



**STOP AND READ**

**BEFORE BEGINNING**

1. Ensure you use your **FULL NAME** as on your Identification card on every document you complete.
2. Whatever identification document is listed on your employment eligibility verification form we will need a copy of those documents.
3. Please provide a copy of your driver's license and social security card



You may provide a hard copy of all documents in person or scan and email them to [nemtjax@happytrailsjax.com](mailto:nemtjax@happytrailsjax.com) and on the subject line put your name and what the documents are. *Example: Micky Mouse-completed employment package.*

Thank you,  
Happy Trails Management

## DRIVER EMPLOYMENT APPLICATION

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States?       YES     NO

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

**ACCIDENT RECORD FOR THE PAST 3 YEARS**

*Attach additional sheet if more space is needed. Check this box if none*

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

*Attach additional sheet if more space is needed. Check this box if none*

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  YES  NO

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked?  YES  NO

If yes, explain

**EMPLOYMENT HISTORY**

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

**SECOND (MOST RECENT) EMPLOYER**

NAME				PHONE		
ADDRESS						
POSITION HELD			FROM MO/YR			TO MO/YR
REASON FOR LEAVING					SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

**THIRD (MOST RECENT) EMPLOYER**

NAME				PHONE		
ADDRESS						
POSITION HELD			FROM MO/YR			TO MO/YR
REASON FOR LEAVING					SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

**EDUCATION**

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

**OTHER QUALIFICATIONS**

Please list any other qualifications that you have and which you believe should be considered.

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			

## **BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM**

In the interest of maintaining the safety and security of our customers, employees and property, VicTan, LLC (the "Company") will order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background check company, Occuscreen (the "Background Check Company"), will prepare the background report for the Company. The Background Check Company is located at 805 Broadway st, Vancourver, WA, and can be reached by phone at (888) 833-5304 or at their Internet Web site address https://occuscreen.com/.

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 ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker's compensation injuries. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by the Background Check Company or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at 888-833-5304. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on A Summary of Your Rights Under the Fair Credit Reporting Act and A Summary of Your Rights Under the Provisions of California Civil Code Section 1786.22 for California residents..

### **STATE LAW NOTICES**

If you live or work for the Company in the states listed below, please note the following:

**CALIFORNIA:** You may view the file that the Background Check Company has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by certified mail or mail. You may also ask for a file-summary by telephone. The Background Check Company can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

**MAINE:** If you ask us, you have the right to know whether the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for the Background Check Company. You will get this information within 5 business days of our receipt of your request. You have the right to ask the Background Check Company for a free copy of the report.

**MARYLAND:** If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**MASSACHUSETTS/NEW JERSEY:** If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from the Background Check Company. You may inspect and order a free copy of the report by contacting the Background Check Company.

**MINNESOTA:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

**NEW YORK:** If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from the Background Check Company, and you will be provided with the name and address of the Background Check Company. You may inspect and order a free copy of the reports by contacting the Background Check Company. By signing below, you certify you have received a copy of Article 23A of the New York Correction Law is being provided with this form.

**OREGON:** If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**WASHINGTON STATE:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report we ordered, if any. You also have the right to ask the Background Check Company for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**AUTHORIZATION FOR BACKGROUND CHECKS**

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to the Background Check Company and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to the Background Check Company and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than the Background Check Company without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden/Other Names \_\_\_\_\_ Years Used \_\_\_\_\_

**If you live or work for the Company in California, Minnesota or Oklahoma:** Check this box if you would like a free copy of your background check report:

Signature \_\_\_\_\_

Date:     /    /      
(Month/Day/Year)

**BACKGROUND CHECK INFORMATION:**

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

For residents of, or for jobs located in Utah, please do NOT provide your date of birth, social security number or driver's license number until instructed to do so by the Company.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_

Enter Any Other Names Used (including maiden names):

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last

Name \_\_\_\_\_

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

**Prior Street Address** \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

City/State/ZIP \_\_\_\_\_

**Prior Street Address** \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

City/State/ZIP \_\_\_\_\_



**A Summary of Your Rights  
Under the Provisions of California Civil Code Section 1786.22**

The Investigative Consumer Reporting Agencies Act (ICRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). You can find the complete text of the ICRA, at the California Privacy Protection web site (<http://www.privacy.ca.gov/icraa.htm>). The ICRA gives you specific rights, as outlined below. You may have additional rights under federal law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

(a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.

(b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:

(1) In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.

(2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.

(3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.

(c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.

(d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.

(e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.

(f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.

