

Mawson & Mawson, Inc Flatbed Independent Contractors
Mawson now offers FREE electronic bill scanning!
No more Fed-ex Fees!

Qualifications

Must have a minimum of 2 years over-the-road, 6 months flatbed w/steel, coil experience and must be 25 years of age with a reasonable driving record, and must be able to pass a Physical and Drug Screen. Anyone that is short in any category can fill out an application, exceptions are made but nothing is guaranteed.

Pay & Bonus'

76 % of gross from 100 %. Independent Contractors must have bills in by noon on Tuesday. Direct deposit is offered, the funds are available in your account on Friday. Checks are mailed Thursday, and are not guaranteed to arrive by Saturday. O/O's can gross between \$3,000 & \$4,000 a week. **Long Haul Bonus'** are achieved through average weekly gross. Weekly average between \$2,000 and \$2,400 will result in an additional 1%; weekly averages above \$2400 will result in an additional 2%. Bonuses are paid out the middle of the following month.

Short Haul Bonus' (All Trips under 150 miles) – Weekly average between \$1,150.00 to \$1,500.00 will result in an additional 1%, weekly averages above \$1500.00 will result in an additional 2%.

Escrow

We require an escrow account of \$500.00 per truck, maximum of 2 trucks, to be held for the duration of your lease to be used as insurance for the return of any and all materials/items supplied to you by Mawson that we ask be returned. Escrow is released maximum 45 days after all materials are returned. This money is held in a non-interest account. The escrow money is deducted \$50 per week for your first 10 weeks.

Plates

Mawson runs Pennsylvania base plates. The PA plate year is from June 1st through May 31st. The plate belongs to Mawson, if you cancel your lease you must return the plate. Plate charges will be deducted at \$62.00 a week for the first year, then \$31.00 a week after that. Plates run about \$1,600 for a whole year. (Subject to change w/out notice.)

Permits

Permit year is January 1st through December 31st. You receive an IFTA sticker and the Single State Registration (Bingo card) and NY HUT (if applicable) sticker. The cost for the full area is \$330.00 per year. The funds are deducted from your settlement at \$50 per week. Smaller areas are available for lower costs. (See Attached)

Bobtail/Deadhead (Non-Trucking Liability)

You can have your own policy or use ours for \$39.50 per month. It is deducted one time per month. If you have your own policy you are required to supply us with a copy of the policy and it must be at least one million dollars in coverage.

Physical Damage/Collision

Our physical damage insurance is available to you if you want/need it. It is a weekly deduction based on the value of your equipment. Running rate is 5.20% of value. (Subject to change with out notice). Policy has \$1,000 deductible.

Trailers

Mawson leases on Flatbed trailers. If you do not have your own trailer we do have some that we rent out. Rental fee is 10% and includes trailer, side kit and tarp. You must have your own securement equipment. We also require an additional \$500 escrow on the trailer. The escrow will continue to come out at \$50.00 a week for 20 weeks. If you have your own trailer we recommend a side kit but it is not mandatory. Some customers require one however so this may change the first in/first out dispatch at some points.

Workers Compensation/Occupational Accident Insurance

This insurance is only required if you own a truck and have someone else driving it. You, as an Independent Contractor, are not covered under our workers compensation. Running rate for Workers Comp with Mawson is \$150.00 a month per driver

Com Data

Mawson & Mawson Inc. supplies drivers with a Com Data Card in order to receive advances on their loads to purchase Fuel, food, etc. Drivers are allowed to advance up to 30% of each load. Percentage subject to change pending on Fuel Cost.

Road & Fuel Tax

All Road and Fuel Taxes are paid for by Mawson & Mawson Inc. Original Fuel Slips are required to be turned into Langhorne, PA.

Signs

Mawson & Mawson Inc. supply door decals for all leased & owned vehicles. Signs are required to be placed on the Cab of the truck, not on fuel tanks, etc.

Drug Screens & Physicals

Mawson & Mawson Inc. pays for Pre-Employment & Random Drug Screens. Physicals are the responsibility of the Independent Contractor.

Log Books

Mawson & Mawson Inc. supplies DOT Regulated Log Books to the drivers. Mawson also supplies Delivery Receipts and Postage Paid Envelopes so drivers are able to mail in their paper work.

