

YAZ TRANS LLC  
 18612 N 4th DR, Phoenix,  
 AZ 85027  
 Office: (480) 910-6805

### **DRIVERS HIRING REQUIREMENTS & JOB TOOLS CHECKLIST**

<b>DRIVER NAME</b>	
<b>HIRING DATE</b>	
<b>PHONE</b>	
<b>AREA</b>	

#	HIRING REQUIREMENTS	YES	NO
<b>1</b>	DRIVERS LICENSE		
<b>2</b>	CRIMINAL BACKGROUND CHECK		
<b>3</b>	DRUG TEST		
<b>4</b>	NAVAJO CRIMINAL BACKGROUND CHECK		
<b>5</b>	DEFENSIVE DRIVING CERTIFICATE		
<b>6</b>	FINGERPRINT CLEARANCE CARD		
<b>7</b>	ADOT PHYSICAL EXAM FOR DRIVERS		
<b>8</b>	FIRST AID CARD		
<b>9</b>	CPR CARD		
<b>10</b>	HIPAA CERTIFICATE		
<b>11</b>	COMPANY ID/ WITH DASH ID		
<b>12</b>	CURRENT DRIVING RECORD		
<b>13</b>	PASS TRAINING		
<b>14</b>	REQUIRED DOCUMENTS FILLED OUT		
<b>15</b>	DIRECT DEPOSIT BANK ACCOUNT INFORMATION		

#	JOB TOOLS	DETAILS & NUMBER
<b>1</b>	VEHICLE YEAR	
<b>2</b>	TYPE OF VEHICLE	
<b>3</b>	VIN #	
<b>4</b>	PLATE #	
<b>5</b>	GAS CARD #	
<b>6</b>	REGISTRATION EXPIRY DATE	
<b>7</b>	INSURANCE EXPIRY DATE	

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**PLEASE NOTE THE FOLLOWING: ALL APPLICANTS ARE SUBJECT TO A DRUG TEST PRIOR TO BEING HIRED.** YAZ TRANS LLC is an Equal Opportunity Employer and fully subscribes to the principles of Equal Opportunity. Applicants and/ or employees are considered for hire, promotion, and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Date: \_\_\_\_\_

Name (Last, First, Middle): \_\_\_\_\_

Actual Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Telephone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

**Credentials Needed:**

Driver's License: \_\_\_\_\_

39 mo. clean driving record: \_\_\_\_\_

Fingerprint Clearance Card: \_\_\_\_\_

First Aid/ CPR: \_\_\_\_\_

Defensive Driving Certificate: \_\_\_\_\_

PASS Certificate: \_\_\_\_\_

Background Check: \_\_\_\_\_

Drug Test: \_\_\_\_\_

**Have you, in the last 3 years, been in an accident, your drivers license suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Have you ever been convicted of a felony or any other crime? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, please provide details:**

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**If yes, please provide details:**

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**Will you be able to perform this job for long periods of time? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Please provide two references:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Please list two past employers:**

1. Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Years worked: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Years worked: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_

I have given all the answers to this application truthfully and to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This space is for any additional comments or details:

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## **Employee Confidentiality Agreement**

HIPAA stands for “Health Insurance Portability and Accountability Act” (means the privacy & protection of all private medical information of our client)

This agreement is made between \_\_\_\_\_(Employee) and YAZ TRANS LLC, on \_\_\_\_\_, 20\_\_\_. To comply with the ‘Privacy Rules Promulgated’ pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), regulations promulgated under HIPAA, and the Health Information Technology for Economic and Clinical Health Act (HITECH ACT).

Employee will perform services for YAZ TRANS LLC, , a non-emergency medical transportation business which may require YAZ TRANS LLC, to disclose confidential & proprietary information (Confidential Information means any information of any kind, nature, or description, concerning any matters affecting or related to the employee’s services for YAZ TRANS LLLC, , the business or operations of YAZ TRANS LLC, , and/or the products, drawings, plans, processes, or other data of YAZ TRANS LLC, . Accordingly, to protect the YAZ TRANS LLC, , confidential information that will be disclosed to an employee and the employee agrees as follows:

- A. The employee will hold the confidential information received from YAZ TRANS LLC, in the strictest confidence & shall exercise a reasonable degree of care in order to protect and prevent disclosure to others.
- B. The employee will not disclose and/or divulge either directly or indirectly the confidential information to others, unless first authorized to do so in writing by YAZ TRANS LLC, .
- C. The employee will not reproduce the confidential information nor use this information commercially or for any purpose other than the performance of their duties for YAZ TRANS LLC, .
- D. The employee will, upon request or upon termination of their relationship with YAZ TRANS LLC, , deliver any drawings, notes, documents, equipment, and material received from YAZ TRANS LLC, or originating from its activities for and with YAZ TRANS LLC .
- E. YAZ TRANS LLC, shall have the sole right to determine the treatments of any information that is part or project specific received from the employee, including the right to keep the same as a trade secret to use and disclose the same without prior patent applications, to file copyright registrations in its own name or to follow any other procedures as YAZ TRANS LLC, may deem appropriate.
- F. YAZ TRANS LLC, reserves the right to take disciplinary action up to and including termination for violations of this agreement.