**NEW YORK CORRECTION LAW**  
**ARTICLE 23-A**  
**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY**  
**CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

**Section 750. Definitions.**

**751. Applicability.**

**752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.**

**753. Factors to be considered concerning a previous criminal conviction; presumption.**

**754. Written statement upon denial of license or employment.**

**755. Enforcement.**

**§750. Definitions.** For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**§751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

**§753. Factors to be considered concerning a previous criminal conviction; presumption.**

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:
  - (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
  - (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
  - (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
  - (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
  - (e) The age of the person at the time of occurrence of the criminal offense or offenses.
  - (f) The seriousness of the offense or offenses.
  - (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
  - (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**§754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**§755. Enforcement.**

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

**ATTESTATION**

I certify that I, \_\_\_\_\_ *[insert name of employee/subcontractor]*,  
received a briefing about Transportation program, reporting forms, vehicle operation, and  
geographical area as an employee/subcontractor for VicTan, LLC dba Happy Trails Transportation *[insert  
company name]*.

By signing, I confirm that I received a briefing about Transportation program, reporting forms,  
vehicle operation, and geographical area.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ATTESTATION**

I certify that I, \_\_\_\_\_ *[insert name of employee/subcontractor]*, speak and understand the English language and I am able to use such communication in my daily functions as an employee/subcontractor for VicTan, LLC d/b/a Happy Trails Transportation *[insert company name]*.

By signing, I confirm that my English language skills are sufficiently proficient enough to successfully communicate and function on a day-to-day basis.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Driver Job Duties Smoking & Texting Attestation**

By signing below, I attest that I have the physical and mental ability to perform the job duties in the transportation of passengers, their escorts, attendants, and assistants. I further attest that I can communicate in English.

### **Acknowledge**

#### **I further attest to the following:**

- As a driver, I must not smoke while in the vehicle or while in the presence of any VicTan, LLC and All Business Partners' member, their escorts, attendants, and assistants.
- As a Driver, I must not utilize any type of personal entertainment device or cellular telephone at any time the vehicle is in motion.
- I have been informed and acknowledge that texting or smoking while transporting VicTan, LLC and All Business Partners', members, their escorts, attendants, and assistants is prohibited.

### **Acknowledge**

- I further acknowledge that disciplinary action, up to and including termination, may be taken if I text or smoke while transporting VicTan, LLC and All Business Partners' members, their escorts, attendants, and assistants.

### **Code of Conduct**

- VicTan, LLC provides transportation services for brokers under contract with Health Plans, and State/Federal agencies VicTan, LLC require that, provider employees, independent contractors, and drivers (Providers) executing trips assigned to VicTan, LLC receive notice of and observe this Code of Conduct. The safety of VicTan, LLC and All Business Partners' members, their escorts, attendants, and assistants is of the utmost importance to VicTan, LLC.
- The intent of this Code of Conduct is to notify all employees/contractors of the conduct expectations while providing services under contract with our brokers. Providers must observe all applicable local, State, and Federal regulations including, but not limited to the Code of Federal Regulations, Federal Transit Administration policies, Americans with Disabilities Act, and State Department of Transportation policies and procedure.
- VicTan, LLC shall maintain and enforce this Code of Conduct to ensure that all employees, independent contractors, and drivers remain responsible and compliant while performing

all trips. The Code of Conduct applies to the individual signing the form below regardless of his/her formal relationship with VicTan. The elements of this Code of Conduct include

**Prohibited Acts/Behaviors- All drivers, employees, or independent contractors are prohibited from engaging in the following activities:**

- a. Making sexual comments towards, solicit sexual favors from, or engage in sexual activity with any passengers.
- b. Solicit or accept controlled substances, alcohol, or medications from any passengers.
- c. Solicit or accept money from any passengers.
- d. Use alcohol, narcotics, or controlled substances, or be under their influence, while on duty.
- e. Eat or consume any beverage while operating the vehicle or while transporting any passengers.
- f. Smoke, including electronic cigarettes, or use smokeless tobacco products when any passengers are in the vehicle.
- G. Wear any type of headphones while transporting any passengers

**Required Acts/Behaviors – All drivers, employees, or independent contractors are required to:**

- a. Wear or have visible easy to read identification that identifies the person as a staff person of VicTan, LLC.
- b. Exit the vehicle to open and close vehicle doors when passengers enter or exit the vehicle.
- c. Properly identify and announce their presence at the entrance of the buildings, or with attending facility staff, at the specified pick-up location if a curbside pick-p is not appropriate.
- d. Assist passengers in seating, including the fastening of the seat belt when necessary due to the person's condition.
- e. Confirm, prior to allowing any vehicle to proceed, that wheelchairs and wheelchair passengers are properly secured; and that; when appropriate, passengers are properly secured in their seat belts.
- f. Provide an appropriate level of assistance to passengers when requested or as needed due to the person's condition.
- g. Be clean and maintain a professional appearance while transporting passengers.