Safety Inspections

Safety Inspections are required every 60 days. DOT Level 1 & 2 and State Inspections will count towards Safety Inspection. Mawson & Mawson Inc. will provide Independent Contractors with a list of Inspection Locations. Mawson pays for the Safety Inspections, however we will not pay for a State Inspection.

MAWSON & MAWSON, INC.
D.O.T. QUALIFICATION SHEET

Please print clearly Date _____ 20 _____

Name _____ Social Security No. _____ - _____ - _____

Address _____ How Long? _____
(Street) (City) (State&Zip Code)

Previous Address _____ How Long? _____
(Street) (City) (State&Zip Code)

Marital Status _____ No. of Children _____ Who referred you? _____

Phone (include area code) () _____ List Identification Marks _____

Height _____ Weight _____ Date of Birth _____ (Answer only if applying for driving position)

Have you ever driven equipment leased to us before? _____ If yes, dates _____

In case of emergency, whom should be notify? _____ Home phone _____ Work Phone _____

Address _____ Relationship _____

Date of last D.O.T. Physical Examination _____

Have you ever failed a physical examination? _____ When? _____ Why? _____

Have you ever had a positive pre-employment drug screen in the past 2 years? _____ When? _____ &

What Company? _____

Are you physically capable of heavy manual work? (Lifting over 80 lbs) _____

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

WORK HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle* in interstate or interstate commerce shall provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

Last or Present Employer _____ Phone () _____

Address _____ Person to Contact _____
(Street) (City) (State&Zip Code)

Dates Employed From ____/____/____ To ____/____/____ Reason for leaving _____
Mo. Day Yr. Mo. Day Yr.

Position Held _____ Type Equip. driven - Trac. Trl _____ St. Trk _____ Other _____

Type of trailer used: Flatbed _____ Extendable Trl _____ Lowboy _____ Van _____ Dump Trl _____ Other _____

Type of materials Hauled _____

No. of Avoidable accidents _____ No. of unavoidable accidents _____

Explain any accidents, including (dates, type of accident, injuries or fatalities) _____

Were you subject to the FMCSRs** while employed? Yes _____ or No _____

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR PART 40? Yes _____ or No _____

Second Employer _____ Phone (____) _____

Address _____ Person to Contact _____
(Street) (City) (State&Zip Code)

Dates Employed From ____/____/____ To ____/____/____ Reason for leaving _____
Mo. Day Yr. Mo. Day Yr.

Position Held _____ Type Equip. driven - Trac. Trl _____ St. Trk _____ Other _____

Type of trailer used: Flatbed _____ Extendable Trl _____ Lowboy _____ Van _____ Dump Trl _____ Other _____

Type of materials Hauled _____

No. of Avoidable accidents _____ No. of unavoidable accidents _____

Explain any accidents, including (dates, type of accident, injuries or fatalities) _____

Were you subject to the FMCSRs** while employed? Yes ____ or No _____

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR PART 40? Yes _____ or No _____

Third Employer _____ Phone (____) _____

Address _____ Person to Contact _____
(Street) (City) (State&Zip Code)

Dates Employed From ____/____/____ To ____/____/____ Reason for leaving _____
Mo. Day Yr. Mo. Day Yr.

Position Held _____ Type Equip. driven - Trac. Trl _____ St. Trk _____ Other _____

Type of trailer used: Flatbed _____ Extendable Trl _____ Lowboy _____ Van _____ Dump Trl _____ Other _____

Type of materials Hauled _____

No. of Avoidable accidents _____ No. of unavoidable accidents _____

Explain any accidents, including (dates, type of accident, injuries or fatalities) _____

Were you subject to the FMCSRs** while employed? Yes ____ or No _____

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR PART 40? Yes _____ or No _____

Fourth Employer _____ Phone () _____

Address _____ Person to Contact _____
(Street) (City) (State&Zip Code)

Dates Employed From ____/____/____ To ____/____/____ Reason for leaving _____
Mo. Day Yr. Mo. Day Yr.

Position Held _____ Type Equip. driven - Trac. Trl _____ St. Trk _____ Other _____

Type of trailer used: Flatbed _____ Extendable Trl _____ Lowboy _____ Van _____ Dump Trl _____ Other _____

Type of materials Hauled _____

No. of Avoidable accidents _____ No. of unavoidable accidents _____

Explain any accidents, including (dates, type of accident, injuries or fatalities) _____

Were you subject to the FMCSRs** while employed? Yes ___ or No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR PART 40? Yes _____ or No _____

Fifth Employer _____ Phone () _____

Address _____ Person to Contact _____
(Street) (City) (State&Zip Code)

Dates Employed From ____/____/____ To ____/____/____ Reason for leaving _____
Mo. Day Yr. Mo. Day Yr.

