



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

AMBULETTE EMPLOYEE FILES

Use this checklist to track that you have adequate documentation of each driver's / operator's requirements as set forth in Ohio Administrative Code (O.A.C.) rule 4766-3-13.

EMPLOYEE INFORMATION

LEGAL LAST NAME HINES	LEGAL FIRST NAME MARQUITA	LEGAL MIDDLE NAME LA'VON	DATE OF HIRE 02/16/2021
---------------------------------	-------------------------------------	------------------------------------	-----------------------------------

- | | | |
|---|----------------------------------|---|
| 1. COPY OF VALID DRIVER'S LICENSE* Issuing State OH | Expiration Date: 01/11/25 | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Driver is older than 18 years-of-age. <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Driver has a minimum of two years of driving experience. * Out of State License is Acceptable <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 2. COPY OF A CERTIFIED DRIVERS ABSTRACT FROM THE BMV | * Required Annually | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Date abstract was run: 5/3/23 Abstract from: Ohio BMV <input checked="" type="checkbox"/> or Out of state BMV _____ | | |
| Abstract is dated no more than 14 calendar days prior to the date of application for employment. | | |
| Driver has no more than 5 points. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Documentation from the insurance carrier provided in lieu of BMV abstract (Document must list driver's license name and verify eligibility) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |

*Abstract and driver's license MUST be issued by the same state.

3. / 4. COPY OF CERTIFICATIONS

- | | | | |
|--|---|----------------------------------|---|
| CPR Certification: | <input checked="" type="checkbox"/> AHA <input type="checkbox"/> Red Cross <input type="checkbox"/> ASHI Other _____ | Expiration Date: 05/09/15 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| First Aid Certification: | <input checked="" type="checkbox"/> AHA <input type="checkbox"/> Red Cross <input type="checkbox"/> ASHI Other _____ | Expiration Date: 05/09/25 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| *Current Ohio Certification: <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> Advanced EMT <input type="checkbox"/> Paramedic Expiration Date: __/__/__ <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

5. / 6. PASSENGER ASSISTANCE COURSE COMPLETION

- | | | |
|---|---------------------------------|---|
| Course Name: Drive Part A & B | Date Completed: 04/20/21 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Documentation of hands on training <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Board approval letter for self-developed course <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |

7. COPY OF VALID CRIMINAL BACKGROUND CHECK

- | | | |
|--|----------------------------------|--|
| <input checked="" type="checkbox"/> Ohio BCI <input type="checkbox"/> *FBI | Expiration Date: __/__/__ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|----------------------------------|--|

*Must have FBI check if employee resides outside Ohio or has not lived in Ohio for 5 years or longer.

8. COPY OF PHYSICIAN STATEMENT

- | | |
|--|---|
| Physician's statement certifying that the driver has no medical, physical, or vision impairments that would affect the performance of the job. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|--|---|

9. COPY OF VALID DRUG TEST (Pre-employment and Post accident)

- | | |
|---|---|
| COPY OF VALID ALCOHOL TEST (Pre-employment and Post accident) | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|---|---|

10. DRIVER ID BADGE

- | | |
|--|---|
| Service Name and First Name and Last Initial OR Service Name and Employee Number | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|--|---|

Sections 1, 2, 8, 9, and 10 must be completed within 14 days from the date of hire.

Sections 3, 4, 5, 6, and 7 must be completed within 60 days from the date of hire.



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES
P.O. BOX 16520
COLUMBUS, OHIO 43216-6520
ABSTRACT DRIVING RECORD

REQUEST ON				
DATE 05/03/2023	NAME MARQUITA LAVON HINES		DATE OF BIRTH 1/11/1972	DRIVER LICENSE NUMBER SM175929

MARQUITA LAVON HINES

The following is a true and accurate enumeration of motor vehicle accidents and records of convictions for violations of the motor vehicle law pursuant to Section 4509.05 of the Ohio Revised Code.

