



## **JOB DESCRIPTION - DRIVER**

Our company provides non-emergency medical transportation to people who go to medical appointments and other destinations.

Our drivers must have a valid California Driver License and valid CPR and 1st Aid certification. No specific level of education is required, but a high school education is preferred. You must be able to read schedules and maps, and you must be able to follow driving directions. You must be able to read, understand and speak English clearly. You must have dependable transportation that will get you to and from our facility each day. Experience in transporting people is beneficial, and a basic knowledge of our service area is expected.

Our drivers are expected to drive a wheelchair lift van. This is a specially equipped full-sized van that has a hydraulic automatic lift for raising patients in wheelchairs into the van. The floor of the van is outfitted with special seatbelts and straps attached to the floor. These straps are used to secure the wheelchair during transportation.

Some clients that we transport have a wheelchair ramp at their home, but lifting people in their wheelchairs up or down stairs at the house's door may be necessary. If you have any type of back problems, this is not the right job for you.

Due to the unique nature of our type of business, there may be some time during the workday when you are not working. You will be paid for this time. As we receive calls that clients are ready, we dispatch our drivers to do their returns. Our drivers are expected to keep in contact with dispatch by using a Nextel phone that we provide to all of our employees. It is the responsibility of the drivers to let dispatch know when they are picking up or dropping off clients.

Drivers are given schedules for the following day between 3:00 and 6:00 p.m. Drivers are responsible for getting directions for the following day's pickups. We provide map books for our drivers so that they may look up directions for their scheduled runs, and we have computerized mapping programs that our office personnel can use to give you directions when necessary. Promptness is essential for drivers at our company. Drivers are responsible for leaving ample time to arrive at pickups. If for any reason a pickup can't be made at the scheduled time, drivers are responsible for notifying dispatch in advance.

More specific details are given during training. Please see a manager if you have any further questions or concerns.

## CONDITIONS FOR HIRE:

Thank you for applying at ShuttleMED, Inc. You are applying for a position at one of the leading non-emergency medical transportation companies in Orange County, California.

Due to the nature of our business, it is imperative that all of our employees engaged in the transportation of passengers be screened for the safety and liability of our passengers.

Screening will be done before and during the hiring process. Periodic screening may take place during the course of the year at the discretion of ShuttleMED, Inc. Any results which are deemed to put passengers or the company at risk will result in the immediate ineligibility and/or termination of the employee application and/or employment.

Conditions for hire/employment are as follows:

1. Employee must have a valid driver's license issued by the State of California.
2. Employee must have a valid CPR and First Aid Certification.
3. Employee must pass a Motor Vehicle Report screening and be insurable.
4. Employee must pass a Criminal Conviction screening. (*upon conditional offer for employment*)
5. Employee must pass a Drug and Alcohol screening.
6. Employee must pass a DMV DL-51 Physical Examination.

If at any time an employee fails any of the above conditions for hire, the employee is subject to immediate dismissal at the employer's discretion. It is the employee's responsibility to inform the employer, ShuttleMED, Inc., if any event has occurred that may jeopardize the employee's standing in regard to his/her employment with ShuttleMED, Inc.

By signing below, the applicant acknowledges having read and understood this policy in its entirety and agrees to adhere to the Conditions for Hire at ShuttleMED, Inc.

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Print Name

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Signature

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Date

Please submit your completed employee application and signed Condition for Hire to the office, mail or fax your application.



## APPLICATION FOR EMPLOYMENT

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

**Hire Date:** \_\_\_\_\_  
**Rate:** \_\_\_\_\_

**\*\* APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS \*\***

**PLEASE COMPLETE PAGES 3-6.** DATE \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

How long? \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Mobile Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Position applied for: **MEDICAL TRANSPORT DRIVER**

Other Position: \_\_\_\_\_

**Days/hours available to work:**  
 No Preference \_\_\_\_\_ Thursday \_\_\_\_\_  
 Monday \_\_\_\_\_ Friday \_\_\_\_\_  
 Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_  
 Wednesday \_\_\_\_\_ Sunday \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

When available for work? \_\_\_\_\_ (specify date)

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Trade School				
Professional School				

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**APPLICATION FOR EMPLOYMENT**

DO YOU HAVE A VALID CALIFORNIA DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur  
Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

**OFFICE APPLICANTS ONLY**

Typing:  Yes  No \_\_\_\_\_ WPM  
MS Word:  Yes  No  
MS Excel:  Yes  No

Personal  Yes PC  Other \_\_\_\_\_  
Computer:  No Mac  Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone ( ) _____	Telephone ( ) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE PRINT ALL  
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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the **PAST FIVE (5) YEARS** beginning with your most recent job held. If you were self-employed, provide type of work performed. **Attach additional sheets if necessary.**

Name of employer: Address: City, State, Zip Code: Phone number:	Name of last supervisor	Employment Start (specify date)	Employment End (specify date)
Your last Job Title:			

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer: Address: City, State, Zip Code: Phone number:	Name of last supervisor	Employment Start (specify date)	Employment End (specify date)
Your last Job Title:			

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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**APPLICATION FOR EMPLOYMENT**

**Work experience** Please list your work experience for the **PAST FIVE (5) YEARS** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer: Address: City, State, Zip Code: Phone number:	Name of last supervisor	Employment Start (specify date)	Employment End (specify date)
Your last Job Title:			

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer: Address: City, State, Zip Code: Phone number:	Name of last supervisor	Employment Start (specify date)	Employment End (specify date)
Your last Job Title:			

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by ShuttleMED, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of ShuttleMED, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and ShuttleMED, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

The Company may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period, as allowed by law.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form & your interest in working with **ShuttleMED**