



Independent Contractor Application Checklist

Name: _____

Date: _____

PO Box 1538
Loganville, GA 30052

When filling out the enclosed forms please make sure you fill out all spaces provided. **PLEASE PRINT NEATLY** or it will slow down the hiring process. It could also result in your not being considered as our company requires detailed condition reports to be filled out on each vehicle you will move.

Please complete this checklist to ensure your application is complete. Incomplete submissions may result in a delay for your hire, or may not be considered at the discretion of the Driver Hiring Manager.

- **Regular / DOT Drivers** Must complete the Driver's Application for Qualification to include **past 3 years** employment, sign and date the application
- **CDL Drivers** Must complete the Driver's Application for Qualification to include **past 10 years** employment, sign and date the application
- Must provide a copy of **DOT Physical Long Form**
- Must provide clear copy of **Driver's License**
- Must provide **Driver Certification Card**
- Must provide clear copy of **Social Security Card**
- Must fill out and sign **Certification of Violations and Annual Review**
- Must fill out and sign **Employment and Safety History**
- Must fill out and sign the **Drug and Alcohol Policy Signature Page**
- Must fill out and sign **Request / Consent for Information** from previous employer on alcohol and controlled substance testing
- Must fill out and sign **Single License and Compliance Certification and MVR Waiver**
- Must sign the **Driver Questionnaire**, the **Independent Driver** form, and the **Independent Contractor form (All located in the application)**
- You must get a copy of your **past 3 years driving record** from the **Department of Motor Vehicles**. This must not be older than **30 days** when we receive it.

All drivers are required to take a 5 Panel DOT Regulated Drug Screen (to include Chain of Custody form). You will be instructed where to go once your application has been approved.



Modern Market Master's **Guidelines for Independent Contractors**

The following are our driving criteria standards which may be modified by management when other desirable risk characteristics are present:

- No major violations in the past five (5) years.
 - No more than two minor violations in the past three years or not more than one chargeable accident with one minor violation in the past three years.
 - Drivers between the ages of 21 and 25 years old will be allowed to operate light to medium duty units. These drivers will be hired on a case to case basis.
 - All drivers operating heavy and extra heavy trucks or tractor trailer units must be 25 years old with at least two (2) years experience driving similar type vehicles.
 - A physician statement must be obtained on drivers 65 years of age and older. This statement must be signed and dated by a physician.
 - All drivers must be reported at inception and throughout the policy term.
 - All drivers must have a valid license for the class of vehicle being operated.
 - All accidents are considered “at fault” unless the police report is provided with the initial application showing the driver was “not at fault” or not contributing to the occurrence.
-

Minor violations include:

- **Failure to Yield**
 - **Speeding**
 - **Improper Lights**
 - **Illegal Passing**
 - **Improper Towing**
 - **Improper Turning**
-

Major violations include:

- **Driving while intoxicated**
- **Illegal possession of alcohol/narcotics in a vehicle**
- **Unlawful use of vehicle**
- **Speed Contest or Racing**
- **Reckless Driving**
- **Driving while license is suspended**
- **Wrong way on a one way street**
- **Wrong side of the Road**
- **Excessive Acceleration**
- **Fleeing/attempting to Elude a Police Officer**



Referred by: _____

If a MMM independent contractor referred you, please name driver above.

Date of Application ____ / ____ / ____

Driver's Application for Qualification

Position Applied for **Independent Contractor**

Personal Information

Name _____ Current Address: _____
Last First MI Street

How long at this address: _____
City State Zip

Social Security Number: _____

Home Number (____) ____ - _____

Cell Phone Number (____) - _____

Previous Addresses For Past 3 Years

Street City State Zip How Long _____

Street City State Zip How Long _____

Street City State Zip How Long _____

Date of Birth ____ / ____ / ____ Can you provide legal proof of age? _____

Are you a U.S. Citizen? ____ Do you have the legal right to work in the U.S.? _____

Have you ever worked for this company before? _____ When _____

Reason for leaving _____ Have you ever been bonded? _____

If Yes, Name of Bonding Co _____

Have you ever been convicted of a crime? _____ Are you currently on parole or probation? _____

If yes, please explain fully _____

Conviction of a crime is not an automatic bar to contracting; all circumstances will be considered

Is there any reason you might not be able to perform the functions of the job for which you have applied? _____