REGISTRAR, OHIO BUREAU OF MOTOR VEHICLES

DRIVER INFORMATION					
NAME		DATE OF BIRTH		SOCIAL SECURITY NUMBER	DL/ID NUMBER
MARQUITA LAVON HINES		1/11/1972		SM175929	DATE OF ISSUANCE 1/11/2021
LAST KNOWN ADDRESS 2232 CATHEDRAL AVE, CINCINNATI, OH 452121606 DATE OF EXPIRATION 1/11/2025					
SEX FEMALE	HEIGHT 5' 4"	WEIGHT 165	HAIR COLOR BLACK	EYE COLOR BROWN	LICENSE/ID CLASS CLASS B COMMERCIAL
STATUS AS OF 05/03/2023: VALID					
ENDORSEMENTS: PASSENGER - CDL, SCHOOL BUS					
RESTRICTIONS: NONE					
CERTIFIED EXCEPTED INTERSTATE					

DRIVING RECORD FOR THE PAST 36 MONTHS

END OF DRIVING RECORD



CPR/AED/First-Aid
Marquita Hines

Has successfully passed the cognitive and skills assessment of the
CPR/AED/First Aid class (Adult, Child and Infant) given by the
American AED/CPR Association. This class was taught in accordance
with current AHA/ECC Guidelines

5/9/2023

Class Completion Date CPR / AED
 First Aid

5/9/2025

Renewal Date



American AED/CPR
Association

Class Location

AMERICAN ACA

Instructor
Signature

M. FIGUERO

Cardholder
Signature

Scan to QR Code below to verify your certification.



Ambulette Employee Physician Statement

Service Name:

Elite Xpress TRANSPORTATION LLC

Employee Name:

Marguita L. Hines

Employee Date of Hire: 02/16/2021

Physician Statement:

I certify that I have examined and reviewed the medical history of Marguita Hines on 4/6/23 and find he / she does not have a medical condition, physical condition, including vision impairment (not corrected), which could interfere with safe driving, passenger assistance, the provision of emergency treatment activity, or could jeopardize the health and welfare of client and/or general public.

Natalie Lyndon
Signature MD / DO CNP PA

Physician Name: (print)

Natalie Lyndon, CNP

Physician Address:

TriHealth Clinic at Walgreens

1605 Montgomery Road

Norwood, OH 45212

513 853 9700

Phone Number:



DAVE YOST
OHIO ATTORNEY GENERAL



Civilian Identification
Office 877-224-0043
Fax 740-845-2633

P.O. Box 365
London, OH 43140
www.OhioAttorneyGeneral.gov

February 21, 2023

ELITE XPRESS TRANSPORTATION LLC
2418 COMPTON RD.
STE. 2
CINCINNATI OH 45212

BA



**CRIMINAL HISTORY RECORD CHECK
NO BCI CONVICTIONS ON FILE
AUTHENTICATION NO. FST003910522**

The Ohio Bureau of Criminal Investigation (BCI) has completed a criminal history record check on the applicant listed below.

When authorized by law, an individual may have their criminal history sealed. In the event that an applicant has a sealed record, certain parties are permitted to receive such information to determine whether an applicant is legally disqualified from performing specific work.

Sealed records are disclosed based upon the **Reason Fingerprinted**, as submitted on the background check transaction and listed below. Sealed criminal histories will be provided in a manner consistent with the reason that the records are requested, regardless of the destination of the result.

There are no convictions on file with this office for this applicant.

Name:	HINES, MARQUITA
Date of Birth:	January 11, 1972
SSN:	XXX-XX-0886
BCI Completion Date:	February 20, 2023
Reason Fingerprinted:	5164 342

This letter is valid for one year from the record check completion date. This letter may be photocopied by the prospective employer and retained by the applicant.

Superintendent
Ohio Bureau of Criminal Investigation

Pursuant to Ohio Revised Code section 109.57(E)(2), BCI is authorized to provide only information relating to criminal convictions and guilty pleas. BCI is also only permitted to provide information regarding juvenile adjudications if the adjudication meets specific criteria listed in Ohio Revised Code section 109.57(E)(2) & (3).

