

TEL: 718-355-8337



TVM ROSSO LTD

EXPRESS DELIVERY

FAX: 347-857-6470

TVM ROSSO LTD

Agreement for Independent Driver Services

This Agreement for Independent Driver Services (“Agreement”) is entered into as of the _____ day of _____ 2018, by and between TVM ROSSO LTD, with mailing address 61 Vera Street, Staten Island, NY 10305 and

_____ (“Independent Driver” or “Driver”) by the address _____.

SS# _____ DL# _____ DOB _____

TVM ROSSO LTD and Independent Driver shall be referred to individually as “Party” and collectively as “Parties”.

WHEREAS, TVM ROSSO is a company specializing in ground freight services and express delivery services.

WHEREAS, Independent Driver has the safety clothes and shoes, phone, navigation, gloves.

INDEPENDENT DRIVER need to Inform TVM ROSSO LTD two weeks before he/she decided to quit the job.

IF these rules are not followed TVM ROSSO LTD will charge all expenses from his/her income.

DATE

Applicants Signature

1760 EVERLY WAY QUAKERTOWN, PA 18951

WWW.TVMROSSO.COM

Dispatch@tvmrosso.com

AGREEMENT

RELATIONSHIP OF THE PARTIES, SERVICES, COMPENSATION

- INDEPENDENT DRIVER RELATIONSHIP, TVM ROSSO LTD agrees to provide work to driver and on as needed basis. TVM ROSSO LTD makes no guarantee that certain amount of work will be available to Independent Driver.
- SCOPE OF WORK, METHOD OF PERFORMANCES OF SERVICES, Independent Driver hereby agrees to provide the following: Services (“Services”): pick up, loading, transportation, unloading and delivery of commercial freight provided by TVM ROSSO LTD to the unload destination.
- NO EMPLOYMENT RELATIONSHIP. Under no circumstances shall Independent Driver look to TVM ROSSO LTD as his/her employer, or as a partner, agent, or principal. Driver shall not be entitled to any benefits according to TVM ROSSO LTD. Employees include: unemployment insurance, worker’s compensations, vacation or sick pay, or any compensation of loss or stolen equipment.
- EXPENSES. Independent Driver shall be liable for windshield fluid, Diesel, DEF.
- OBLIGATION FOR VEHICLE. Independent Driver shall have obligation to be responsible for any damage that is caused to the vehicle. If the driver caused the damage then TVM ROSSO LTD will charge all expenses from his/her income.
- OBLIGATION FOR CELL PHONE EQUIPMENT. Independent Driver shall have obligation to carry and have at his/her disposal functioning cell phone with “Cam scanner” program in the cab. Driver shall be required to contact TVM ROSSO LTD and dispatch company at specific times during this shipment, provided however, that Driver shall not use the cell phone while driving and shall comply with all applicable State and Federal Laws on use of cell phone.

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COMPENSATION POLICY:

1. The distance of the shipment is measured by the principle “from the zip-code to the zip-code (not by the exact addresses). Empty miles are paid after 100 miles. Contractor/ driver shall provide his real current location to Company to determine the correct empty mileage.
2. If contractor/drivers arrive late at the pick-up or delivery facility without notifying Company Dispatch of the reasons, the automatic 25% rate reduction will be applied. If Contractor/Driver wishes to complete pick-up/delivery earlier than scheduled, he/she must confirm this with Company Dispatch. Otherwise, it may bring additional charges for Contractor/Driver.
3. If Contractor/Drivers leaves the shipping facility with the damaged freight and never informs Company Dispatch about it, he/she is full liable for any charges, claims or rate reductions that might be issued by the broker to Company.

RECOVERY POLICY:

1. Contractor/Driver must notify Company Dispatch immediately if the truck is broken during the shipment.
2. Contractor/Driver must provide evidence of the breakage to Company within 48 hours.
3. Once Contractor’s broken truck is reloaded, driver’s rate will be reduced to the needed margin to compensate the delivery of the freight by the new Driver.

DATE

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To Be Read and Signed By Applicant

I authorized you to make sure investigations and inquires to 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 be made only if and after condition 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, that am required to abide by all rules and regulations of the Company.

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). I understand that I have the right to:

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

DATE

Applicants Signature

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

Applicants Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor carrier Safety

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