**Happy Trails Transportation** owns, operates, and maintains a fleet of ground non-medical transportation that are dispatched to provide transportation services for patients requiring non-medical care. All patients have the right to receive appropriate and quality care without discrimination due to race, creed, religion, gender, national origin, disability, citizenship, veteran status, or age. Non-emergency care will be provided without discrimination as to the patient's ability to pay. Happy Trails Transportation provides services to patients in accordance with each patient's needs and physical condition and we do not unlawfully discriminate in the treatment of or in the quality of services delivered to any patient.

**Happy Trails Transportation and each of you will:**

- Strive to understand patient needs and requirements,
- Take all reasonable actions necessary to provide high quality services
- Treat every patient with dignity, respect, and compassion
- Demonstrate sensitivity and responsiveness to patients' needs by listening attentively and patiently to patients' comments and concerns
- Provide patients any requested information regarding our policies, procedures, and charges
- Recognize that patients have the right to know the identity and qualifications of all our people who provide services to them
- Maintain and adhere to policies designed to reasonably ensure the right of patients to participate in decision-making regarding their health care
- Take all reasonable steps to allow patients to exercise the right to voice their complaints about care and services provided
- Have the experience and expertise necessary to meet patients' non-medical needs and
- Maintain all required licenses and certifications
- Provide quality medical services that are safe and comply with all applicable laws, regulations, and professional standards

**Employment Practices**

**Happy Trails Transportation seeks to be an outstanding employer by:**

- Hiring and promoting employees based on merit, and not tolerating state- and federally prohibited discrimination or harassment in the workplace
- Observing laws pertaining to patient and employee privacy, and

- Striving to provide a safe work environment for our employees. Our goal is to demonstrate, through our day-to-day activities, our belief that employees are our most valuable resource.

## **Equal Employment**

We are committed to diversity in our workforce, and we are an equal opportunity employer. The protections apply not only to our employees, but also to interns and volunteers.

Happy Trails Transportation recognizes and supports its obligation to reasonably accommodate job applicants and employees with disabilities who can perform the essential functions of the position, with or without reasonable accommodation.

Happy Trails Transportation will provide reasonable accommodation to otherwise qualified job applicants and employees with known disabilities, unless doing so would impose an undue hardship on Happy Trails Transportation or pose a threat of substantial harm to the employee or others.

Happy Trails Transportation recognizes and supports its obligations to reasonably accommodate job applicants and employees with religious beliefs or practices who are able to perform the essential functions of the position, with or without reasonable accommodation.

Happy Trails Transportation will provide reasonable accommodation to otherwise qualified job applicants and employees, unless doing so would impose an undue hardship on Happy Trails Transportation.

Any violation of this policy will not be tolerated and will result in appropriate disciplinary action, up to and including termination. If an employee believes someone has violated this policy, the employee should bring the matter to the attention of management. Happy Trails Transportation will promptly investigate the facts and circumstances of any claim this policy has been violated and take appropriate corrective measures. No employee will be subject to, and Happy Trails Transportation prohibits, any form of discipline or retaliation for reporting perceived violations of this policy, pursuing any such claim, or cooperating in any way in the investigation of such claims. If you, as one of our employees, or as an applicant for employment, have any questions regarding our policy or would like to view portions of the Affirmative Action Plan, please contact Human Resources.

## **RULES AND STANDARDS**

This Code provides guidance on specific standards of conduct that are fundamental to our business. It is intended to help you make lawful and ethical business decisions, but it is only an overview – it is not a comprehensive rule book. Any conflict between this Code and an existing policy should be brought to the Ethics and Compliance Department’s attention to ensure correctness and consistency



**As individual employees, and collectively as Happy Trails Transportation, we owe each other:**

**Clarity in our expectations:**

- Sometimes we are expected to deliver a specific result. Happy Trails Transportation is responsible for clearly defining the result and communicating the expectation. We are responsible to deliver the result using our own common sense and training.
- Sometimes we are expected to work within a system and to follow specific procedures or rules. Happy Trails Transportation is responsible for designing the system, establishing the procedures, and training us to follow the procedures within the system to achieve the intended result.
- We are responsible to use our common sense and to follow our training. However, above all, we are expected to honor our collective values – which means that sometimes there is a good reason why we cannot do, or choose not to do, what is expected to deliver a specific result or follow a specific procedure.
- If we face unexpected circumstances, or unintended consequences, then we need to rely on our common sense and professional judgment to honor our collective values. This should be rare. It is not substituting our individual judgment for the judgment of others who designed a system or procedure – it is dealing with something never contemplated by the system or procedure in a way that is consistent with our collective values.