013703

CERTIFICATE OF COMPLETION

This is to certify that

Marquita L. Hines

Has successfully completed the course

Americans with Disabilities Act (ADA)



SCAN ME
TO VERIFY

Organization: Elite Xpress Transportation LLC
Completion date: May 02, 2023
ID number: a9924f60-f187-4440-b914-5e80ce767b09





CERTIFICATE OF COMPLETION

This is to certify that

Marquita L. Hines

Has successfully completed the course

Americans with Disabilities Act (ADA)



SCAN ME
TO VERIFY

Organization: Elite Xpress Transportation LLC
Completion date: May 02, 2023
ID number: a9924f60-f187-4440-b914-5e80ce767b09



CERTIFICATE OF COMPLETION

This is to certify that

Marquita L. Hines

Has successfully completed the course

Cultural Competency



SCAN ME
TO VERIFY

Organization: Elite Xpress Transportation LLC
Completion date: May 02, 2023
ID number: ad0d7baf-6e34-4254-abbf-b4da881ee54f

CERTIFICATE OF COMPLETION

This is to certify that

Marquita L. Hines

Has successfully completed the course

HIPAA for Business Associates



SCAN ME
TO VERIFY

Organization: Elite Xpress Transportation LLC
Completion date: May 02, 2023
ID number: 6d419df2-676c-4AAF-9865-e5a9504f3f46



Certificate of Completion

Health and Safety: Unusual and Major Unusual Incidents (UI/MUI)

This certificate was issued on

December 5, 2022

to

Marquita Hines

The topics covered in this course included definitions of Unusual Incidents (UIs) and Major Unusual Incidents (MUIs), reporting UIs and MUIs, and a review of the types of UIs and MUIs.

This course is 30 minutes long.



Department of
Developmental Disabilities

unique ID:
ofaPpZQA6q



DRIVE Course Certificate of Completion

**Marquita Hines
Elite Xpress Transportation**

Has successfully completed the workshop, "DRIVE Fundamentals Course Parts A & B: Transporting Older and Disabled Passengers", which was held April 20, 2021 from 8:30am-5:00pm. It was sponsored by the Central Ohio Area Agency on Aging (3776 S. High St.). The instructor for this workshop was Paula M. Taliaferro, MGS, LSW. The cost of this training was \$35.00. This certificate is current and valid for three years, until 2024.

Paula M. Taliaferro, MGS, LSW

Paula M. Taliaferro, MGS, LSW
April 20, 2021



CERTIFICATE OF COMPLETION

Driver's License Number: **SM 175929**
Course Completion Date: **03/12/21**

Control No.

Name: **MARQUITA L. HINES**
Address: **2232 CATHEDRAL AVENUE**
Address: _____
City, State, Zip: **CINCINNATI, OH 45212**

Security Control No.
228905

Training Center: **AAAA International Driving School, Inc**
Instructor Name: **MARGE SCHAIM**
Instructor Number: **926408**

NSC Defensive Driving Course

10TH EDITION



This certifies that the person named above has successfully completed the National Safety Council Defensive Driving Course.

THIS DOCUMENT IS VOID IF REPRODUCED



Understand the risks of distracted driving

- Talking on your cell phone, reading e-mail, putting on makeup or sending text messages are all examples of high-risk distracted driving
- People who use cell phones while driving are 4 times as likely to be in a crash
- More than 30 scientific studies agree that hands-free cell phones are not any safer to use when driving



Control No.

MARQUITA L. HINES

has completed the
NSC Defensive Driving Course

Driver's License Number:

SM 175929

Course Completion Date:

03/12/21



Instructional Hours:

8

AAAA International Driving School

Training Center

MARGE SCHAIM

926408

Instructor

Instructor Number

Security Control No.

228905

Keep this card for your records. Void if reproduced.

