

Applicants Name: _____



10717 Adams Street
Holland, MI 49423
800-879-5074
616-392-2279

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

RELEASE FORM

Information provided is complete and true to the best of my knowledge. Falsification or omission of information is grounds for termination. I further understand that my employment 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 will be used to contact past or present employers 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 or 382 by any past or current employers to TLC Resources, LLC. 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 employment.

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 drivers must submit to a controlled substances test, involving collection of a urine sample that will be tested in accordance to federal DOT regulations.

Employment at Will Agreement: I understand and agree that, if hired, my employment at TLC Resources, LLC is at will. My employment is for no definite period, and may be terminated at any time by TLC Resources, LLC or myself, with or without cause, or any prior notice, except to that which may be required by law. This application does not constitute an agreement or contract for employment for any specified period or defined duration. I understand that no representative of this employer, 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**.

This employer does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on basis as prohibited by local, state or federal law.

I understand it is the company's policy not to refuse to hire 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 am hired, 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 employment under these conditions.

Applicant Signature _____ Date _____