If yes, explain _____

Drug or Alcohol History (Sec. 40.25(j))

Have you ever tested positive or refused any pre-employment drug test? Yes ____ No ____

If yes to either, please explain _____

If yes, can you provide proof you've completed all necessary DOT return-to-duty requirements? _____



Accident Record for Past 3 years- Preventable or Non Preventable

(Attach sheet if more space is needed) **THIS SECTION MUST BE COMPLETED**

	Dates	Nature of Accident (head-on, Rear-end)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

Traffic Convictions and Forfeitures for Past 3 Yrs (other than Parking)

THIS SECTION MUST BE COMPLETED

Location City, State	Date	Charge	Penalty	Commercial Vehicle

A: Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

B: Has any license, permit or privilege ever been suspended or revoked? _____

If the answer to either A or B is yes, please explain _____

C: Have you ever been disqualified under the Federal Motor Carrier Safety Regulations for the following? _____

D: No Serious Violations? _____

E: Operating under the influence of alcohol or drugs? _____

F: Have you ever been convicted of a felony that would preclude your entering any Canadian Province? _____

If yes, please explain _____

Driving Experience

THIS SECTION MUST BE COMPLETED

Class of Equipment	Circle type of Equipment	Dates From(M/Y) To (M/Y)	Approximate Number of Miles
Straight Truck	Van, Tank, Flat, Refer		
Tractor & Semi Trailer	Van, Tank, Flat, Refer		
Bobcat Tractor	Van, Tank, Flat, Refer		
Motor coach/School Bus			
Specialized Equipment			
Other			

List states operated in for the last 5 years _____

Do you have any mountain driving experience? _____ If yes, what areas of country _____

Do you have any Haz/Mat experience? _____ If yes, what classified materials have you transported? _____

Have you had any Defensive Driving Courses? _____

If yes, what course(s) and when _____



Show Special Courses or training that will help you as a driver

List any truck school you have attended _____

Are you capable of driving a vehicle with a standard transmission? _____

Circle the shift patterns you can drive: 5 speed 10 speed 13 speed 18 speed other



Motor Carrier History

All contractor applications to drive in interstate commerce must provide the following information on all work or employment during the proceeding 3 years. Contractor applicants holding a CDL to drive a commercial motor* vehicle in interstate commerce shall provide 10 years information for work for which the applicant operated such vehicle. (Note: list work history in reverse order starting with the most recent. Add more sheets if necessary.) If driving experience was prior to 10 years ago, list it, to support your driving skills.

Motor Carrier Name:	Position Held:
	Salary/Wage:
Address:	Dates Employed: From To
City, State, Zip:	Position held was subject to the FMCSR'S Y___ N___
Contact:	Reason for Leaving:
Telephone Number: Fax Number:	Job was designated as a safety sensitive function, subject to alcohol and controlled substance testing as required by 49 CFR Part 40 Yes___ No___

Motor Carrier Name:	Position Held:
	Salary/Wage:
Address:	Dates Employed: From To
City, State, Zip:	Position held was subject to the FMCSR'S Y___ N___
Contact:	Reason for Leaving:
Telephone Number: Fax Number:	Job was designated as a safety sensitive function, subject to alcohol and controlled substance testing as required by 49 CFR Part 40 Yes___ No___

Motor Carrier Name:	Position Held:
	Salary/Wage:
Address:	Dates Employed: From To
City, State, Zip:	Position held was subject to the FMCSR'S Y___ N___
Contact:	Reason for Leaving:
Telephone Number: Fax Number:	Job was designated as a safety sensitive function, subject to alcohol and controlled substance testing as required by 49 CFR Part 40 Yes___ No___

Motor Carrier Name:	Position Held:
	Salary/Wage:
Address:	Dates Employed: From To
City, State, Zip:	Position held was subject to the FMCSR'S Y___ N___
Contact:	Reason for Leaving:
Telephone Number: Fax Number:	Job was designated as a safety sensitive function, subject to alcohol and controlled substance testing as required by 49 CFR Part 40 Yes___ No___



Motor Carrier Name:	Position Held:
	Salary/Wage:
Address:	Dates Employed: From _____ To _____
City, State, Zip:	Position held was subject to the FMCSR'S Y___ N___
Contact:	Reason for Leaving:
Telephone Number: Fax Number:	Job was designated as a safety sensitive function, subject to alcohol and controlled substance testing as required by 49 CFR Part 40 Yes___ No___