The employee represents and warrants that it is not under pre-existing obligations of this agreement with the provisions of this agreement.

Signing below signifies that the employee agrees to the terms and conditions of this agreement stated above.

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resource's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**CARDHOLDERS AGREEMENT**

I, \_\_\_\_\_, certify that I have received the fueling card;

Card number: \_\_\_\_\_. I also certify that I shall only use this card for the purpose of fueling the company vehicle. I further certify that that this card is to stay within the vehicle it is assigned to and to use my PIN number only.

Upon separation with the company, the card will remain within the assigned vehicle.

Date received: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **MVD RECORD POLICY**

It has now become the responsibility of the drivers to ensure the office has all necessary report for you to drive with this company. Drivers are now required to submit a MVD 39 month report every 6 months.

Thank you.

Please sign to confirm your understanding of this policy change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**APPLICABLE TO ALL DRIVERS**

**NEW POLICY**

**Policy: All drivers to turn in the trip sheet on a weekly basis.**

It's the company policy that all drivers must turn in their trip sheets on a weekly basis to the assigned field supervisor.

**Procedures:**

1. All documents for the week worked must be turned into the assigned field supervisor.
2. This is done on Saturdays, at the agreed place.
3. All drivers must be in attendance, in order to receive credit for the week worked.

**Any drivers not following this policy will not receive two weeks of pay but will receive only one week of pay. The other will be held for the next pay day.**

Thanks for your understanding and cooperation,

MUSTAFA AGIL  
General Manager

**POLICY ACKNOWLEDGEMENT**

**I am aware and acknowledge receiving this policy and agreed to it.**

**Driver Name: \_\_\_\_\_**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**EMPLOYEE NOTICE: LOGO'S**

To all employees, staff members and most of all, drivers:

This letter is to inform everyone at All YAZ TRANS LLC that the logo seems to be disappearing off the side of the vehicles. Administration has tried countless times to verbally inform staff not to allow the logos to be peeled off.

You will receive the vehicle with the logo on the vehicle, and it should remain on the vehicle or a \$150 deduction will be applied to your pay. Should there be any damage to the logo, this will happen with no further notification.

Please sign to confirm that you have received this notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **COMMUNICATION CONTRACT**

As a driver of a patient, non-emergency medical transportation company, it is very important that everyone is communicating effectively.

In order for this to happen, the office staff and in the field staff (i.e., drivers) need to be talking to each other on a professional level.

A professional level includes the drivers listening and complying with requests. As the company, for the most part, provides the trips/ requested transports, there is no need for you to create your own client list. You simply need to be communicating with the office dispatcher on a daily basis, if not more than once a day.

The office needs to know exactly what is going on with you, the company vehicle, and most importantly, the clients. So, to ensure this professional level of communication, this communication contract must be understood and signed. If you sign this, you agree to comply with the requests sent out by the dispatcher (meaning that the response should include less excuses about why something is not done and an estimate as to how soon it will be completed).

Here are some of the most basic rules (these are not suggestions and are expected to be followed):

1. During the business hours which are 7am – 5pm, Monday – Friday, drivers are to be available and answering the telephone. During the off hours, drivers should be available in case of emergency addons or at least responding within one hour of the first phone call or text message.
2. On a daily basis, the driver and dispatcher should connect whether it be by text or telephone.
3. Dispatch will have given out the runs with enough time to have them completed in a timely manner (if we know it will take 30 minutes to get to a location, 45 minutes should be left before).
4. For all runs totaling up to more than 100 miles (this includes all miles combined), dispatch needs to get a “prior authorization”. This could take up to 72 business hours in advance to the date of service. (**Please do not wait until the last minute to submit prior authorization requests!**)
5. Drivers communicating properly will have talked to the office in the morning and again at night.
6. If moments of unavailability occur simply contact the office and notify us.

Note: If everyone is communicating properly, there should not be questions as to why or how come... the facts and issues are known beforehand... COMMUNICATION IS A KEY PART OF MAKING THIS WORK.

