



Dear Prospective Independent Contractor:

We strive to inform our applicants of every detail possible before offering a contract. We find that the better informed each applicant is, the better fit our drivers will be. For this reason, we encourage you to read all of the information and contact our offices with any questions or concerns.

Thank you for your careful consideration.

Please fill out the attached application and return it to our office. Please include the following:

1. Copy of your current Driver's License
2. Copy of your current D.O.T. Medical Card

Upon receiving your application, it will be put into process. Please note that this can take seven (7) to ten (10) days. To speed up the process, please make sure that you fill out your application thoroughly and legibly and include your License and Medical Card.

Offers to become an Independent Contractor with *Driveaway USA, Inc.* will be made and be contingent upon the review of your Motor Vehicle Record, Previous Employment, and passing a Certified D.O.T. Drug Screen.

Thank you for your interest in *Driveaway USA, Inc.*

The Driveaway USA, Inc Team

Corporate Headquarters- 1600 SW Market St., Lee's Summit, MO 64081
Phone: 816-525-8800 Toll Free: 800-340-3793 Fax: 816-246-1694
www.driveawayusa.com

About Driveaway USA, Inc.:

- We deliver vehicles nationwide and through Canada for manufacturers, dealers and fleet operations. We will transport anything from cars to tractor trailers. This will include: Packers, Mixers, Utility Bodies, Buses and many more.
- Our drivers are Independent Contractors. You will receive a 1099 Form at the end of the year. This is **NOT** a W-2 driving position. You are responsible for your own food, hotel, transportation, taxes, Social Security, Unemployment, etc.

Driver Requirements

- Must be at least twenty-five (25) years of age and under sixty-eight (68) years of age due to insurance requirements.
- Must have a valid Class A or B CDL license with Airbrake Endorsements (no airbrake restrictions)
- Must have at least two (2) years verifiable commercial driving experience
- Must have/be able to pass a D.O.T. Physical and Drug Screen

Driver Responsibilities

- Safely operate the assigned vehicle under all circumstances. This can include: during inclement weather, city travel and maneuvering on customer facilities.
- Safely operate a vehicle while understanding that you are representing the manufacturer and others when picking up and delivering a vehicle.
- Inspect all vehicles for damages or malfunctions. This will include: fluid levels, brake, horn, lights, tires, wheels, suspension, steering, wipers, instruments and gauges. All malfunctions/damage are to be reported and repaired if necessary.
- Accurately and legibly complete all required paperwork associated with the delivery.
- Maintain the daily Hours of Service guidelines set for the by the D.O.T. and Federal Motor Carrier Safety Administration.
- Drive for extended periods of time, up to the maximum allowable, in a safe manner under a variety of conditions.
- Able to read a road atlas, city maps, and other documents for planning trips
- Able to communicate telephonically for assignments, directions and safety information.
- Have ability to respond to environmental changes.
- Have memory, reason, judgment and control of oneself.
- Must be able to perform any and all other tasks assigned by management for which the Independent Contractor is qualified and physically able to perform.
- Drivers are responsible for their pre employment drug screen (reimbursed after 30 days) and the cost of all D.O.T. Physicals (not reimbursed).

Pay

- Your earning will depend largely on your willingness to travel and your money management.
- All drivers are paid a rate per loaded mile. This rate is as follows:
 - Vehicles 0-26,000 GVWR \$0.40 per mile
 - Vehicles 26,001 + GVWR \$0.50 per mile
- We reimburse for fuel, tolls, trip permits, mechanical repairs/parts purchased for the vehicle (excluding running out of fuel).
- Drivers are responsible for their own transportation to/from a vehicle.
- Drivers are responsible for their own food/lodging while on the road.

