



Dear Prospective Driver:

Thank you for your interest in becoming a Florida Language Solutions Corp. driver. Enclosed you will find Florida Language Solutions Corp.'s paperwork for your completion. Please read carefully and sign where indicated. Should a witness or a notary be required, please sign only in their presence before returning the originals to our corporate office. To expedite processing, please fax a copy of your documents prior to mailing 888-258-5031 attention: Driver Development. It is strongly suggested that you maintain copies of all documents returned to our corporate office for your records. If at any time, you have questions regarding the attached, please contact Driver Development immediately. Please sign and return the requested paperwork as soon as possible. **Please note that we will not be able to pay you until this information has been received from you in full.**

Thank you. We look forward to receiving your information.

Sincerely,

Driver Development

## **Assignment Procedures**

Driver must call Corporate Scheduler prior to leaving for an assignment. Driver must then pick up the passenger at the assigned pick up location and transport to appointment. Driver will wait at appointment to transport passenger back to pick up location of other location as assigned, unless otherwise directed. If passenger is not present at any pickup location or if driver encounters problems finding the location, driver must immediately contact Operations Supervisor or Transportation Coordinator for instructions. No assignment is to be terminated without authorization from the Corporate Scheduler or Team Coordinator. Once the assignment is complete, Driver must contact the Corporate Scheduler or Team Coordinator with mileage calculations. A mileage log must be submitted at the end of each week (or sooner if requested) to the Corporate Scheduler or Team Coordinator for approval and submission to the accounts payable department. Drivers must notify the Corporate Scheduler or Team Coordinator of any reason that would delay or prevent an assigned drive from being completed. Should a motor vehicle accident occur involving the transport vehicle, the driver should immediately, as soon as legally possible, notify the Corporate Scheduler or Team Coordinator of the time of accident, location, investigating police agency, any possible injuries and the status of the passenger. Should medical attention be required, the driver is instructed to immediately seek medical attention for the passenger and his or herself prior to notifying S.T.O.P.S. It is the drivers responsibility to obtain and forward a copy of the police report of the accident to the Corporate Scheduler or Team Coordinator within one week of the incident.

Any other difficulties with the transportation assignment, (i.e. traffic tickets and traffic delays), must also be communicated to the Corporate Scheduler or Team Coordinator immediately to avoid compromise of the assignment.

## **DRIVER PROCEDURES**

1. Receive assignments from Corporate Scheduler or Team Coordinator.
2. Contact Corporate Scheduler or Team Coordinator when you get the assignment for confirmation.
  - a. Immediately contact the Corporate Scheduler or Team Coordinator upon arrival to the pickup point with ANY difficulty in finding the passenger or difficulty with completion of assignment.
3. Contact Corporate Scheduler or Team Coordinator upon completion of the assignment to give mileage count and update information regarding passenger/trip.
4. AT ALL TIMES MAINTAIN A CLEAN, WELL GROOMED, PROFESSIONAL APPEARANCE AND AS FOLLOWS:

**a. Vehicle**

Personal vehicles used in transportation process must be in excellent working condition with working heat and air. Florida Language Solutions Corp., Inc. and the Team Coordinator reserve the right to inspect all driver's vehicles upon request. Insurance coverage is required on any vehicle transporting our clients. Florida Language Solutions Corp. Maintains additional insurance coverage for driver (see a. 1). Proof of current insurance coverage must be provided prior to the first drive assignment. All insurance renewal notices must be copied to Florida Language Solutions Corp. to ensure concurrent and continuous coverage on all vehicles used in the transportation process. All repairs, maintenance and fuel to the transportation vehicle is the sole responsibility of the driver.

1. Commercial General Liability coverage for bodily injury and property damage arising out of the work to be performed on behalf of Florida Language Solutions Corp. and including coverage for contractual liability.

**b. Driver License History**

A copy of a valid drivers license must be provided prior to transport authorization by Florida Language Solutions Corp. A driving history search will be conducted and a CLEAN history is required for contractual agreements with Florida Language Solutions Corp. There are no exceptions.

