



INDEPENDENT CONTRACTOR QUESTIONNAIRE

All-Med Express, Inc. is looking for people to act as independent contractors for delivery services. Independent contractors are not employees; therefore you are responsible for your own tax liability.

Interested parties must provide presentable, reliable transportation with full insurance coverage (including commercial and cargo insurance) to drive various established routes for delivery to nursing homes. In addition to the scheduled routes, it may be necessary to be available for unscheduled emergency deliveries as an “on-call” status.

Pricing has been established for the specific route (s), with set pricing for the on-call deliveries as well. All expenses are the responsibility of the driver contracting their services.

Independent Contractors retained by All-Med Express **will be required** to use a computer based handheld scanner device to track all deliveries.

Independent Contractors are required to meet certain levels of insurance parameters that will be presented to the contractor at the time their services are contracted. Proof of required insurance coverage MUST be provided prior to the contract start date. Failure to provide insurance information can result in the contract to be terminated by All-Med Express. IN ADDITION to personal insurance requirements, an additional liability insurance rider is required due to the nature of the cargo being transported and delivered. All contractors must carry this additional insurance, with the cost of the rider passed onto the independent contractor.

Independent contractors must complete and submit weekly route sheets. Independent contractors submit a monthly invoice at the end of each month of services rendered. Payment is made within 30 days of invoice for the previous month.

If you are interested in pursuing this opportunity, please complete the questionnaire on the following pages.

Area of interest in Opportunity

Please let us know which area you are interested in by circling the interested areas below:

FLORIDA	TEXAS	PENNSYLVANIA	MARYLAND	MASSACHUSETTS
South Florida	Houston	Philadelphia	Columbia	Boston (coming soon)
Orlando		King Of Prussia		
Tampa/St Pete				
Sarasota				
Jacksonville				
Panama City				
Pensacola				
Ft Myers (coming soon)				

Personal Information

Name: _____

Address: _____

City, State and Zip Code _____

Contact phone numbers, including area code: _____ HOME

_____ CELL

Are you 18 years of age or older? Yes No

Are you looking for full or part time work? Full Time Part Time

Circle yes or no for the following questions:

- | | | |
|--|-----|----|
| 1. Do you have a valid Florida driver's license? | Yes | No |
| 2. Are you available to work nights? | Yes | No |
| 3. Are you available to work weekends? | Yes | No |
| 4. Are you available to work holidays? | Yes | No |

5. Have you ever been convicted of a crime? Yes No

* - We do obtain a Motor Vehicle Report and a Background Check for all independent contractors working with our company.

What restrictions, if any, do you have?

Vehicle Information

Year _____ Make _____

Model _____ Mileage _____

Describe the condition of your vehicle: _____

In the event that your services are retained, how would you handle a situation where your vehicle is inoperable? What back up plan, if any, do you have?

Work Experience

Have you worked as a driver or independent contractor before? Yes No

If YES was answered on the above question, please explain where you have worked previously, the position you held, what your responsibilities were, when and how long you were in the position:

Company Name **Dates (from/to)** **Items delivered/your responsibilities**

What are your income expectations? _____

Computer Competency / Basic Skills

- | | | |
|--|-----|----|
| 1. HAVE YOU USED A COMPUTER BEFORE? | Yes | No |
| 2. ARE YOU FAMILIAR WITH MICROSOFT WINDOWS? | Yes | No |
| 3. HAVE YOU EVER USED A PORTABLE PC (OTHER THAN A LAPTOP) BEFORE? | Yes | No |
| 4. PLEASE PLACE A CHECKMARK IN THE APPROPRIATE BOX IF YOU ARE FAMILIAR WITH ANY OF THE FOLLOWING SKILLS. | | |

BASIC SYSTEM OPERATIONS

- ICONS (What it is and what it represents)
- START MENU
- DOUBLE CLICKING OR TAPPING AN ICON
- SCREEN SIDE SCROLL BAR
- DROP DOWN MENU SELECTION BOX
- WINDOWS TASK BAR
- CLOCK
- KEYBOARD BUTTONS (ALT, SHIFT, CONTROL, FUNCTION, ETC)

APPLICATIONS

- MICROSOFT WINDOWS
- MICROSOFT WORD
- MICROSOFT EXCEL
- INTERNET EXPLORER

V. Acknowledgement and Signature

I certify that the information I have provided in this questionnaire is true and correct. I understand that if my services are contracted, I will not be an employee of All-Med Express, Inc., but rather an Independent Contractor, and that as such; I will not be, or be entitled to benefits of, an employee.

Signature

Printed Name

Date



PLEASE FAX THIS COMPLETED APPLICATION TO (888)-824-3163. YOU WILL BE CONTACTED BY AN AREA MANAGER IF A POSITION BECOMES AVAILABLE.