Pre-Contract Questionnaire

1. Are you between the ages of 25 and 68 years of age? YES NO
If "NO" please stop here. Unfortunately, restrictions set by our insurance company would make you uninsurable under our current policy. We appreciate your time.
2. Do you have two (2) years commercial driving experience with a Class A or B CDL? If "NO" please stop here. Unfortunately, restrictions set by our insurance company would make you uninsurable under our current policy. We appreciate your time. YES NO
3. Do you have more than three (3) Minor Moving Violations? (Inc. Seatbelt infractions or failure to produce insurance) YES NO
4. Do you have any DUI, DWI, or Open Container? YES NO
5. Do you have more than five (5) moving violations? YES NO
6. Do you have more than one (1) major violation? YES NO
7. Do you have any at fault accidents? YES NO
8. Do you have any reckless/careless driving? YES NO
9. Do you have any eluding a Police Officer? YES NO
10. Do you have any hit/runs? YES NO
11. Do you have any speed contest or street racing? YES NO
12. Do you have any negligent driving? YES NO
13. Do you have a Passport? YES NO
14. Do you have a TWIC Card? YES NO

The Job

Acknowledgement

- | | | |
|---|------------------------------|-----------------------------|
| 1. You are an Independent Contractor responsible for your own food, lodging and transportation. These expenses are taken into consideration when calculating pay for a trip. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. <i>Driveaway USA, Inc.</i> pays when supporting paper-Work is completed and turned in. Our pay schedule is: <i>Packet received by 5pm on Friday pays the following Friday. You can be paid by check or direct deposit.</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. As an Independent Contractor, you will receive a 1099 form at the end of the year, NOT a W-2. This means that <i>Driveaway USA, Inc.</i> will not hold out any taxes or Social Security from your check. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Drivers are responsible for keeping their own receipt copies and completing their own paperwork | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. We use PC Miler routing from zip code to zip code You will be paid by PC Miler routing and not odometer miles. You may request a routing prior to your trip. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Fuel is reimbursed by receipt. You must turn in fuel receipts. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. If damage is caused to a vehicle due to driver negligence, that driver will be held accountable and responsible for any repairs. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. You are required to maintain a D.O.T. log book. Do you know how to maintain a log book or can you be instructed on completing a log book? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Drivers are responsible for the cost of their pre-employment drug screen (reimbursed after 30 days) and the cost of all D.O.T. Physicals (not reimbursed). Drivers must maintain a current license and Physical to drive. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Drivers must abide by all regulations set forth by the Department of Transportation and Federal Motor Carrier Safety Administration. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you still wish to apply as an Independent Contractor, sign below and return the Pre-Qualification forms along with the application to our offices.

Applicant Signature: _____ Date: _____

CONTRACTOR WITH *Driveaway USA, Inc.*

1600 SW Market Street, Lee's Summit, MO 64081 Phone: 816-525-8800 Toll Free: 800-340-3793

ANSWER ALL QUESTIONS COMPLETELY AND TRUTHFULLY
PLEASE PRINT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, region, sex, nation origin, age, marital status, or non-job related disability.

(Please circle one below)

Part Time / Full Time / Undecided

Date of Application _____

Name _____ Social Security No.: _____
Last First Middle

Home# _____ Cell# _____ Email# _____

List your address of residence for the past 3 years: Fax # _____

Current Address _____
Street City How Long? _____
State Zip Code

Previous Addresses _____ How Long? _____
Street City State Zip
_____ How Long? _____
Street City State Zip
_____ How Long? _____
Street City State Zip

Do you have the legal right to work in the United States? _____ Do you have a passport? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Truck Drivers)

Have you worked for us before? _____ Dates, to: _____ From: _____

Are you now employed? _____ If not, how long since leaving your last employment? _____

How were you referred? _____

Name of emergency contacts (Required):

1. _____
First & Last Name Work Phone Number * Extension Home Phone Number

2. _____
First & Last Name Work Phone Number * Extension Home Phone Number

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

If yes, please explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants that drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

LIST ALL INFORMATION COMPLETELY TO ENSURE QUICKER PROCESSING.

Applicants to drive a commercial vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

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

MOST PREVIOUS EMPLOYER

Company: _____ From: _____ To: _____
Address: _____ City/State Zip: _____ Wage: _____
Contact Person: _____ Phone Number: _____ Why Left? _____
Subject to FMCSR? _____ D.O.T. Safety Sensitive Position? _____ Controlled substance testing? _____

PREVIOUS EMPLOYER

Company: _____ From: _____ To: _____
Address: _____ City/State Zip: _____ Wage: _____
Contact Person: _____ Phone Number: _____ Why Left? _____
Subject to FMCSR? _____ D.O.T. Safety Sensitive Position? _____ Controlled substance testing? _____