Motor Carrier Name:	Position Held:
	Salary/Wage:
Address:	Dates Employed: From _____ To _____
City, State, Zip:	Position held was subject to the FMCSR'S Y___ N___
Contact:	Reason for Leaving:
Telephone Number: Fax Number:	Job was designated as a safety sensitive function, subject to alcohol and controlled substance testing as required by 49 CFR Part 40 (circle one) Yes___ No___

* includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity require placarding.
**The federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a high-way in interstate commerce to transport passengers or property when the vehicle: 1. weighs or has a GVWR of 10,001 lbs. or more. 2. Is designed or used to transport 9 or more passengers, or 3. Is of any size and is used to transport hazardous materials in a quantity required placarding

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.

Applicant's Signature _____ **Date** _____

Applicant's Printed Name _____

Reviewed by _____ **Date** _____

Title _____



PREVIOUS EMPLOYMENT ALCOHOL AND DRUG TEST INQUIRY (Prospective Independent Contractor, please only complete the top portion of this form)

I hereby authorize you to release the following information to any and all companies (or authorized agents) requesting such information as required by Section 391.23 (g) (1) of the Federal Motor Carrier Safety Regulations, in connection with my application for employment with said company. You are released from any and all liability, which may result from furnishing such information.

In signing below, I certify that I have read and fully authorize release of information from:

Applicant's Signature _____ Date _____

Applicant's Name _____ Social Security Number _____

Previous Employer: _____

PROHIBITED DRUG AND ALCOHOL TESTING INFORMATION

No prohibited drug and/or alcohol conduct to report

Individual was not in a safety-sensitive position subject to the Part 40 regulation while in our employment.

If the driver engaged in prohibited drug and/or alcohol testing during the previous three years, answer the questions below.

During the previous three years did the driver:	Yes	No
Have an alcohol test result with an alcohol concentration of 0.04 or higher?	<input type="checkbox"/>	<input type="checkbox"/>
Have a verified positive drug test result?	<input type="checkbox"/>	<input type="checkbox"/>
Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result?)	<input type="checkbox"/>	<input type="checkbox"/>
Did the driver undertake a rehabilitation program prescribed by the SAP (Substance Abuse Professional) pursuant to Part 382.605 while in your employment?	<input type="checkbox"/>	<input type="checkbox"/>
Did the driver successfully complete the rehabilitation program prescribed? By the SAP while in your employment?	<input type="checkbox"/>	<input type="checkbox"/>

Attach additional documentation, if available, to verify that the individual successfully completed a rehabilitation program prescribed by a SAP.

CONTACT INFORMATION

Part 391.23 requires employers who are regulated by the department of transportation to provide a specific contact name when responding to a Safety Performance History Inquiry. This is required in the even the driver chooses to contact you regarding the information you provided.

MMM Contact Name _____ Title _____

Telephone _____ Fax _____

MMM Mailing Address _____

Form completed by (Previous Employer) _____ Date _____



PAST EMPLOYMENT AND SAFETY PERFORMANCE HISTORY INQUIRY
(Prospective Independent Contractor, please only complete the top portion of this form)

This form must be accompanied with the driver's written signature to release information. The Federal Motor Carrier Safety Regulations require that we investigate the Safety Performance History information for each individual we lease to operate a commercial motor vehicle. We ask that you complete, to the best of your recollection, information about the individual while he/she was in your employment. If you have no information to report, indicate so in the appropriate section.

Applicant's Signature _____ **Date** _____

Applicant's Name _____ **Social Security Number** _____

Previous Employer: _____

VERIFICATION OF EMPLOYMENT

The individual named above was employed with this company from: _____ to _____

Position held _____ Did this position require a Commercial Driver's License (CDL)? _____

What type of motor vehicle did he/she drive? (Circle all choices that apply)

Straight Truck Bobtail Tractor Motor-Coach/Bus Specialty Equipment Tractor-Trailer Combination

Type of Trailer (Circle all choices that apply) Van Tank Flat Dump Refer Log

Reason for leaving employment _____ Would the applicant be eligible for rehire? _____

Was their general conduct satisfactory? _____

ACCIDENT INFORMATION

No accident information to report

Numb. Of Injuries	Date of accident (as defined by Part 390.5)	City or Town (most near) & State	Number of Fatalities

Numb. Of Injuries	Date of accident (as defined by Part 390.5)	City or Town (most near) & State	Number of Fatalities

Numb. Of Injuries	Date of accident (as defined by Part 390.5)	City or Town (most near) & State	Number of Fatalities

Were hazardous materials, other than fuel spilled from the fuel tanks of the motor vehicles involved in the accident, released? ___Y___N Accident Number _____ Additional Accident Information about the accident _____

Attach additional sheets if necessary and additional accident information required pursuant to your internal policies.

