox"/> NE Region <input type="checkbox"/> SE Region <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> Other				Rehire: _____
Reason for Leaving: <input type="checkbox"/> Quit w/ Notice <input type="checkbox"/> Quit w/o Notice <input type="checkbox"/> Lay Off <input type="checkbox"/> Discharged				DOT Drug: _____
Verified By: _____		Title: _____	Date: _____	DOT Alcohol: _____

<input type="checkbox"/> OTR <input type="checkbox"/> Local		Dates	Verification	Initial
Name: _____		Phone # : _____	From: _____	Emp. Dates: _____
Address: _____			To: _____	Experience: _____
City: _____	State: _____	Zip: _____	Wage: _____	Position: _____
Engine: <input type="checkbox"/> CAT <input type="checkbox"/> Cummins <input type="checkbox"/> Detroit		Transmission: <input type="checkbox"/> 10 <input type="checkbox"/> 13 <input type="checkbox"/> 15 <input type="checkbox"/> 18		Equip: _____
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Name: _____		Phone #: _____	From: _____	Emp. Dates: _____
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Verified By: _____		Title: _____	Date: _____	DOT Alcohol: _____

Accident Record

List any accidents in past three (3) years:

Date	Nature of Accident <small>(Head On, Rear End, Roll Over, Etc.)</small>	Fatalities	Injuries	Who Was At Fault?

Traffic Convictions

List any traffic convictions (other than parking citations) and/or forfeitures for the past three (3) years:

Location (State)	Date	Charge	Penalty

Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12	HS Graduate <input type="checkbox"/>
	GED <input type="checkbox"/>
Last School Attended:	College <input type="checkbox"/>

Miscellaneous Qualification and Training Experience

List all states operated in for last five (5) years:
Do you hold any driving awards? (Please List)
List any qualifications or experience you have that will make you a beneficial part of our team:

Drivers License Information

List All Licenses You Have Ever Held	License Number	State	Type	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

If you answered 'yes' to either of the questions above, please list details:

Physical History

Do you have any physical condition which may limit your ability to perform the job applied for? Y N
If yes, what can be done to accommodate your limitations? _____
Are you physically capable of heavy manual work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of time lost from work in the past three (3) years: _____
Have you ever missed work due to a workers compensation injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', when & how long were you out of work. What happened? _____
Have you ever tested positive for controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever tested positive for alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the expiration date of your DOT Physical? _____

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	When? _____
Please explain: _____	

EMERGENCY CONTACTS

Please list three people that we can call in case of any type of an emergency that you may become involved in.

Name:	_____				
Address: (Street)	_____				
City:	_____	State:	_____	Zip:	_____
Phone # :	_____				
Relation:	_____				

Name:	_____				
Address: (Street)	_____				
City:	_____	State:	_____	Zip:	_____
Phone # :	_____				
Relation:	_____				

Name:	_____				
Address: (Street)	_____				
City:	_____	State:	_____	Zip:	_____
Phone # :	_____				
Relation:	_____				



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
6160 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 you 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 Employee

Date

Printed Name

Social Security Number



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

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

REQUEST FOR INFORMATION FROM A PREVIOUS EMPLOYER

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

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, 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:	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. 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 this form:	
SIGNATURE: _____	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.

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.

Applicant Signature: _____ **Date:** _____
Applicant Name (Printed): _____

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

In connection with your application for employment with _____ (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. 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:

I authorize _____ (“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.

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.



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)



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

**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

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:

<i>Applicant/Offeree Name:</i>	<i>Position Offered:</i>	<i>Date of Conditional Job Offer:</i>
<i>Anticipated Start Date:</i>	<i>Company (TLC Client) Name:</i>	<i>Name of person making job offer:</i>