PREVIOUS EMPLOYER

Company: _____ From: _____ To: _____
Address: _____ City/State Zip: _____ Wage: _____
Contact Person: _____ Phone Number: _____ Why Left? _____
Subject to FMCSR? _____ D.O.T. Safety Sensitive Position? _____ Controlled substance testing? _____

PREVIOUS EMPLOYER

Company: _____ From: _____ To: _____
Address: _____ City/State Zip: _____ Wage: _____
Contact Person: _____ Phone Number: _____ Why Left? _____
Subject to FMCSR? _____ D.O.T. Safety Sensitive Position? _____ Controlled substance testing? _____

PREVIOUS EMPLOYER

Company: _____ From: _____ To: _____
Address: _____ City/State Zip: _____ Wage: _____
Contact Person: _____ Phone Number: _____ Why Left? _____
Subject to FMCSR? _____ D.O.T. Safety Sensitive Position? _____ Controlled substance testing? _____

PREVIOUS EMPLOYER

Company: _____ From: _____ To: _____
Address: _____ City/State Zip: _____ Wage: _____
Contact Person: _____ Phone Number: _____ Why Left? _____
Subject to FMCSR? _____ D.O.T. Safety Sensitive Position? _____ Controlled substance testing? _____

PREVIOUS EMPLOYER

Company: _____ From: _____ To: _____
Address: _____ City/State Zip: _____ Wage: _____
Contact Person: _____ Phone Number: _____ Why Left? _____
Subject to FMCSR? _____ D.O.T. Safety Sensitive Position? _____ Controlled substance testing? _____

*Includes vehicles having a GVWR of 26,001 or more, vehicles designed to transport 15 or more passenger, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Omitted Information Will Result in a NON-HIRE or Termination

ACCIDENT RECORD FOR PAST THREE YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT	_____	_____	_____	_____
NEXT PREVIOUS	_____	_____	_____	_____
NEXT PREVIOUS	_____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE THE 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) (CITY/STATE)

DRIVING EXPERIENCE & QUALIFICATIONS

DRIVER'S LICENSE	STATE	LICENSE NO.	TYPE/ENDORSEMENTS	EXPIRATION DATE
_____	_____	_____	_____	_____

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 _____

IF THE ANSWER EITHER A OR B IS A YES, ATTACH SHEET GIVING DETAILS.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT. ETC.)	DATES FROM	TO	APPROX. # OF MILES (TOTAL)
STRAIGHT TRUCK	_____	_____	_____	_____
TRACTOR & SEMI-TRAILER	_____	_____	_____	_____
TRACTOR-TWO TRAILERS	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

Have you ever been convicted of a felony? YES _____ (Please explain below) NO _____

If yes, please provide details: _____

PERSONAL REFERENCES

Please list three (3) personal references.

In compliance with F9C.F.R. Sections 382.405, 382.413 and 391.89, please fax the following information regarding the applicant listed below to **Driveaway USA, Inc.**

Authorized (APPLICANT) Printed Name: X _____

Authorized (APPLICANT) Signature: X _____

Date: _____ Social Security #: _____

Driver-Applicant Authorization to Release Drug & Alcohol Test Information

Pursuant to 49 CFR sections 382-405(f), 382.413, and 382.401(b), I hereby authorize the companies listed below to furnish to **Driveaway USA, Inc.** the following information concerning drug and alcohol tests involving me during the last two years:

1. The dates on which I had confirmed positive test for drugs, and the drugs involved
2. The dates on which I had a confirmed alcohol test result of 0.02 or greater, and the blood-alcohol content (B.A.C.) recorded.
3. The dates on which I refused to be tested for drugs and/or alcohol.

Additionally in the event that any company listed below furnishes **Driveaway US, Inc.** with information concerning items 1,2, and 3, I also authorize that company to release and furnish:

4. The dates of my negative drug and/or alcohol test during the past two years
5. and the name and phone number of any substance abuse professional (S.A.P.) who evaluated me during the past two years, in accordance with Section 382.413(g).

I fully understand that my authorization to release such information does not guarantee or commit the company to which have applied to obtain **Driveaway USA, Inc.** all or any of the information which I have authorized to be released.