CONTACT INFORMATION

Part 391.23 requires previous employers who are regulated by the department of Transportation to provide a specific contact name when responding to a Safety Performance History Inquiry. This is required in the event the driver chooses to contact you regarding the information you provide.

MMM Contact Name _____ Title _____

Telephone _____ Fax _____

MMM Mailing Address _____

Form completed by (Previous Employer) _____ **Date** _____



DRUG AND ALCOHOL POLICY FOR INDEPENDENT CONTRACTORS

Attached for your information is a copy of Modern Market Master's **Drug and Alcohol Policy and Awareness Program**.

The purpose of this policy is stated in the first paragraph of the policy and is effective as of August 1, 2002.

The U.S. Department of Transportation, effective December 21, 1989, has ordered that all truck drivers and others involved with the safe operation of trucks be subject to drug screen testing and later added testing procedures for alcohol testing.

Modern Market Master, Inc management feels that to provide a drug and alcohol free working environment for all its employees and independent contractors this policy must apply to all company employees and independent contractors. Your cooperation is not only expected, but is essential.

Please acknowledge that you have received the company's Drug and Alcohol Policy by signing below and returning to management.

ACKNOWLEDGEMENT

I hereby acknowledge receipt of a copy of **Modern Market Master's** Drug and Alcohol Policy and Awareness Program. I further acknowledge that I am aware that the unlawful manufacture, distribution, dispensation, possession or use of prohibited drugs, controlled substances or alcohol is prohibited and violation of this policy will subject me to termination of employment for gross misconduct.

Independent Contractor's Printed Name

Date

Independent Contractor's Signature

Social Security Number

Reviewed By

Title



To: ALL D.O.T. and CDL Drivers

Driver's Daily Log Compliance

Acknowledgement

I hereby acknowledge receipt of a copy of Modern Market Master, Inc Driver's Daily Log Compliance Policy. I am further aware that I must keep an updated medical card on my person when driving or operating vehicles over 10,000 GVW.

Independent Contractor's Printed Name: _____

Independent Contractor's Signature: _____

Date: _____



STATEMENT OF COMPANY SAFETY POLICY

It is, and will continue to be the policy of Modern Market Master, Inc to conduct all operations as safely and efficiently as possible.

As a motor carrier we have the ultimate responsibility to perform our work and driving skills in a professional manner. It is our duty and moral responsibility to drive in a manner that reflects a genuine concern for the motoring public, those with whom we share the nation's highways.

To accomplish this, we are assigning the responsibility for our safety program to all management and supervisory personnel. Management and drivers alike will be held accountable for their actions and performance regarding personal and motor transport safety. Compliance with Motor Carrier regulations is expected from each individual within the organization.

Our safety director will be responsible to administer our safety program to insure that safety standards are met throughout the organization. Each person will have the responsibility of performing his/her job in a safe and efficient manner.

WHEN IT COMES TO SAFETY, AT MODERN MARKET MASTER, INC, THERE WILL BE NO CUTTING CORNERS.

The health and safety of our employees and independent contractors, as well as the monitoring public, is of major importance to the success and longevity of this company and will be addressed accordingly.

ACKNOWLEDGEMENT

I hereby acknowledge receipt of a copy of Modern Market Master's Corporate Safety Policy

Independent Contractor's Signature

Date

Independent Contractor's Printed Name

Reviewed By



A Driver's Rights Regarding Past References And the Qualification Process

Under new federal regulations, which became effective 10-20-2004 motor carriers are required to give more extensive background information on the performance of commercial drivers than ever before. For example, full details of any accidents in the prior three year period must be supplied together with a complete history of all alcohol and drug testing – including refused tests, alcohol tests producing a result of 0.02 or greater as well as alcohol tests producing results of 0.04.

