



**Dream Catcher Coaches
3713 W. Enon Rd
Yellow Springs, OH 45387**

Independent Contractor Packet

Instructions:

- Please print the entire packet
- Fill out and complete all forms
- Email to Rob@dreamcatchercoaches.com
or Fax to 937-767-2433

INDEPENDENT CONTRACTOR QUALIFICATION CHECK LIST

Documents listed are required and will be requested to complete file per FMCSA regulations

Name: _____

Date: _____

Street Address City: _____

State: _____

Primary Phone: _____

Alternative Phone: _____

Email Address: _____

1) Copy of Independent Contractor Identification Documents

- A. Contractor Driver's License with Passenger Endorsement Class A or B
- B. Social Security # or Tax ID
- C. Passport

2) Forms for Independent Contractor

- A. Company's current full name and address appears on form
- B. Fully completed
- C. All forms are signed and dated

3) References

- A. All past employer or contracts held for the previous three years
- B. Past 3 years drug screen participation forms/drug alcohol pools

4) Current Copy of Medical Examiner's Certificate per FMCSA regulations

- A. Includes examining physicians name/number and signed/dated by said physician
- B. Long Form Physical
- C. Expiration date shown

5) W-9 Tax Form

6) 7 day prior Log Sheets per FMCSA regulations

7) Road Test* (Documented/Certified, signed, and dated) per FMCSA regulations

8) Motor Vehicle Record – (State) _____ per Insurance/FMCSA regulations

9) Drug Test Results per FMCSA regulations

10) Receipt of Fed Motor Carrier Safety Regulation Book signed per FMCSA regulations

11) Receipt of Policy on Substance Abuse Book per FMCSA regulations

12) Certificate of Compliance with FMCSA regulations

13) Moving Violations Disclosure

14) National Criminal Background Check Authorization Release Form per FMCSA regulations

PERSPECTIVE INDEPENDENT CONTRACTOR TO COMPLETE

Name _____ Social Security Number - -

Last _____ First _____ Middle _____

List your addresses of residency for the past 3 years.

Current Address

_____ How Long? _____
Street City State Zip

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

Date of Birth / , /

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

Who referred you? _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to disqualify you to be used by this company as an Independent Contractor. All circumstances will be considered.

PREVIOUS WORK HISTORY

All Independent Contractors to drive in interstate commerce must provide the following information for all work history during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Independent Contractors to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 year's information on work history for whom the Independent Contractor operated such vehicle.

(NOTE: List work history in reverse order starting with the most recent. Add another sheet as necessary.)

	DATE	
COMPANY NAME	From	To
CITY STATE ZIP	Position Held	
CONTACT PERSON		
PHONE#: FAX#:		
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED/CONTRACTED	YES	NO
WHERE YOU SUBJECT TO THE DRUG AND ALCOHOL TESTING	YES	NO

	DATE	
COMPANY NAME	From	To
CITY STATE ZIP	Position Held	
CONTACT PERSON		
PHONE#: FAX#:		
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED/CONTRACTED	YES	NO
WHERE YOU SUBJECT TO THE DRUG AND ALCOHOL TESTING	YES	NO

	DATE	
COMPANY NAME	From	To
CITY STATE ZIP	Position Held	
CONTACT PERSON		
PHONE#: FAX#:		
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED/CONTRACTED	YES	NO
WHERE YOU SUBJECT TO THE DRUG AND ALCOHOL TESTING	YES	NO

	DATE	
COMPANY NAME	From	To
CITY STATE ZIP	Position Held	
CONTACT PERSON		
PHONE#: FAX#:		
WERE YOU SUBJECT TO FMCSRs WHILE EMPLOYED/CONTRACTED	YES	NO
WHERE YOU SUBJECT TO THE DRUG AND ALCOHOL TESTING	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 requiring placarding.

*The federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers of property when a vehicle: (1) weights or has a GVWR or 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR 93) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE "NONE"

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ECT)	FATALITIES	INJURIES	HAZARDOUS MATERIALS SPILLED
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE "NONE"

LOCATION	DATE	CHARGE	PENALTY

ATTACH SHEET IF MORE SPACE IS NEEDED

EXPERIENCE AND QUALIFICATIONS

List all driver license or permits held in the past 3 years

LICENSES	STATE	LICENSE #

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

YES _____ NO _____

A. Has any license, permit or privilege ever been suspended or revoked?

YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

INDEPENDENT CONTRACTOR DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK Y N			
TRACTOR & SEMI-TRAILER Y N			
TRACTOR-TWO TRAILERS Y N			
TRACTOR-THREE TRAILERS Y N			
MOTORCOACH - SCHOOL BUS Y N			
OTHER			

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS AN INDEPENDENT CONTRACTOR

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?: _____

EXPERIENCE AND QUALIFICATIONS - OTHER

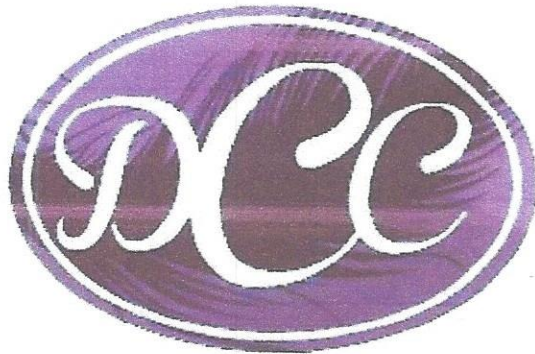
SHOW ANY TRUCKING OR TRANSPORTATION INFORMATION NOT SHOWN ELSEWHERE IN THIS PACKET

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS PACKET

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

This certifies that this packet was completed by me and that all entries on it and information in it are true and compete to the best of my knowledge.