COMPANY	CITY & STATE	PHONE NUMBER
ALL COMPANIES FOR THE PAST TWO YEARS		
_____	_____	_____
_____	_____	_____
_____	_____	_____

In signing below, I certify that I have read and fully understand this release. I further certify that all of the information which

I have furnished on this form is true and complete: I also certify that I have listed every company for which I worked as a driver during the past two years, every company for which I took a pre-employment drug test during the past two years, and every company for which I took a pre-employment alcohol test during the past two years.

Applicant Name Printed: X _____ Social Security #: _____

Applicant's Signature: X _____ Date: _____

REQUEST FOR INFORMATION FROM PREVIOUS/PRESENT EMPLOYER

I hereby authorize you to release the following information to **Driveaway USA, Inc.** for the purposes of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability from furnishing such information.

Authorized (APPLICANT) Printed Name: X _____

Authorized (APPLICANT) Signature: X _____

Date: _____ Social Security #: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize **Driveaway USA, Inc.** for purposes as required by Section 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

X _____
(Applicant's Signature) (Date)

1. In accordance with the provisions of section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information received will be used for no other purpose.

2. I further certify that if the applicant named is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

DRUG TESTING, USAGE, POLICIES

Have you ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which applied for, but did not obtain, safety-sensitive transportation work covered by D.O.T. agency drug and alcohol testing rules during the past two years?

(Sec. 40.25) _____ Yes _____ No

If yes, please
explain _____

DRUG TESTING POLICY

It is *Driveaway USA, Inc.*'s policy to test all potential contractors before making a contract offer. Negative specimens, which are reported as abnormally dilute, are not acceptable. It is our company's policy to allow a second test to be done without reimbursement if you are hired. We will only recognize one additional specimen.

We understand that, rarely, there are medical reasons for dilute urine specimens. If you believe that you have a medical condition or are taking a medication that would alter your specimen, we ask that you discuss this with our MRO in confidence before your specimen collection.

We recommend that your specimen be collected in the early morning, if possible, with consumption of no more than eight (8) ounces of fluid prior to providing the specimen. To make allowance for this policy, we will provide you with at least four (4) hours notice prior to needing the specimen collected.

X _____
(Applicant's Name) (Social Security Number)

X _____
(Applicant's Signature) (Date)

**MOTOR VEHICLE DRIVER'S
CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: The requirements in part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of now. They are as follows:

1. POSSESS ONLY ONE LICENSE: You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issue them **DESTROYING** a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:

Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the **NEXT BUSINESS DAY** of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that anytime you violate a state or traffic law (other than parking), you must report it within 30 days to: 1. employing motor carrier, and 2. the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's license No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): X _____

Driver's Signature: X _____ Date _____

Notes: _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, 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 or medical history and other related matters as may be necessary in arriving at an a hiring decision. (generally, inquiries regarding medical history will be made only if and after a conditional offer of hire has been extended.) 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 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 Department of Transportation.

_____ X _____
Date Applicant's Signature

Driver's Information Release

This will give the release to provide basic contact information to contact other drivers. This would be used to contact one another if traveling in the same direction, on similar loads, or if team driving. The information will be for Driveaway USA business only. This will not be a mailing or calling list for anyone. Your number will not be released except by your own authorization.

Do you want your information released if applicable? Yes _____ No _____
If No, Please Print and Sign name below:

If Yes, Please fill out all information below:

Home: () _____ Cell: () _____ Email: _____

Printed Name: X _____

Signature: X _____

*Direct Deposit Signup Form
Independent Contractor Instructions:*

1. Complete Form Below in its entirety
 2. Sign Bottom of form
 3. Return with proof of your account
 4. Retain a copy for your records
-

Please Print

NAME: _____

SOCIAL SECURITY NUMBER: _____

COMPLETE FOR DIRECT DEPOSIT

I wish to have my entire check deposited into the following account:

Bank Name : _____

Bank Address: _____
Address City/State/Zip Code

Phone Number: _____ Account Type: _____

Please include one of the following:

-Voided Check

-Bank Letter of Specification Sheet*

**See your account representative*

Independent Contractor Signature: _____ Date: _____

Return this form to *Driveaway USA, Inc.* Please contact our office with any changes to your account.