It is a driver's right to see the information provided by former carrier-employers, if he/she wishes. The government has established a protocol for exercising that right which must be followed:

- 1) You have a right to see the information provided by prior employers, if you request it using the correct form within 30 days of joining a motor carrier.
- 2) You have a right to request that prior motor carrier employer correct information provided, if you request this using the correct form.
- 3) You have a right to rebut a prior motor carrier's refusal to correct information, if you use the correct form.

Modern Market Master will provide these forms to you, if you choose to exercise your rights under these new regulations.

I HAVE READ THE ABOVE AND UNDERSTAND MY DRIVER'S RIGHTS

(Independent Contractor's Signature)

(Date)

(Independent Contractor's Printed Name)



**Modern Market Master's
Pre-Contract Questionnaire**

Driving Record

1. Have you ever been cited for driving while intoxicated or impaired? Yes___ No___
2. Have you ever been cited for careless, reckless driving or as a habitual traffic offender?
Yes No
3. Have you ever been cited for driving under the influence or marijuana or other drugs?
Yes No
4. Has your license ever been suspended or revoked for any reason? Yes No
If yes, please explain: _____
5. Have you had more than 2 moving violations in the last 3 years? Yes__ No___
6. Have you had more than 2 chargeable accidents in the last 3 years? Yes No
7. Have you ever been convicted of a crime? Yes No

The Work

1. You will be an independent contractor driver and responsible for your own food and lodging on the road (unless authorized). Do you understand this? Yes No
2. As an independent contractor driver you could be subjected to a Pre-employment, Random, Post Accident, and /or a Reasonable Cause Drug test. Do you understand this? Yes No
3. MMM pays independent contractors when contracts including drivers Driver's daily logs and support paperwork are complete and turned in on time. All settlements and advances are on the Com-Data System. Do you understand? Yes No
4. As an independent contractor you will receive a 1099 form at the end of the year and not a W-2 form. You will be responsible for your own taxes. This means that MMM will not withhold any taxes or Social Security from your settlement, and you will receive your full settlement. Do you understand this? Yes No
5. If transporting vehicles over 10K on this job you are required to keep a DOT Log Book. Do you know how to keep a log book or can someone teach you before you become an Independent Contractor? Yes No

DO YOU STILL WISH TO APPLY FOR INDEPENDENT CONTRACTOR STATUS

Yes No

If Yes Sign Below:

(Applicant's Signature)

(Date)

(Applicant's Name)

(Date)



**CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 and 391 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a commercial vehicle that can transport 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 of which you as a driver must comply. These requirements are in effect as of July 1, 1987. 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 license to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state.
2. **NOTIFICATION OF LICNESE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier safety Regulations require that you notify the motor carrier you are contracted to the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) the motor carrier with whom you are contracted, 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. This requirement can be met by supplying both with a copy of the citation.

The following license is the only one I posses:

Driver's License Number: _____ State: _____ Expires: _____

Driver's Printed Name: _____ Driver's Signature: _____ Date: _____

Review by: _____ Title: _____

AUTHORIZATION FOR CHECK OF DRIVING RECORD

I, _____, authorize Modern Market Master Inc to perform checks into my driving record, as required by the US DOT Federal Motor Carrier Safety Regulations Part 391.23 (a) (1). I release all parties involved in such investigations from any and all liability resulting from this background check.

A driving record abstract will be obtained from the State of _____ If you have held a driver's license from a state other than the current license issuer in the previous 3 years, list State(s) and license number(s) _____

Driver's Name (Printed): _____ Driver's Signature: _____ Date: _____

Review by: _____ Title: _____



MOTOR VEHICLE RECORD RELEASE FORM

This Section to be completed by the

Driver: Driver's Name

Last Name

First Name

MI

Date of Birth ____/____/____ Driver's Sex – M ____ F ____ Social Security # _____

Driver's License Number: _____ Issuing State: _____

Employee Driving Record – To be completed by the Company Driver

During the three years preceding the date of this application, have you:

- | | | |
|--|-----|----|
| 1. Had your driver's license suspended or revoked? | Yes | No |
| 2. Been cited for driving a vehicle under the influence of alcohol or drugs? | Yes | No |

Driver Commitment

I agree to fulfill all my responsibilities that include but are not limited to:

1. Adhere to all policies and procedures governing the operation of my vehicle.
2. Report unsafe operating conditions of the vehicle.
3. Report any accident immediately.
4. Prohibit the use of company vehicle by unauthorized drivers.
5. Prohibit unauthorized passengers from riding in the company vehicle – NO EXCEPTIONS.