INDEPENDENT CONTRACTOR SIGNATURE: _____ DATE: _____



National Criminal Background Check Authorization Release Form

I, _____ authorize Dream Catcher Coaches to perform a complete criminal background check at any time prior to, or during my term, as an Independent Contractor. I understand it is my responsibility to provide Dream Catcher Coaches with a national criminal report from a law enforcement agency in order to be considered in an Independent Contractor selection pool with Dream Catcher Coaches.

I authorize representatives of Dream Catcher Coaches to discuss with Canadian immigration officials, any information contained within my Independent Contractor file including, but not limited to any law enforcement criminal database reports.

Independent Contractor Signature

Date

Independent Contractor Social Security Number _____

Date of Birth _____

Release & Documentation of Testing Information

This form may be used to fulfill the requirement of §382.413, obtaining information from an Independent Contractors previous employer(s)/contractor regarding past drug and alcohol testing results. This information must be obtained from all employers/contractors and all new Independent Contractors within the preceding three years. This information should be obtained prior to allowing the Independent Contractor to perform a safety sensitive function. Send a separate request to each previous employer/contractor you may be contacting. After it is completed and signed by a program representative, keep the form in the Independent Contractors investigation history file.

Date of Independent Contractor packet: _____ / _____ / _____

PART 1, TO BE COMPLETED BY THE INDEPENDENT CONTRACTOR

I, _____, hereby authorize _____
(Independent contractors name) (Previous employer/company name)

to release to _____ at _____
(Company contact) (New Contract company name)

(Address) (Independent Contractors signature)

(Phone) (Fax)

The results of any positive controlled substance test; alcohol tests with a result of 0.04 or greater; evidence of refusal to be tested ; and information on any required substance abuse professional (SAP) evaluation, determination of need for assistance, and compliance with SAP recommendations for the preceding three years. I request such records be released immediately. *This authorization is valid until withdrawn by me in writing.*

Dated this _____ day of _____, 20_____

(Independent Contractors name, printed) (Independent Contractors signature)

(Social Security Number) (Witness signature)

PART 2, TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Has this person ever tested positive for controlled substances in the past three years during their employment/contract with your company? ----- YES NO
2. Has this person ever had a breath alcohol test with a result of 0.04 or greater in the past three years during their employment/contract with your company? -----YES NO
3. Has this person ever refused a required test for drugs or alcohol, including a follow-up test, ion the past three years during their employment/contract with your company?----- YES NO
4. Has this person violated any other DOT agency drug or alcohol regulations? YES NO

NOTE: *If YES to any of the above questions, please release any documentation relating to the SAP evaluation, determination, and compliance, and give the SAP's name, address, and phone number for further reference.*

SAP Name: _____ SAP Phone _____

SAP Address: _____

SAP City, State, Zip _____

Name of Person Releasing Information: _____ Date _____

Signature of person releasing Information: _____

**Certification of Compliance
With Contractors License Requirements**

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to everyone 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 everyone who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transport hazardous materials require placarding.

REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you must comply with. These requirements are effective as of July 1, 1987. They are as follows:

1) POSSESS ONLY ONE LICENSE:

When operating a commercial vehicle you, 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 issued 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, REVOCTAION OR CANCELATION:

Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify commercial vehicle owner for whom you are contracted 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 state³ or local traffic law (other than parking), you must report it within 30 days to: 1) commercial vehicle owner for 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). Both notifications must be in writing.

The following license is the only one I will possess:

Independent Contractors License No. _____ State _____ Exp. Date _____

Independent Contractors Certification: I certify that I have read and understood the above requirements.

Independent Contractors Name (Printed) _____

Independent Contractors Signature _____ Date _____



Dream Catcher Coaches, LLC Drug, Alcohol & Substance Abuse Policy Guidelines
As Mandated by FMCSA Regulations

Dream Catcher Coaches, LLC follows all mandates of FMCSA in administering tests required for all Independent Contractors who are active in driving DCC equipment and who are in safety-sensitive positions.

The following information is a list meant to educate and facilitate these policies:

1. The DCC contact for any questions or concerns regarding the policies involving drug, alcohol and substance abuse information is Rob Garfield 937-477-1657.
2. All Independent Contractors are subject to random or post-accident screenings at any time.
3. All Independent Contractors who are involved in safety-sensitive positions must be free from alcohol, drugs, or controlled substances while operating DCC equipment.
4. Any Independent Contractor who is found to be "under the influence" can be relieved of safety-sensitive contracts immediately and from operating DCC equipment.
5. No Independent Contractor can refuse any request for a drug or alcohol test or it will be deemed as an admission of testing positive and can be a means for immediate removal from a safety-sensitive contract with DCC. Return-to-a contract status can only be achieved after successful completion of a required process with a DOT qualified substance abuse professional.
6. All Independent Contractors are given educational materials concerning drug, alcohol, or controlled substance use and the consequences of failed tests or refusals to submit to tests

I agree to the receipt of educational materials prescribed by FMCSA.

Independent Contractor Signature _____

Date _____



**General Consent for Limited Queries of the Federal Motor Carrier Safety Administration
(FMCSA) Drug and Alcohol Clearinghouse**

I, _____ hereby provide consent to Dream Catcher Coaches, Ltd, to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I understand that if the limited query conducted by Dream Catcher Coaches, Ltd indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Dream Catcher Coaches, Ltd without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent for Dream Catcher Coaches, Ltd to conduct a limited query of the Clearinghouse, Dream Catcher Coaches, Ltd must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Contract Driver Signature

Date