

**CLIPPER COURIER LOGISTICS SUMMARY
FOR INDEPENDENT CONTRACTORS**

CLIPPER COURIER LOGISTICS, INC. REQUIREMENTS:

1. INSURANCE COVERAGES **MUST MEET OR EXCEED** THESE MINIMUMS AND COPIES OF THE DECLARATION PAGE MUST BE SUBMITTED TO A CLIPPER REPRESENTATIVE:
\$100,000 CSL (COMBINED SINGLE LIMIT)
OR
\$100,000 BODILY INJURY PER PERSON
\$100,000 BODILY INJURY PER ACCIDENT
\$25,000 PROPERTY DAMAGE PER ACCIDENT
2. **VALID DRIVER'S LICENSE**
3. **21 YEARS OF AGE**
4. **VALID SOCIAL SECURITY CARD**
5. QUALIFY THROUGH BOTH A CRIMINAL BACKGROUND AND DRIVING RECORD CHECK
6. YOU MUST **PROVE VEHICLE OWNERSHIP** BY SUBMITTING A LEGIBLE COPY OF THE CURRENT REGISTRATION OF THE VEHICLE YOU PLAN TO USE WHILE CONTRACTING WITH CLIPPER COURIER LOGISTICS
7. YOU MUST HAVE A WORKERS' COMPENSATION CERTIFICATE (PLEASE SEE A STAFF MEMBER FOR DETAILS)
8. COMPLETE A 2-DAY TRAINING PROGRAM, WHICH CONSISTS OF RIDING WITH AN EXPERIENCED CLIPPER COURIER DRIVER FROM 8:30 AM TO 5:00 PM. YOU WILL **NOT** BE COMPENSATED FOR THE TRAINING.

THE STATE OF OHIO REQUIREMENTS:

1. TWO MAGNETIC SIGNS DISPLAYING PUCO/ICC AUTHORITY
2. YOUR BUSINESS AGREEMENT WITH CLIPPER COURIER MUST REMAIN **IN** YOUR VEHICLE AT ALL TIMES
3. A PUCO DECAL MUST REMAIN **IN** YOUR VEHICLE AT ALL TIMES
4. COMMERCIAL LICENSE PLATES MUST BE PURCHASED TO CONFORM WITH OHIO LAW

INDEPENDENT CONTRACTORS:

9. INDEPENDENT CONTRACTORS ARE **NOT EMPLOYEES** OF CLIPPER COURIER LOGISTICS
10. INDEPENDENT CONTRACTORS ARE BUSINESS OWNERS, AND THEY MUST ASSUME THE RESPONSIBILITIES OF RUNNING AND MAINTAINING THEIR OWN BUSINESS
11. CLIPPER COURIER LOGISTICS WITHHOLDS **NO TAXES** FROM YOUR EARNED INCOME AND REQUIRES ALL INDEPENDENT CONTRACTORS TO COMPLETE A W-9 (INDEPENDENT CONTRACTOR EXEMPTION FORM)
12. THERE IS **NO** WORKERS COMPENSATION INSURANCE, UNLESS THE INDEPENDENT CONTRACTOR APPLIES FOR THE COVERAGE AND PAYS THE INSURANCE PREMIUMS REQUIRED DIRECTLY BY THE STATE OF OHIO

COSTS INCURRED BY INDEPENDENT CONTRACTORS:

1. WEEKLY PAYMENTS OF \$37.50 WILL BE DEDUCTED FROM THE INDEPENDENT CONTRACTOR'S SETTLEMENT CHECKS TO PARTLY COVER ITEMS SUCH AS: CARGO INSURANCE, INDEPENDENT CONTRACTOR FIDELITY/DISHONESTY BOND, RECONSTRUCTION INSURANCE (IF APPLICABLE), COMMUNICATIONS EQUIPMENT THEFT, COMMUNICATIONS EQUIPMENT RENTAL, UNIFORM RENTAL, HAT, MAGNETIC SIGNS, PUCO DECAL, MANIFESTS, RECEIPTS, ETC.
2. GAS, INSURANCE, MAINTENANCE AND REPAIRS TO VEHICLES, ETC.
3. MAPS OF DAYTON, CINCINNATI, COLUMBUS, SPRINGFIELD AND OTHER MISCELLANEOUS CITIES. MAPS ARE AVAILABLE FOR PURCHASE THROUGH CLIPPER, AND THE COST CAN BE AUTOMATICALLY DEDUCTED FROM YOUR COMMISSION CHECK IF YOU CHOOSE TO DO SO.