I, \_\_\_\_\_, have read and understood this contract.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## **EMPLOYMENT AGREEMENT**

I, \_\_\_\_\_ (hereinafter referred to as “employee” or “driver”) hereby accepts employment with YAZ TRANS LLC, also known as YAZ TRANS LLC (hereinafter referred to as the “company” or “employer”) and agree to the following terms and conditions of employment.

**1. Duties:**

Employee duties consist of driving clients to and from scheduled appointments. Maintaining accurate records. Also maintaining company vehicles and possibly telephones. Notify any and all repairs needed in order to maintain the vehicle properly. This way, you will be able to continue your job productively.

**2. Compensation:**

For services rendered while employed, you shall receive \$\_\_\_\_\_. Wages will be paid on a biweekly schedule. We will withhold federal, state, and local legal. **Employees must have their timesheets into the office by 2:00pm on the required day. Otherwise, the check may be held up. So, please keep track of your mileage and submit the necessary documents on time.**

**3. Extent of Services:**

Employee’s hours of employment shall be set by the company and are subject to modification due to the nature of our business.

**4. Termination:**

This agreement may be terminated at any time and for any reason.

**5. Vehicles:**

The vehicle assigned to you, the driver, is your responsibility to maintain and to get any and all repairs needed in order to maintain them under normal circumstances. Additionally, regular maintenance for the vehicle in order to keep it running correctly. Please inform the office if it necessary to make changes and do not use the vehicle for any purpose (personal) unless instructed to do so.

**6. Confidential Information:**

I acknowledge that my employment will require me to see confidential information including but not limited to private information about our clients. I further agree that I will never a) directly or indirectly, copy, or disclose to any person or entity any of our clients’ names, social security numbers, or other confidential information learned as a result of providing services to them; or b) divulge or use such client information for any purpose other than the purpose required to do my job in the course of this employment.

**7. No Compete Rule:**

There will be no competing for position and/ or power within the company.

**8. No Competitive Disclosure Agreement:**

Per our company (YAZ TRANS LLC) policy, employees terminated and/or no longer with the company are not allowed to disclose any information pertaining to the daily operations or the nature of the business and agree not to work for any similar businesses that would be in effect for a period of 1 year in Arizona due to the fact that it may cause conflict of interest.

**9. Severability:**

If any provisions of this agreement is void, or so declared, such provisions shall be deemed, and hereby is, severed from this agreement, which otherwise shall remain in full force and effect.

**10. Entire Agreement:**

This agreement has the entire understanding of the parties and may not be changed except by the agreement in writing by the parties.

**11. Governing Law:**

All office staff agree to and acknowledge the laws; this agreement shall be construed and enforced in accordance with the laws of the state of Arizona.

**12. I hereby agree that the statements here are true to the best of my knowledge and agreed to freely.**

Signed (Employee): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Witness): \_\_\_\_\_ Date: \_\_\_\_\_

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### **VEHICLE CONTRACT**

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN #: \_\_\_\_\_ Plate #: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Signing this document indicates that you fully understand the Laws, Rules, and Regulations of the State of Arizona. It is further understood that:

1. The vehicle is the sole property of the company, YAZ TRANS LLC, and shall be returned and maintained in the same condition as it was received.
2. This vehicle shall have a weekly inspection in order to maintain its quality. (Any needed repairs will be submitted to the office in writing on the request form.)
3. This vehicle is to be driven by the assigned driver only, and it is to be driven only for the company business (unless otherwise given permission to do so), **not for personal use**.
4. Understand that these vehicles are regularly monitored by a **GPS tracking system**. (The office is immediately alerted to offenses such as speeding, harsh turning, hard stopping. This is a 24/7/365 system.)
5. This vehicle should **never be driven under any influence** (i.e., alcohol, drugs) and any prescriptions will be registered with the office, especially if it might affect ability to drive properly.
6. The laws of the Arizona DOT will be strictly obeyed (all violations will be immediately reported to the office).
7. The appearance of this vehicle will be clean and kept clean inside and outside for good company image.
8. In the event of an incident/ accident, the driver will follow proper protocols such as notifying proper persons depending on the severity and/or circumstance of the event. (Call 911 when needed, especially if clients are in the vehicle.)

**Note that violations and/or damages (such as having vehicle impounded, expenses for damages are the responsibility of the driver and will be held from your pay and/or legal action if necessary). Understand events that are out of your control will be addressed accordingly but if you can prevent it than do so!**

I, \_\_\_\_\_, understand and agree to these conditions for the length of my employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_