I understand that these commitments and responsibilities are monitored and failure on my part to fulfill these requirements may result in loss of fleet driving privileges or other disciplinary actions.

The undersigned hereby authorizes any State Department of Motor Vehicles to release any and all information pertaining to my driving record to the company or its designee, to evaluate for

Driver's Signature: _____ **Date:** _____



Driving Staff Certification Of Violations and Annual Review

Pursuant to Part 391 of the Federal Motor Carrier Safety Regulations, "each motor carrier shall at least every 12 months require each driver it employs or leases to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving parking) of which the driver has been convicted of forfeited bond for during the preceding 12 months."

Please list below or Check Here for None

Please sign and date below

Date (mm/dd/yy)	Violations	Location	CMV or POV

(FOR SAFETY DEPARTMENT USE ONLY)

Independent Contractor DOH ___ / ___ / ___

Driver's Name _____

MVR Attached & Reviewed _____ Medical Certification Expiry ___ / ___ / ___

CDL Reviewed _____ Expiration ___ / ___ / ___ Positive Drug or Alcohol Screens _____ No

Preventable accidents: ___ / ___ / ___ ___ / ___ / ___ None

Haz/Mat Violations: Yes No **REMARKS:** _____

I certify that I have reviewed the above named driver and find he/she meets minimum requirements for safe driving.

Action Taken Yes No

Signature of Person Responsible for Safety and/or Personnel

Date Sign



MODERN MARKET MASTER, INC

Cell Phone Policy

In order to ensure the safety of our company drivers and to comply with state and federal regulations regarding hand held cell phone usage by commercial motor vehicle drivers. MODERN MARKET MASTER, INC has adopted the following policy while operating company vehicles in interstate and intrastate commerce.

1. All independent contractors while driving a commercial motor vehicle (CMV), as defined in 49 CFR Part 390.5, are prohibited from holding, dialing, or reaching for a hand held cellular phone. This includes all push-to-talk type phones, such as Nextel.
2. A driver of a CMV is allowed to initiate, answer, or terminate a call by touching a single button on a mobile phone or headset provided it can be done while seated in a normal manner and seat-belted as required by law. Any such movement must be accomplished without removing the driver's eyes from the roadway. Thus hands-free technology is permissible provide the use does not cause distraction.
3. All independent contractors, operating *any* type of vehicle, are prohibited from texting at all times while operating a company or personal vehicle while engaged in any activity on behalf of the company.
4. All independent contractors must minimize other distractions which take away from concentrating on driving, as driving while distracted constitutes a hazard, and could be a traffic infraction in some states such as Maine. Distractions include, but are not limited to, eating, reading, talking to passengers, and performing other activities which tend to cause the driver to remove their eyes from the road or divert their attention from the task of driving.

Driving is defined as: operating a commercial motor vehicle on a highway, including while temporarily stationary because of traffic, traffic control device, or other temporary delays. Driving would not include operating a CMV when the driver has moved the vehicle to the side of, or off, a highway and has halted in a location where the vehicle can remain stationary.

Exemption: The regulations and this policy do not prevent drivers of commercial motor vehicles from using a hand held mobile phone to communicate with law enforcement or other emergency services if necessary.

Acknowledgement

I acknowledge that I have received a written copy of the cell phone and distracted driving policy. I fully understand the policy and agree to abide by the terms, and that I am willing to accept the consequences of failing to follow the policy.

Independent contractor Signature

Date



PAST EMPLOYMENT VERIFICATION

Sent to: _____ Fax Number: _____
Previous Employer

Requested by: **Modern Market Master, Inc**
PO BOX 1538, Loganville, GA 30052

Phone: **678-999-3308**
Fax: **678-298-7958**

Name of Applicant: _____ Social Security #: _____

Job Title: _____ Hire Date: _____

Termination Date: _____ Resigned: Yes /No Discharged: Yes /No

If Discharged, why? _____

Eligible for Rehire? Yes _____ No _____ Upon Review _____ If No, please explain: _____

Equipment: Type of Tractor/Truck: _____ Trailer Length: _____

Refrigerated _____ Flatbeds _____ Vans _____ Tanker _____ Other _____

Commodities Hauled: Areas of _____

Operation: _____

Overall Performance: Poor _____ Fair _____ Good _____ Excellent _____

Accident information below requested in accordance with FMCSR Part 391.23. (Accidents within last 36 months.)