**c. Vehicle Insurance**

It is the driver's responsibility to forward a copy of each insurance renewal notice and proof of renewal, to the Corporate Scheduler or Team Coordinator immediately. Any cancelations of insurance on the utilized vehicle without knowledge of the Corporate Scheduler or Team Coordinator of Florida Language Solutions Corp. is grounds for termination of this agreement. Insurance on the transport vehicle must be kept current and in good standing with the assigned limits required by Florida Language Solutions Corp.

**d. Security**

All efforts are to be made for the security of yourself and your passenger. Keep all doors locked at all times during transport and develop a friendship and a relationship of trust with your passengers(s). Be aware of your surroundings and use common sense for your safety and the safety of your passenger.

**e. Miscellaneous Responsibilities**

The driver takes the responsibility for all passengers and is to treat them as a family member with TENDER LOVING CARE. All drivers must maintain their personal hygiene and appearance in a manner to promote the professionalism of Florida Language Solutions Corp. All drivers are to refrain

from any offensive language or actions that may reflect negatively upon Florida Language Solutions Corp. Any actions contrary to this policy will not be tolerated.

All drivers are to communicate with the Corporate Scheduler or Team Coordinator regarding scheduling conflicts. Florida Language Solutions Corp. does not offer benefits such as paid vacation, sick days, or personal days to any sub-contracted drivers. However, Florida Language Solutions Corp. will make every effort to accommodate all scheduling conflicts.

**DRIVER POSITION DESCRIPTION**

This position is sub-contracted and reports directly to Corporate Scheduler or Team Coordinator determined by the Operations Supervisor. The Corporate Scheduler or Team Coordinator will determine and schedule assignments on an as needed basis. This position may be part-time or full-time as determined by the company's needs.

Duties include maintaining a vehicle in excellent condition and the appropriate insurance coverages as required by state laws. Additional coverage is maintained by Florida Language Solutions Corp. (see item 6, a, 1, pg. 3) The driver will transport the passengers to their scheduled appointments and elsewhere as assigned by Florida Language Solutions Corp. and will maintain the validity of their drivers license as well as a clean driving history. Drivers are required to maintain a professional appearance that promotes the professionalism of Florida Language Solutions Corp., Inc. This position is responsible for frequently communicating with Florida Language Solutions Corp. personally as described in the policy and procedure manual, with any difficulties in completing the assignment or with additional information regarding the subject. This position is prohibited from using a confidential information obtained from Florida Language Solutions Corp., Inc. for private benefit and is bound by the confidentiality policies of the company. This position takes responsibility for all subjects transported and is expected to treat each passenger as a family member, with tender loving care.

Requirements for this position include an operable vehicle in excellent condition with working air and heat; insurance coverage of liability limits as determined by your state regulations; a valid license; a clean driving history and dependability.

By my signature below, I state that I have read and fully understand the above position description. I further understand that this description is not intended to create a contract of employment with Florida Language Solutions Corp., Inc. nor does it guarantee continued assignments from the company, if contracted with; any abuse of this position may be cause for review and disqualification, for future service; and that, any employment with Florida Language Solutions Corp., Inc. is of an "at-will" basis and can be terminated at any time by Florida Language Solutions Corp., Inc. or myself.

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Signature

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Date

**DRIVER INFORMATION**

**Attach a legible copy of your drivers license and social security card to this contract**

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_  
CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVERS LICENSE  
#: \_\_\_\_\_ STATE: \_\_\_\_\_

VEHICLE: \_\_\_\_\_ MODEL: \_\_\_\_\_  
YEAR: \_\_\_\_\_

VIN NUMBER: \_\_\_\_\_

DRIVING/TRAFFIC HISTORY (GIVE DETAILS)  
Florida Language Solutions Corp., Inc. RESERVES THE RIGHT TO CHECK,  
PRIOR TO ASSIGNMENT OR AT RANDOM

CITATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACCIDENTS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**FEEL FREE TO ATTACH ADDITIONAL INFORMATION TO THIS PAGE IF NEEDED**

**EMERGENCY CONTACTS:**

NAME: \_\_\_\_\_

RELATION: \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED WITH A CRIMINAL OFFENSE OR VIOLATION? Y N

IF YES EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the information contained within this contract is true and correct to the best of my knowledge and that this contract supersedes any previous documents I may have executed in agreement with Florida Language Solutions Corp.. As an independent contractor, I further state that should I be assigned any runs from Florida Language Solutions Corp., that I will abide by their policies and procedures at all times to promote and enhance a positive representation of Florida Language Solutions Corp..

