

BEFORE YOU BEGIN...

BEFORE YOU CAN ENTER INTO A CONTRACTUAL RELATIONSHIP WITH CLIPPER COURIER LOGISTICS THE FOLLOWING CRITERIA MUST BE SATISFIED:

1. YOU MUST OBTAIN AND SUBMIT TO CLIPPER A COPY OF YOUR VEHICLE INSURANCE COVERAGE SHEET. COVERAGE MUST MEET OR EXCEED THESE THREE MINIMUMS:

(\$100,000 COMBINED SINGLE LIMIT)
 - a. \$100,000 BODILY INJURY PER PERSON
 - b. \$100,000 BODILY INJURY PER ACCIDENT
 - c. \$100,000 PROPERTY DAMAGE PER ACCIDENT
2. YOU MUST QUALIFY THROUGH BOTH A CRIMINAL BACKGROUND AND DRIVING RECORD CHECK
3. YOU MUST HAVE A VALID DRIVER'S LICENSE
4. YOU MUST BE AT LEAST 21 YEARS OF AGE
5. YOU MUST HAVE A VALID SOCIAL SECURITY CARD
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 COMPLETE A TWO DAY TRAINING PROGRAM, WHICH CONSISTS OF YOU RIDING WITH AN EXPERIENCED CLIPPER DRIVER FROM APPROXIMATELY 8:30 A.M. TO 5:00 P.M. THERE IS NO COMPENSATION TO YOU FOR THIS TRAINING; HOWEVER, THE DRIVER TRAINER WILL BE PAID.

ONCE ALL THE REQUIREMENTS SPECIFIED ABOVE HAVE BEEN SATISFIED, YOU WILL BE ELIGIBLE TO CONTINUE THE PROCESS NECESSARY TO ENTER INTO A CONTRACTUAL POSITION WITH CLIPPER COURIER LOGISTICS, INC.

THANK YOU FOR YOUR INTEREST IN JOINING THE CLIPPER COURIER LOGISTICS TEAM!

CLIPPER COURIER LOGISTICS SUMMARY FOR INDEPENDENT CONTRACTORS

(PLEASE READ FOR REFERENCE AND RETAIN)

THE STATE OF OHIO REQUIREMENTS:

1. TWO MAGNETIC SIGNS DISPLAYING PUCO/ICC AUTHORITY
2. YOUR BUSINESS AGREEMENT WITH CLIPPER COURIER LOGISTICS 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:

1. INDEPENDENT CONTRACTORS ARE **NOT EMPLOYEES** OF CLIPPER COURIER LOGISTICS
2. INDEPENDENT CONTRACTORS ARE BUSINESS OWNERS, AND THEY MUST ASSUME THE RESPONSIBILITIES OF RUNNING AND MAINTAINING THEIR OWN BUSINESS
3. CLIPPER COURIER LOGISTICS WITHHOLDS **NO TAXES** AND REQUIRES ALL INDEPENDENT CONTRACTORS TO COMPLETE A W-9 (INDEPENDENT CONTRACTOR EXEMPTION FORM)
4. 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 \$30.50 WILL BE DEDUCTED FROM THE INDEPENDENT CONTRACTOR'S SETTLEMENT CHECKS TO PARTLY COVER ITEMS SUCH AS:
CARGO INSURANCE, INDEPENDENT CONTRACTOR FIDELITY/DISHONESTY BOND, CLIPPER COURIER LOGISTICS UMBRELLA INSURANCE POLICY, RECONSTRUCTION INSURANCE , NEXTEL THEFT, NEXTEL RENTAL, UNIFORM RENTAL, RADIO THEFT INSURANCE, RADIO RENTAL, RADIO REPEATER FEE, PAGERS, HAT, JACKET, PAGERS, MAGNETIC SIGNS, PUCO DECAL, MANIFESTS AND RECEIPTS
2. GAS, INSURANCE, MAINTENANCE AND REPAIRS TO VEHICLES, ETC.
3. MAPS OF DAYTON, CINCINNATI, COLUMBUS, SPRINGFIELD AND OTHER MISCELLANEOUS CITIES

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
4. AS AN INDEPENDENT CONTRACTOR, CLIPPER COURIER DEDUCTS **NO TAXES** FROM YOUR EARNED COMMISSION

YOU ARE A SELF EMPLOYED BUSINESS OWNER!!

(INDIVIDUALS SHOULD CONSULT WITH THEIR TAX ADVISOR TO VERIFY THAT THE ABOVE EXEMPTIONS APPLY TO THEM)

A CLIPPER COURIER LOGISTICS REPRESENTATIVE HAS EXPLAINED THIS SUMMARY, AND I UNDERSTAND 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

CLIPPER COURIER LOGISTICS, INC.

4600 SOUTH DIXIE DRIVE, DAYTON, OH 45439 (937)293.7854
2 TECHVIEW PLACE, CINCINNATI, OH 45215 (513)733-4100

INDEPENDENT CONTRACTOR / OWNER OPERATOR INFORMATION

PERSONAL INFORMATION:

DATE: _____ / _____ / _____

NAME: _____

PRESENT ADDRESS: LAST FIRST MIDDLE MAIDEN

PREVIOUS ADDRESS: STREET CITY STATE ZIP

STREET CITY STATE ZIP

HOME PHONE NUMBER: (_____) _____ CELL PHONE NUMBER: (_____) _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE YOU CAN START: _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO

IF YES, WHERE? _____ WHEN? _____

REFERRED BY: _____

EDUCATION:

| | NAME AND LOCATION OF SCHOOL | # YEARS ATTENDED | DID YOU GRADUATE. |
|--|-----------------------------|------------------|-------------------|
|--|-----------------------------|------------------|-------------------|

| | | | |
|-----------------|-------|-------|-------|
| GRAMMAR SCHOOL: | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |

| | | | |
|--------------|-------|-------|-------|
| HIGH SCHOOL: | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |

| | | | |
|----------|-------|-------|-------|
| COLLEGE: | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |

| | | | |
|------------------------|-------|-------|-------|
| CORRESPONDENCE SCHOOL: | _____ | _____ | _____ |
|------------------------|-------|-------|-------|

TRADE: _____

GENERAL: _____

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

U.S. MILITARY OR NAVAL SERVICE: _____ RANK: _____

PRESENT MEMBERSHIP IN NATIONAL GUARD RESERVES: _____

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 |
|----------------------|----------------------------|-------|--------|----------|-----------------------|
|----------------------|----------------------------|-------|--------|----------|-----------------------|

FROM: _____

TO: _____

FROM: _____

TO: _____

FROM: _____

TO: _____

FROM: _____

TO: _____

REFERENCES:

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

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: _____