Accidents: # Preventable: _____ Description: _____

Non-Preventable: _____ Description: _____

Drug/Alcohol information below requested in accordance with DOT 49 CFR Part 40. (Tests done in last 36 months.)

Tested positive for controlled substance in last 3 years? Yes _____ No _____

Had a breath alcohol test result with a concentration of .04 or greater in the last 3 years? Yes _____ No _____

	Title
_____	_____
_____	_____

Ever refused a required test for drugs or alcohol in the last 3 years? Violated other D.O.T. drug/alcohol regulations? Yes _____ No _____
Yes _____ No _____

Have you received information from a previous employer that this individual has violated D.O.T. drug/alcohol regulations? Yes _____ No _____

If Yes, please give type of test, date of test, and SAP information (if applicable):

Person Providing Information

- I hereby authorize the above-mentioned employer/school to release all information as to my character, work habits, performance, experience, fitness, together with reasons for termination concerning my employment to Modern Market Master, Inc. (or their authorized agents) which may request such information in connection with my application for employment with Modern Market Master, Inc.
- In conformity with 49 CFR part 40, I hereby authorize the above-mentioned employer/school and their agents to furnish Modern Market Master, Inc. the above-requested information concerning D.O.T. drug and alcohol tests including pre-employment tests during the previous 3 years; the dates when I tested positive; the dates when I tested .04 or greater; the dates when I refused (including a verified adulterated or substituted result) to be tested for drugs and alcohol; and any other violations of 49 CFR part 40 and any information the above-mentioned employer/school and/or their authorized agents have received regarding violations of 49 CFR part 40 from my previous employers covered by D.O.T.
- I hereby release the above-mentioned employer/school and their authorized agents from any and all liability of any type as a result of providing the above-requested information to Modern Market Master, Inc.

By signing below, I certify that I have read and fully understand Parts 1, 2, and 3 of this release and that I executed this release voluntarily, with the knowledge that any and all information released could affect my being employed with Modern Market Master, Inc.

It is expressly acknowledged, understood and agreed that the information provided by the applicant regarding the applicant's employment during the previous three (3) years in accordance with Section 391.21(b)(10) of the Federal Motor Carrier Safety Regulations ("FMCSR") may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of Section 391.23 of the FMCSR. The applicant has certain due process rights under the FMCSR regarding the information received as a result of these investigations, as described below.



Applicant's Due Process Rights: 1) The right to review information provided by previous employers; 2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to Modern Market Master, Inc.; and 3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information, must submit a written request to the Safety Compliance Manager of Modern Market Master, Inc., which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. Modern Market Master, Inc. will provide this information to the applicant within five (5) business days after receiving the written request. If, however, Modern Market Master, Inc. has not yet received the requested information from the previous employer(s), then it will provide the information to the applicant within five (5) business days after it receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of Modern Market Master, Inc. making them available, Modern Market Master, Inc. will consider the driver to have waived the request to review the records.

Applicant's Signature

Date



REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM

I hereby authorize you to release the following information to Modern Market Master Inc
(Prospective Motor Carrier)

for purposes of investigation as required by Sections 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.

(Applicant's Signature) _____ (Date) _____

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103322, Title XXX, Section 300002(a)).

(Signature of Requester) _____ (Date) _____

TO:
DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____
_____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____
_____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

(Name of Company)

(Typed Name)

(Address)

(Title)

(City)

(State)

(Signature)



Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Aplicant's Signature

Print Name

Date

Social Security Number



Form **W-9**
 (Rev. August 2013)
 Department of the Treasury
 Internal Revenue Service

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to

provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the



withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a

U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

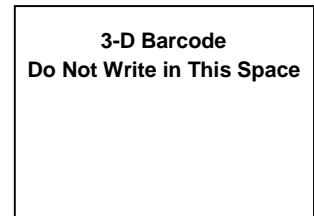
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)



Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):		
Last Name (Family Name)			First Name (Given Name)		
Address (Street Number and Name)		City or Town		State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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