Elite Xpress Transportation LLC

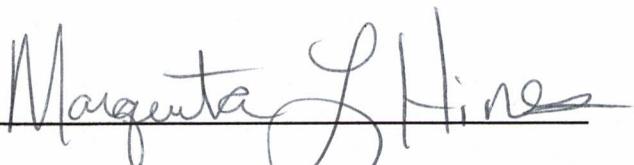


Training/Class: Employee Demonstration of Transfer Technique, Lift Operation, and Proper Wheelchair Securement

Date of Attendance: 02/18/2023

I confirm that I attended the training class listed above. I listened, read, and understood the training, and I understand that as an employee, it is my responsibility to abide by Elite Xpress Transportation LLC policy and procedures, in accordance with the training.

If I have questions about the training, materials presented or Elite Xpress Transportation LLC policy and procedures, I understand it is my responsibility to seek clarification from the Human Resources Department or Elite Xpress Transportation Management Team.

Employee Signature: X 

Date: 02/18/2023

Print name: Marguerite L. Hines

HR Office Staff or Training Coordinator Instructions: Place a copy of this signature page in the employee's personnel file. To audit compliance with any required training period, track the training using local reporting systems. Make sure that the employee, supervisor, or manager is scheduled and attends refresher training within the follow-up period.

Elite Xpress Transportation LLC



**Training/Class: Completion of Employee Orientation Prior to Providing Services to Home 52
Any other OH State Transportation Brokerage Services (Including OH Dept. of Medicaid /
Medicare, DODD, ODA, etc)**

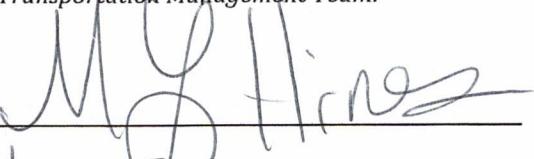
Date of Attendance: 02/18/2023

I confirm that I attended the training class listed above. I listened, read, and understood the training, and I understand that as an employee, it is my responsibility to abide by Elite Xpress Transportation LLC policy and procedures, in accordance with the training.

I confirm and acknowledge and understand:

- Employee position description and expectations as it relates to Home 52 /COA, and all other State of Ohio contracted service providers' service delivery.
- Agency Personnel Policy.
- Agency Table of Organization.
- Lines of Communication.
- Home 52/ COA and all other State of Ohio contracted service providers' Code of Ethics
- Home 52/ COA and all other State of Ohio contracted service providers' program purpose and Philosophy.
- Reporting Procedures and Policies
-

If I have questions about the training, materials presented or Elite Xpress Transportation LLC policy and procedures, I understand it is my responsibility to seek clarification from the Human Resources Department or Elite Xpress Transportation Management Team.

Employee Signature: X 

Date: 02/18/2023

Print name: MARQUITA L. HINES

HR Office Staff or Training Coordinator Instructions: Place a copy of this signature page in the employee's personnel file. To audit compliance with any required training period, track the training using local reporting systems. Make sure that the employee, supervisor, or manager is scheduled and attends refresher training within the follow-up period.

Elite Xpress Transportation LLC

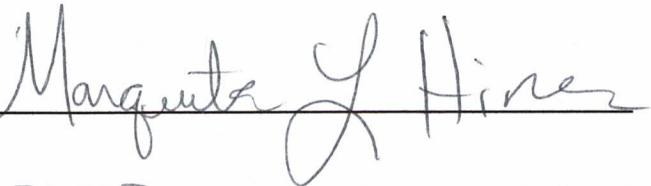


Training/Class: Annual First Aid and Bloodborne Pathogen Training

Date of Attendance: 02/18/2023

I confirm that I attended the training class listed above. I listened, read, and understood the training, and I understand that as an employee, it is my responsibility to abide by Elite Xpress Transportation LLC policy and procedures, in accordance with the training.

If I have questions about the training, materials presented or Elite Xpress Transportation LLC policy and procedures, I understand it is my responsibility to seek clarification from the Human Resources Department or Elite Xpress Transportation Management Team.

Employee Signature: X 

Date: 02/18/2023

Print name: MARQUITA L. HINES

HR Office Staff or Training Coordinator Instructions: Place a copy of this signature page in the employee's personnel file. To audit compliance with any required training period, track the training using local reporting systems. Make sure that the employee, supervisor, or manager is scheduled and attends refresher training within the follow-up period.