



Ann Arbor Branch Office

1717 S State St  
Ann Arbor, MI 48104  
Toll-Free: 888-290-4270  
Fax: 248-569-4445

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## 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 Michigan Chauffeur Driver License and valid CPR and 1<sup>st</sup> 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 office in Ann Arbor each day. Experience in transporting people is beneficial, and a basic knowledge of the Ann Arbor 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 **not** be paid for this time. The reason for these periods of "down time" is that we know what time our clients need to be picked up, but the exact times of the returns from their appointments is not usually known. 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 cell 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.

Schedules are provided for the following day between 3:00 and 5:00 p.m. Drivers are responsible for getting directions for the following day's pickups. We provide mapbooks 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.



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### CONDITIONS FOR HIRE

Thank you for applying at Hour Transportation. You are applying for a position at one of the leading non-emergency medical transportation companies in Southeast Michigan.

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 Hour Transportation. 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 valid Chauffeur License issued by the State of Michigan.
2. Employee must have valid CPR and 1<sup>st</sup> Aid Certification.
3. Employee must pass Motor Vehicle Report screening and be insurable.
4. Employee must pass Criminal Conviction screening.
5. Employee must pass Substance Abuse screening.

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, Hour Transportation, if any event has occurred that may jeopardize the employee's standing in regard to his/her employment with Hour Transportation.

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 Hour Transportation.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit your completed employee application and signed Condition for Hire to the Office Manager.



# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

NAME (FIRST, MIDDLE, LAST)				SOCIAL SECURITY NO.			
PRESENT ADDRESS				APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS				APT. NO.	CITY	STATE	ZIP
DATE OF BIRTH	MICHIGAN DRIVER LICENSE NO.		HOME PHONE WITH AREA CODE		ALT PHONE WITH AREA CODE		

## DESIRED EMPLOYMENT

POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED NOW?		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?			
YES	NO			YES	NO
EVER APPLIED TO HOUR TRANSPORTATION BEFORE?		WHEN?			
YES	NO				
EVER WORKED FOR HOUR TRANSPORTATION BEFORE?		WHEN?			
YES	NO				
REASON FOR LEAVING?					
IF EMPLOYED WITH HOUR TRANSPORTATION BEFORE, NAME OF LAST SUPERVISOR AT THIS COMPANY:					
HOW WERE YOU REFERRED YOU TO THIS COMPANY?					
EMPLOYMENT AGENCY	NEWSPAPER AD	STATE EMPLOYMENT OFFICE	FRIEND	COLLEGE PLACEMENT SERVICE/CAMPUS JOB POSTING	
WALK IN	OTHER (SPECIFY):				

## EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			YES NO	
HIGH SCHOOL			YES NO	
COLLEGE			YES NO	
TRADE OR CORRESPONDENCE SCHOOL			YES NO	

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	

## SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE/RANK	
HAVE YOU EVER BEEN CONVICTED OF A FELONY?		YES NO
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)		
ARE THERE ANY PHYSICAL CONDITIONS THAT WOULD LIMIT YOUR ABILITY TO PERFORM THE JOB AS DESCRIBED IN THE JOB DESCRIPTION?		YES NO
IF YES, EXPLAIN IN DETAIL (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)		

## FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	SUPERVISOR'S NAME	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES NO	IF YES, PLEASE PROVIDE PHONE NUMBER
DESCRIPTION OF WORK			
REASON FOR LEAVING JOB			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	SUPERVISOR'S NAME	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES NO	IF YES, PLEASE PROVIDE PHONE NUMBER
DESCRIPTION OF WORK			
REASON FOR LEAVING JOB			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	SUPERVISOR'S NAME	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES NO	IF YES, PLEASE PROVIDE PHONE NUMBER
DESCRIPTION OF WORK			
REASON FOR LEAVING JOB			

## REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	BUSINESS	ADDRESS	PHONE	YEARS AQUAINTED

## AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE