

Applicants Name: _____



TOTAL LOGISTIC CONTROL™

Please Read, Sign, Date and Return
Fax: 616-392-2279

RELEASE FORM – Independent Contractor

Information provided is complete and true to the best of my knowledge. Falsification or omission of information is grounds for my Independent Contract to be terminated. I further understand that my lease is conditional upon meeting company requirements. I hereby authorize TLC Resources, LLC, to do a complete background investigation in accordance with State and Federal Laws. I understand that the information in the application for being an Independent Contractor will be used and that past or present company contracts and employers will be contacted for purpose of investigation as required by the Federal Department of Transportation Regulations. I authorize release of any information including all information relating to my alcohol and controlled substance testing and training record conducted under the Federal Highway Administration (FHWA) 40 CFR parts 391 and 382 by any past or current employer or contracts to Drivers Management. I hereby release all such persons from liability or damages. I consent to the procurement and use of any consumer reports, including reports from DAC Services, Inc, deemed necessary by TLC Resources, LLC. in consideration of my Independent Contractor position.

I understand that as required by the Federal Department of Transportation Regulations, 49 CFR part 382 and TLC Resources, LLC's policy that all prospective Independent Contractors must submit to a controlled substances test involving collection of a urine sample that will be tested according to Federal DOT Regulations.

Independent Contractor At Will Agreement: I understand and agree that, if offered an independent contractor position, my lease with TLC is At Will. My lease is for no definite period, and may be terminated at any time by TLC, or me, with or without cause, or any previous notice, except as may be required by law. This application does not constitute an agreement or contract for lease for any specified period or defined duration. I understand that no representative of the company, other than an authorized officer has the authority to make any assurances to the contrary. I further understand that any such assurance must be in writing and signed by an authorized officer.

TLC Resources, LLC, does not unlawfully discriminate in any independent contract and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for lease on basis prohibited by local, state or federal law.

I understand it is the company's policy not to refuse to lease a qualified individual with a disability because of that person's need for a reasonable accommodation as required by ADA. I also understand that if I become an independent contractor, I will be required to provide proof of identity and legal work authorization. I represent and warrant that I have read and fully understand the foregoing and seek an independent contractor position under these conditions.

Applicant Signature _____ Date _____