Position Held _____ Type Equip. driven - Trac. Trl _____ St. Trk _____ Other _____

Type of trailer used: Flatbed _____ Extendable Trl _____ Lowboy _____ Van _____ Dump Trl _____ Other _____

Type of materials Hauled _____

No. of Avoidable accidents _____ No. of unavoidable accidents _____

Explain any accidents, including (dates, type of accident, injuries or fatalities) _____

Were you subject to the FMCSRs** while employed? Yes ___ or No _____
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR PART 40? Yes _____ or No _____

USE ADDITIONAL PAPER IF ABOVE PERIOD OF EMPLOYMENT COVERS LESS THAN 10 YEARS

*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 or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds 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 requiring placarding.

Have you ever hauled any steel or machinery with a carrier in the last 5 years? _____

If so, list companies and dates _____

Check types of steel hauled: Coils _____ Sheets _____ Plates _____ Structural _____ Other _____

Types of Machinery Hauled on Flatbed or Lowboy _____

If no steel or machinery experience, have you ever used chains, binders and tarps before? _____ If yes, list on what types of materials _____

Number of safe driving awards from previous employers _____ Type of award _____

Total avoidable accidents in last five years with truck _____ With car _____

Total unavoidable accidents in last five years with truck _____ With car _____

List all traffic convictions and violations, including place and dates in last three years _____

Have you ever been convicted of a felony? _____

Has your driver's license ever been suspended? _____ If yes, give date, reason and period of suspension _____

YOU MUST LIST ALL DRIVERS LICENSE HELD !

State _____ License # _____

State _____ License # _____

Have you ever served in the Armed Forces? _____ Branch _____ Dates: From _____ to _____

Have you ever belonged to truck drivers union? _____

If yes, state local number _____ City and State _____

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e), such as and not limited to vehicle accidents and drug/alcohol testing.

I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send Corrected information to the prospected employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigating Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living.

I agree to furnish such additional and complete examinations as my be required to complete my employment file.

(Pennsylvania only) - I authorize the carrier to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Violations Record.

It is agreed and understood that this qualification sheet in no way obligates the carrier to lease my equipment.

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

Date

Applicant's Signature

Please complete the 4 highlighted sections only on the next page and return your complete application to Mawson & Mawson Inc. P.O. Box 248, Langhorne, PA 19047. You may fax your completed application to 1-800-585-9908.

PREVIOUS EMPLOYER DRUG & ALCOHOL TEST INFORMATION

Instructions: Federal Highway Administration (FHWA) regulations (49 C.F.R. § 413) require motor carriers for whom a driver previously worked to provide companies to whom a driver has applied for work with the following drug and alcohol test result information concerning that driver, if provided with the driver's written authorization to release those results: (i) all verified positive drug tests during the previous 3 years; (ii) all alcohol test results of 0.04 or greater during the previous 3 years; (iii) all alcohol tests of 0.02 or greater but less than 0.04 during the previous 3 years; (iv) all instances in which the driver refused to a drug and/or alcohol test during the previous 3 years. FHWA regulations also require that a written record be kept whenever a company refuses to provide this required information. This form should be used for that purpose.

I, (Print Name) X Social Security Number: X

hereby authorize:

Previous Employer: _____

To release and forward the information requested in this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years.

To: Prospective Employer: Mawson & Mawson Inc.
Attention: Lisa Hunt

In compliance with 40.25(g) and 391.23(h), release of this information must be made in written form that ensures liability, such as fax, email or letter.

Prospective employer's confidential fax number: 215-750-8191

X Applicant's Signature X Date

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, sign the bottom and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive, adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed any other violations of Subpart B of Part 382 or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| ✓ 5. Has this person violated a DOT drug and alcohol regulation and completed a SAP prescribed rehabilitation program in your employ, including return to duty and follow-up tests?
If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. After successfully completing a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations in the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |

If answering yes to any of these questions, please include any drug & alcohol testing information obtained under 40.25 or other applicable DOT agency regulations.

Name: _____
Company: _____
Street: _____
City, St, Zip: _____

Signature of person completing this form, _____ Date: _____