I understand that I must maintain a clean driving record at all times to remain a driver for Florida Language Solutions Corp. and participate in their liability insurance program. I will notify Florida Language Solutions Corp. immediately of any changes to my driving record. As an independent contractor, I understand that I will solely be responsible for the condition of my vehicle and my conduct, either voluntary or involuntary as a driver while transporting passengers assigned to me by Florida Language Solutions Corp. I agree to indemnify and hold harmless FLS from any and all resulting incidents that may occur from equipment failure and/or my conduct either voluntary or involuntary, while transporting passengers assigned by FLS.

I also understand that as an independent contractor with Florida Language Solutions Corp., it is my responsibility to maintain my vehicle in excellent condition and working order at all times; that I will be paid based upon a mileage calculation or as otherwise pre-determined and agreed upon by Florida Language Solutions Corp. I agree and understand that I am solely responsible for payment of my unemployment taxes, Social Security and/or Federal Income tax, worker's compensation insurance and/or health insurance as well as any other taxes and insurance that I may feel appropriate to complete my contractual agreement with Florida Language Solutions Corp. I agree that Florida Language Solutions Corp. will submit a 1099 form to the Internal Revenue Service on my behalf, each calendar year, and that Florida Language Solutions Corp. offers no employment benefits to me as an independent contractor (i.e. Paid holidays, vacations, insurances, etc.).

By signing this contract, I bind myself to maintain a clean and professional appearance for all of my assignments and that I will communicate with Florida Language Solutions Corp.. as directed for each assignment. I will hold all information obtained from Florida Language Solutions Corp.. in the strictest of confidence and maintain a professional demeanor with all passengers never to discuss my contractual relationship with FLS. with any passengers I may transport. I will not release any information that I may obtain to any other party or use the information for my own benefit. I bind myself to use the information obtained from Florida Language Solutions Corp.. only for the benefit of Florida Language Solutions Corp. I also bind myself that upon termination of my contractual agreement with Florida Language Solutions Corp.; I will abide by this confidentiality agreement continuing forth and not to use any information obtained during my service to Florida Language Solutions Corp.. as an independent contractor for my own or anyone else's gain. Furthermore, I agree, should my relationship with Florida Language Solutions Corp.. be terminated for any reason whatsoever, to promptly surrender and deliver to FLS. all records, materials, equipment, drawings and/or data of any nature pertaining to any confidential information of the Company, and I will not take with me any description containing or pertaining to any confidential information,

knowledge or data of Florida Language Solutions Corp.. which I may produce or obtain during the course of this contract.

I further understand that Florida Language Solutions Corp.. reserves the right to conduct an investigation of my background at any time, to include, but not limited to, my driving and/or criminal history. I agree to disclose any changes to the above, immediately to Florida Language Solutions Corp.. I agree to maintain myself in a professional manner and refrain from the use of any alcohol, prescription or recreational drugs during my assignments given me by Florida Language Solutions Corp.. I also understand that Florida Language Solutions Corp. reserves the right to randomly test for the use of alcohol or drugs and may require proof of the completed testing at Florida Language Solutions Corp. expense. I further understand that Florida Language Solutions Corp.. reserves the right to terminate this contractual agreement at any time without prior notification for any violation of the conditions listed above, or that I may terminate my relationship with Florida Language Solutions Corp. at will.

By my signature below, I state that I have read and fully understand and agree to the terms and conditions as set forth in this contract. I further state that any breach of this agreement may be remedied immediately by separation from Florida Language Solutions Corp. and/or legal action.

