



TRANSPORT LEASING/CONTRACT, INC.

PAYROLL PLUS CORPORATION

THE LABOR SOURCE, INC.

APPLICATION COVER PAGE – MECHANIC

Paperwork can be faxed to our Chesterton office at 219-926-9627.

The following pages are needed to begin screening an applicant:

- Complete TLC Application (2 pages)
- Signed Disclosure and Authorization Form
- Essential Job Functions Worksheet
- Copy of Driver's License (*only necessary if applicant will be driving vehicles on public roads*)

The following pages are needed before we can process payroll on an APPROVED applicant:

- Federal W4
- State Withholding Forms (if applicable)
- Employment Eligibility Verification (*Form I-9; Section 1 must be completed by the employee; Section 2 must be completed by the person witnessing the documents; copies of documents should also be included.*)
- Compensation and Hire Information Form (*required for Payroll Plus Corporation clients only; to be completed by the employee's worksite supervisor*)
- TLC Employee Handbook Receipt (*A TLC Employee Handbook should be given to every employee and the signed receipt should be faxed or sent 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:

- 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 pages are optional:

- Direct Deposit Authorization Form
- Background Check Request Form
- Equal Employment Opportunity Form (EEOC)

**You are required to comply with the Fair Credit Reporting Act with respect to any consumer reports you are provided by TLC*

Revised 06/13/13



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

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

APPLICATION FOR EMPLOYMENT

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

TLC Client Name: _____
 TLC Client ID Number: _____

DATE OF APPLICATION: ____/____/____

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

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

EMPLOYMENT HISTORY

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

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

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

Employment History (Continued)

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

GENERAL INFORMATION

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

NO YES – *Please Explain:*

If you are a resident of Massachusetts or you are applying for work in Philadelphia, PA or Newark, NJ disregard this question. Answering yes to this question will not automatically disqualify you from being hired.

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

NO YES – *Please Explain:*

NOTICE TO APPLICANTS:

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

The TLC Companies (TLC) participates in E-Verify, which means if you are hired information from your I-9 form will be provided to the Social Security Administration, and if necessary, the Department of Homeland Security, to confirm work authorization.

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

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

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

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

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

Applicant Signature: _____ **Date:** _____

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



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 and/or US Information Search. These consumer reports will be used for employment purposes within the meaning of the Fair Credit Reporting Act (the "FCRA"). To the extent you enter into an employment or contractual relationship with the Company, the Company may periodically obtain updated consumer reports and criminal background screens. Among the reports that may be procured by the Company are reports from the Pre-Employment Screening Program (PSP) conducted by the Federal Motor Carrier Safety Administration (the information obtained from this program is hereinafter referred to as a "PSP Report").

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

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

Authorization:

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

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

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

Signature: _____ *Date:* _____

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



ESSENTIAL JOB FUNCTIONS WORKSHEET

Mechanic

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

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

Personnel Office
802 Wabash Ave., Suite 1
Chesterton, IN 46304
Ph 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 stand/sit for an 8-10 hour shift?
 YES NO
2. Can you perform repetitive motion tasks with your hands and wrists for an 8 hour shift? This includes the movement and use of hand and power tools.
 YES NO
3. Can you bend and stoop throughout an 8 hour shift?
 YES NO
4. Can you work in a dusty environment, around chemical odors and fumes, and in a shop that may be noisy?
 YES NO
5. Can you reach and lift up to 60 pounds above your head?
 YES NO
6. Can you lift and move up to 60 pounds safely?
 YES NO
7. Can you safely climb stairs in/out of a truck and on/off a trailer, if required?
 YES NO
8. Can you grip, grasp and twist using your hands and wrists regularly?
 YES NO
9. Can you work in an environment that is sometimes hot or cold?
 YES NO

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

Prompt and reliable attendance is a job requirement.

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

Signature of Applicant

Date

Printed Name

Form W-4 (2013)

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. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>			
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>			
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>			
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>			
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>			
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>			
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>			
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%; vertical-align: top;">For accuracy, complete all worksheets that apply.</td> <td style="width: 5%; vertical-align: middle; font-size: 3em;">{</td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 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 below. </td> </tr> </table>				For accuracy, complete all worksheets that apply.	{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 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 below.
For accuracy, complete all worksheets that apply.	{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 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 below. 				

