



64825 County Road 31 • Goshen, Indiana 46528

Phone: 574-642-2024 • Facsimile: 574-642-2025 • Website: QualityDriveAway.com

WHAT YOU CAN EXPECT FROM QUALITY DRIVE-AWAY, INC.

- Driver appreciation company wide
- No forced dispatches
- Comdata® paycard allows drivers instant access to their money - day or night
- Safe driving rewards programs
- Continued orientation and training
- Sub-contractor means flexibility
- Outstanding return freight percentages due to strategic partnerships nationwide
- Fuel and lodging discounts through our affiliations with select companies

A Percentage Of Your Pay In Advance

You will receive a percentage of your trip pay at the time of dispatch to help offset your expenses. The balance will be paid after all of the paperwork is completed and returned to Quality Drive-Away, Inc.

Questions? Please contact a recruiter toll free now!

1-866-764-1601

SUB-CONTRACTOR REQUIREMENTS

- | | |
|--|--|
| <input type="checkbox"/> Must be at least 23 years of age | <input type="checkbox"/> Must be able to pass a D.O.T. physical & provide long form/card |
| <input type="checkbox"/> Must be able to legally work in the U.S. | <input type="checkbox"/> No more than 6 points on a driver license, to include no more than 2 moving violations or 2 accidents in the past three years (regardless of fault) |
| <input type="checkbox"/> Provide copy of social security card | <input type="checkbox"/> Minimum of 6 months commercial experience |
| <input type="checkbox"/> Provide copy of CDL or chauffeur driver license | <input type="checkbox"/> No felonies during the past ten years |
| <input type="checkbox"/> Must be able to pass company drug screen | <input type="checkbox"/> Working Cell phone |
| <input type="checkbox"/> No alcohol or drug convictions in a vehicle | |
| <input type="checkbox"/> Camera (digital or other) | |

PAY

BOND REQUIREMENTS

EQUIPMENT REQUIREMENTS – MOTORIZED DIVISION

Set of 3 triangles – Every driver must carry with them per FMCSA requirements.

If using tow vehicle:

- | | |
|--|--------------------------|
| <input type="checkbox"/> Proof of Insurance – Declaration page | <input type="checkbox"/> |
| <input type="checkbox"/> Tow package & auxiliary lights installed on vehicle | <input type="checkbox"/> |

*** DRIVERS MUST MEET**

ATTENTION

EMPLOYER		Date: (Include, month & year)
Name:		From: To:
Address:		Position:
City:	State:	Zip Code:
Contact:		Reason for leaving:
Phone:		
Were you subject to the FMCSRs while employed?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Wage:
EMPLOYER		Date: (Include, month & year)
Name:		From: To:
Address:		Position:
City:	State:	Zip Code:
Contact:		Reason for leaving:
Phone:		
Were you subject to the FMCSRs while employed?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Wage:
EMPLOYER		Date: (Include, month & year)
Name:		From: To:
Address:		Position:
City:	State:	Zip Code:
Contact:		Reason for leaving:
Phone:		
Were you subject to the FMCSRs while employed?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Wage:

(Please use additional sheet if necessary)

HISTORY OF EMPLOYMENT (CONTINUED)

All applicants who operate in interstate commerce must provide the following information on all current and previous employers for the past 10 years. Any gaps greater than 30 days must have documentation showing proof. If retired or unemployed you must show or have a professional letter of recommendation on letterhead. If self-employed you must provide a copy of your 1099 or profit/loss statement from your tax form

EMPLOYER	Date (Month and Year)
Name:	From: To:
Address:	Position:
City: State: Zip:	Reason for leaving:
Contact: Phone:	
Where you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Wage:
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>	
EMPLOYER	Date (Month and Year)
Name:	From: To:
Address:	Position:
City: State: Zip:	Reason for leaving:
Contact: Phone:	
Where you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Wage:
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>	
EMPLOYER	Date (Month and Year)
Name:	From: To:
Address:	Position:
City: State: Zip:	Reason for leaving:
Contact: Phone:	
Where you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Wage:
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>	
EMPLOYER	Date (Month and Year)
Name:	From: To:
Address:	Position:
City: State: Zip:	Reason for leaving:
Contact: Phone:	
Where you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Wage:
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements 49CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>	



MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations or motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months. (Section 391.27)

DRIVER INSTRUCTIONS: Each driver shall furnish the list required in the above motor carrier instructions. If the driver has not been convicted of, forfeited bond or collateral on account of any violation which must be listed he/she shall so certify.

Drivers who have provided information required by Section 383.31 need not repeat that information in the annual list of violations.

I certify that the following is a true and complete list of traffic violations required to be listed, other than parking violations, for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date:	Offense:	Location:	Vehicle Type Operated:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months. **YOU MUST SIGN YOUR NAME WHERE SHOWN**

Certification Date	Driver's License Number	State	Expiration Date
--------------------	-------------------------	-------	-----------------

Type of License: CDL Chauffeur Other _____

Printed Applicant's Name

Quality Drive-Away, Inc.

Motor Carrier's Name

Applicant's Signature

Motor Carrier's Employee Signature

Motor Carrier's Employee Title

APPLICANT READ COMPLETELY AND SIGN

In connection with my application for Sub-Contractor driver (including contract for services) with **Quality Drive-Away, Inc.**, I understand that consumer reports which may contain public record information may be requested from **Quality Drive-Away, Inc.** These reports may include the following types of information: Names and dates of previous employers, reason for termination of employment, work experience, accidents, safety performances, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation history, credit, bankruptcy proceedings, criminal records, as well as dates, violations and accidents included in MCMIS, etc. from federal, state and other agencies which maintain such records. I AUTHORIZE, WITH-OUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY **Quality Drive-Away, Inc.** TO FURNISH THE ABOVE MENTIONED INFORMATION TO THE EXTENT AUTHORIZED BY STATE AND FEDERAL LAW.

I have the right to make request to **Quality Drive-Away, Inc.**, upon proper identification, to request the nature and substance of all information in the files on me at the time of my request, to have incorrect information corrected and to have a rebuttal statement included if necessary. In conformity with 49 C.F.R. Part 40, I hereby authorize motor carriers (company/school) listed on my application to furnish **Quality Drive-Away, Inc.** the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests during the past three years (I) the dates on which I tested positive for drugs and the drugs involved; (II) the dates on which I tested .04 or greater for alcohol and the test result levels; (III) the dates on which I refused to be tested for drugs and/or alcohol; (IV) any failure to undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional; (V) other violations of D.O.T. drug and alcohol testing regulations; and (VI) any information the carriers have received regarding violations of drug/alcohol testing regulations from my previous employers observed by D.O.T.

I fully understand that the information I authorize **Quality Drive-Away, Inc.** to receive, involves tests which were required by the Department of Transportation (DOT). If any carrier (company/school) listed on my application furnishes **Quality Drive-Away, Inc.** with information concerning items (I) through (V) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the names and phone numbers of any substance abuse professional who evaluated me during the past three years.

Applicant Signature

Signature Date

APPLICANT READ COMPLETELY AND SIGN

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job disability, or any other group protected status.

I certify that the information presented on 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 Signature

Signature Date