Accepted and agreed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

**CONFIDENTIALITY AGREEMENT**

I agree to keep and hold confidential. Except as Florida Language Solutions Corp., Inc. (hereinafter referred to as "Company"), may otherwise consent in writing, and not to be disclosed or make any use of, except for the benefit of the Company, at any time, either during my relationship with the Company or after separation, any trade secret, confidential information, knowledge, data or other information of the Company, related to products, processes, case assignments, clients, business or marketing plans, strategies or any other subject matter pertaining to any business of the Company or its affiliates, I agree to keep and hold confidential any information obtained during my relationship with the Company and/or obtained after separation, including but not limited to, any data produced or required by myself, and not to allow and such information, trade secrets, confidential information, knowledge, data or any documentation related thereto to be disclosed, delivered, made known, or used by third parties without written consent and specific direction by the Board of Directors of the Company. I agree and to keep hold confidential, not to disclose or use for my own benefit or the benefit of anyone outside the Company, any information obtained during my relationship with the Company without the expressed written consent of the Company, including but not limited to, client contact information and documentation.

Furthermore, I agree, should my relationship with the Company be terminated for any reason, whatsoever, to promptly surrender and deliver to the Company all records, materials, equipment, drawings and/or data of any nature pertaining to any confidential information of the Company, and will not take with me any description containing or pertaining to any confidential information, knowledge or data of the Company which I may produce or obtain during the course of my relationship with the Company.

By my signature below, I state that I have read and fully understand and agree to the terms and conditions as set forth in this contract. I further state that any breach of this agreement may be remedied immediately by separation from Florida Language Solutions Corp.. and/or legal action.

Accepted and agreed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

**Driver Pay Schedule**

Billable Mileage Rate: (miles traveled with passenger in the vehicle)

**\*\*\*FLORIDA LANGUAGE SOLUTIONS CORP WILL SET A FLAT RATE UPON DELIVERY OF THE ASSIGNMENT. IF no flat rate is agreed, these will be the applicable rates\*\*\*:**

1. \$ \_\_\_\_\_ Per mile round trip
2. \$ \_\_\_\_\_ for minimum miles traveled (NOT INCLUSIVE WITH #1 OR #3)
3. \$ \_\_\_\_\_ only for a NO SHOW on the part of the passenger (if the passenger refuses the ride or fails to show at pick up point) NOT INCLUSIVE WITH #1 OR #2
4. \$ \_\_\_\_\_ Per hour will be compensated for wait time **WHEN AUTHORIZED.**

MILES ARE PAID ONLY AS CALCULATED BY THE CORPORATE SCHEDULER AND/OR TEAM COORDINATOR. NO VARIATIONS ARE ACCEPTED UNLESS THE SCHEDULER IS CONTACTED IMMEDIATELY UPON COMPLETION OF THE RUN AND IT IS AUTHORIZED BY A Florida Language Solutions Corp., Inc. EMPLOYEE\*\*\*]

**\*\*\* Payment will go out 2 weeks after your first week of work, and from then on, on a weekly basis. Checks are mailed out every Friday.\*\*\***

**Important Information**

In order to become a driver for Florida Language Solutions Corp., Inc. the following **MUST** be returned.

- \_\_\_\_\_ 1. Clear copy of your driver license and social security card
- \_\_\_\_\_ 2. Copy of proof of insurance
- \_\_\_\_\_ 3. Copy of vehicles registration
- \_\_\_\_\_ 4. Driver Position Description
- \_\_\_\_\_ 5. Driver Contract
- \_\_\_\_\_ 6. Driver Pay Schedule
- \_\_\_\_\_ 10. Form W-9 Request for TIN

If you have any questions about the paperwork please feel free to call.

**Florida Language Solutions Corp.**

**Mailing Address:**

**P.O.Box 89398**

**Tampa, FL 33689-0406**

**Toll Free Phone: 1-800-403-1779**

**Toll Free Fax: 1-888-258-5031**

**[transportation@gotofls.com](mailto:transportation@gotofls.com)**

**[www.floridalanguagesolutions.com](http://www.floridalanguagesolutions.com)**

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**Signature**