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2013
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, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 <u> </u> 6 \$ <u> </u>
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • 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 <u> </u>
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 lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other 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 [][]-[][]-[][][][]	E-mail Address			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):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

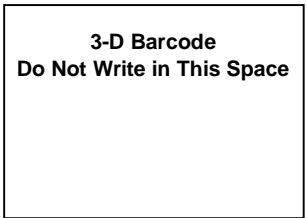
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*



Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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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.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



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

COMPENSATION AND HIRE FORM
Required for Payroll Plus Corp. (PPC) clients only

- 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

Information below to be completed by supervisor at client worksite:

<i>Client Name / Client ID Number:</i>	<i>Employee Name:</i>
<i>Hire Date:</i>	<i>Job Description:</i>
<i>Division/Department:</i>	<i>Worker's Compensation Code (if known):</i>
<i>Employee Worksite Location Address (required):</i>	

Employment Status *(required, choose one):*

- Full Time *(32 hours per week or more)*
- Part Time *(Less than 32 hours per week)*

Pay Method *(choose one):*

- Hourly - *Hourly Rate of Pay:* \$ _____
- Salary - *Rate of Pay per Pay Cycle:* \$ _____
Annual Salary Amount: \$ _____

Pay Cycle *(choose one):*

- Weekly
- Bi-Weekly
- Semi-monthly

Number of hours per pay cycle employee will work: _____

First scheduled pay date: _____, which will cover the pay period of: _____

Mail check/pay stub to: Home Work

If you have any questions about completing this form please contact your Payroll Coordinator at 800-825-3832.

Client Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____



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 hereby authorize THE TLC COMPANIES to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) identified below and authorize the Depository Financial Institution (DFI) to accept these credit and/or debit entries. It is agreed that these deposits and adjustments may be made electronically and under the rules of the Upper Midwest Clearing House Association. This authorization will remain in effect until written notice of termination is given to THE TLC COMPANIES. I acknowledge receipt of a copy of this Authorization. An original or faxed copy of this Authorization will be considered as an original.

Employee Name (please print): _____ SSN (required): _____
First MI Last

Signature (required): _____ Internal use only:
Approved by: _____

Client Assigned To (required): _____ Contact Number: _____
Notes: _____

NOTE: Your next pay may be a check; Direct Deposit takes 7-10 business days from your next pay date.

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

ATTACH A VOIDED CHECK FOR CHECKING DEPOSITS
and/or
ATTACH A DEPOSIT SLIP FOR SAVINGS DEPOSITS
(This is required in order for us to process your request.
Direct deposit cannot be done without a voided check or
deposit slip provided.)

The TLC Companies must have written notice to make any changes to account information or to stop the direct deposit. Due to circumstances beyond our control, The TLC Companies cannot guarantee a direct deposit for any given day. It is the responsibility of the employee to check with your financial institution regarding the availability of funds. If you have any questions, please contact our office.



Corporate Offices
 6160 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

For TLC/PPC/LSI use only:

EEOC job category: _____



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

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

CRIMINAL BACKGROUND CHECK REQUEST FORM

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

The TLC Companies believe that good hiring choices save costs in the long run in all aspects of your business. For a fee of \$20.00 we will complete a basic nationwide criminal background check. The charge will appear on your next invoice. Other services are also offered below.

- NO**, I am not interested in a criminal background check.
- YES**, I would like a criminal background check on the applicant listed below:

Applicant's Name: _____

Aliases/Maiden Name: _____

Social Security Number: _____

Date of Birth: _____

Credit Report:

For a fee of \$20 TLC can provide a credit report on this applicant.

- YES** - I would like a credit report for this applicant.
- NO** - I am not interested in a credit report for this applicant.

Social Security Number Verification:

For an additional charge of \$10 TLC can also provide a social security number verification for this applicant. This will verify the social security number matches this individual's name, as well as identify any other names used by this applicant in the past.

- YES** - I would like a social security number verification for this applicant.
- NO** - I am not interested in a social security number verification.

By signing below I agree to pay for the service(s) I have requested above on my next invoice.

Client Company Name: _____ Client Account Number: _____

Client Signature: _____ Date: _____