CONSIDER THE FOLLOWING:

1. AS AN INDEPENDENT CONTRACTOR , YOU CAN DEDUCT YOUR VEHICLE COSTS (USUALLY USING THE GOVERNMENT ALLOWANCE PER MILE) FROM YOUR TAXABLE INCOME
2. AS AN INDEPENDENT CONTRACTOR, YOU CAN DEDUCT YOUR VEHICLE COSTS FROM TAXABLE INCOME (STATE LAW **REQUIRES** INSURANCE)
3. AS AN INDEPENDENT CONTRACTOR, YOU CAN WRITE OFF THE COST OF MOST ITEMS NEEDED TO FULFILL CONTRACTUAL SERVICES

YOU ARE A SELF EMPLOYED BUSINESS OWNER!! - (INDIVIDUALS SHOULD CONSULT WITH THEIR TAX ADVISOR TO VERIFY THAT THE ABOVE STATED EXEMPTIONS APPLY TO THEM)

I HAVE READ AND UNDERSTAND THIS SUMMARY AND THAT AS A CLIPPER COURIER LOGISTICS INDEPENDENT CONTRACTOR, I AM RESPONSIBLE FOR MY BUSINESS EXPENSES AND ANY TAX LIABILITY.

APPLICANTS SIGNATURE

DATE

CLIPPER COURIER LOGISTICS REPRESENTATIVE

DATE

REVISED 2/9/2011

FORMER EMPLOYERS: (LIST EMPLOYERS FROM THE LAST FIVE YEARS STARTING WITH THE MOST RECENT)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	PHONE	SALARY	POSITION	REASON FOR LEAVING
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FROM: _____ TO: _____

FROM: _____ TO: _____

FROM: _____ TO: _____

REFERECES: (PROVIDE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR)

NAME	ADDRESS	PHONE	BUSINESS	YEARS ACQUAINTED
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

IN CASE OF EMERGENCY NOTIFY: _____

NAME	ADDRESS	PHONE
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IF CURRENTLY EMPLOYED OR ATTENDING SCHOOL, PLEASE LIST ANY HOURS OR DAYS YOU WILL BE AVAILABLE BELOW:

SCHOOL: _____ LIST DAYS: _____ TIMES: _____

WORK: _____ LIST DAYS: _____ TIMES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

DETAILS: _____

HAVE YOU EVER DONE ANY TYPE OF EXTENSIVE DRIVING IN THE AREA? YES NO

DESCRIBE IN DETAIL THE TYPE OF VEHICLE THAT WILL BE USED FOR DELIVERY SERVICES:

YEAR: _____ MAKE: _____ MODEL: _____

DO YOU OWN THE VEHICLE? YES NO TRUCK BED SIZE: _____ TRUCK BED TOPPER? YES NO TYPE: _____

MILEAGE: _____ CONDITION: NEW EXCELLENT AVERAGE OTHER _____

HAVE YOU RECEIVED ANY MOVING TRAFFIC VIOLATIONS IN THE PAST THREE (3) YEARS? IF SO, PLEASE LIST THE NATURE OF THE VIOLATION AND APPROXIMATE DATE:

1. _____

2. _____

3. _____

HAVE YOU EVER BEEN CONVICTED OF A D.U.I.? IF SO, PLEASE LIST APPROXIMATE DATE (S):

1. _____ 2. _____ 3. _____

OPERATOR LICENSE #: _____ STATE: _____

APPLICANT'S CERTIFICATION STATEMENT:

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT, IF EMPLOYED: FALSIFIED STATEMENTS IN THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE, TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THAT THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ANY LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME AND MAY, REGARDLESS TO THE DATE OF PAYMENT AND MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

SIGNATURE: _____ DATE: _____

DISCLOSURE AND AUTHORIZATION

I understand that a consumer credit report consumer report criminal background check driving record check and/or an investigative consumer report which may include information regarding my credit worthiness, credit standing, credit capacity character, general reputation, personal characteristics or mode of living will be requested and may be used in whole or in part for the purpose of evaluating me for employment, promotions, reassignment or retention as an employee. Such report(s) may include interviews of others concerning such matters as my education, degrees attained or units completed, prior employment, capabilities and qualifications, or concerning employment problems, should any arise, such as sexual harassment, workplace violence, theft and worker's compensation fraud.

The investigative consumer reporting agency preparing the report(s) is Safe-Check, 4600 South Dixie Drive, Dayton, Ohio 45439, telephone (937) 294-1478. Their files are available for review in person, by certified mail or telephonically with proper identification.

I understand that if the report(s) concerns my character, general reputation, person characteristics or mode of living, and are obtained through personal interview, I may request further information from the company regarding the nature and/or scope of the investigation.

By my signature below, I hereby authorize a consumer credit report consumer report criminal background check driving record check and/or an investigative consumer report to be obtained. I also acknowledge receipt of "A Summary of Your Rights Under the Fair Credit Reporting Act." A copy of this document is the same as the original.

Company for which the check(s) is being done: Clipper Courier Logistics, Inc.

Applicant Name (print): _____

Applicant Address: _____

City/State/Zip: _____

Social Security Number: _____

Driver's License Number: _____ State Issued: _____

Date of Birth: _____

Today's Date: _____ Applicant Signature: _____

Should an investigative consumer report or a consumer report be processed, you are entitled to receive a copy. Please indicate if you wish to receive a copy. Yes _____ No _____

Criminal checks are run through BCI&I only. We do not run FBI checks. I have acknowledged the above statement with regards to the performance of BCI&I checks only.

Signature: _____ **Date:** _____