**Accountability for not meeting expectations:**

- Of course, we also owe recognition for meeting or exceeding expectations. There is nothing wrong with an honest, simple mistake – we all make them – but we also try not to make them. So, we are accountable for our own bad personal choices that increase the risk of making mistakes. Happy Trails Transportation is accountable for flawed systems that increase the risk of making mistakes.
- Sometimes we think bending the rules, working around the rules or flat out ignoring the rules is justified or insignificant. This is risky for everyone. Depending on the circumstances, we may find ourselves being coached on the reason for the rule and the need to follow it. Those who do not listen – or are not coachable – have no place in Happy Trails Transportation.
- Reasonable choices must be made in good faith – deciding to “ask for forgiveness instead of permission” does not show good faith. In addition, anyone who intentionally violates our collective values has no place in Happy Trails Transportation.

**Consistency** in determining if expectations were met and accountability for actions.

- Determinations are not outcome based – the “no harm, no foul” rule does not apply.
- An isolated mistake or improper behavior is viewed differently than repetitive mistakes or improper behavior

### **Compliance with Laws and Company Policies**

It is your personal responsibility to be familiar with Happy Trails Transportation policies and the laws and regulations applicable in the jurisdictions where you conduct Company business, including federal and state statutory and regulatory requirements relating to the provision of health care services and the submission of claims for payment for such health care services.

It also is your personal responsibility to comply with both the letter and the spirit of such policies, laws, and regulations. If you have questions regarding Happy Trails Transportation’s policies or applicable laws or regulations, you should consult with the Ethics and Compliance Department or the Law Department.

### **Ethical Standards**

You are expected to observe high standards of business, professional and personal ethics in the discharge of your assigned duties and responsibilities. This requires honesty and integrity in every aspect of dealing with other Company employees, the public, the business community, governmental and regulatory authorities, and our owners, customers, and suppliers.

Every action, whether new or tried and true, should be tested against this Code, however, ethical behavior goes beyond strict compliance with applicable laws and regulations. No book or code of ethics can provide specific answers for all questions; therefore, each of you must accept responsibility for your own actions. The goal is not simply to follow the legal rules that apply to us, but to behave ethically in all situations, whether the rule is clear or whether there is a rule at all. In instances where the proper and ethical course of action is unclear, you should consult with any member of management with whom you feel comfortable or with the Ethics and Compliance Department.

### **Fraud and Abuse**

Happy Trails Transportation is committed to compliance with the federal and state laws prohibiting fraud and abuse by health care organizations. The False Claims Act the Federal False Claims Act imposes liability on any person or entity that submits or causes to be submitted a false claim for payment to the government. The False Claims Act is the federal government’s most broadly used weapon against fraud and abuse in the health care industry.

### **The following practices may lead to liability under the False Claims Act:**

- Upcoding or miscoding – use of an inappropriate code for a Medicare or Medicaid claim to obtain a higher reimbursement.
- Billing for services not performed or products not provided.
- Billing for medically unnecessary products or services.
- Billing for free products or services.
- Billing for services that do not meet the minimum standard of acceptable care.

Under the False Claims Act, the government can recover damages of up to three times the amount of the false claims, plus penalties for each violation. In addition, a violation of the False Claims Act can subject a provider to exclusion from participation in federal health care programs. Many states also prohibit similar conduct.

The federal government has suggested that when a provider signs a reimbursement claim, the provider has essentially said that all the program rules have been met. This is a strict standard, and it shows how important it is for us to ensure the accuracy and appropriateness of its claims to avoid potential false claims problems.

If you commit a knowing and willful violation of federal rules and regulations or billing requirements, both you and Happy Trails Transportation could be prosecuted civilly and criminally under a “false claims” theory. Even mistakes or erroneous statements can result in severe consequences for Happy Trails Transportation and for responsible individuals. Thus, it is essential that you understand and comply with all claim submission rules

### **Safeguarding Company Assets and Software Code of Ethics**

You have an obligation to our owners to safeguard Happy Trails Transportation assets and to manage them appropriately. This includes exercising care in using Company equipment, vehicles and bringing to the attention of higher management any waste, misuse, destruction, or theft of Company property or any improper or illegal activity. Computer hardware, software and data must be safeguarded from damage, alteration, theft, or fraudulent manipulation, to prevent unauthorized access to and disclosure of Company information.

You must adhere to specific security measures and internal controls for each computer system to which you are authorized access and should minimize any personal use of Company-owned hardware or software. If you use licensed software, you are responsible for understanding and adhering to the terms of the license agreement.

*The right to use software is limited to authorized individuals for Company business.*

Copies of software and associated materials may be made only as specified in the license agreement. You may not sell, transfer, or otherwise make available to any unauthorized person any software products, documentation, or copies thereof. Happy Trails Transportation recognizes the following principles as a basis for preventing prohibited actions: n Happy Trails Transportation will provide legally acquired software to meet legitimate software needs in a timely fashion and in sufficient quantities for all our computers and n Happy Trails Transportation will enforce reasonable internal controls to prevent the making or using of unauthorized software copies, including effective measures to verify compliance with these standards, and appropriate disciplinary measures for violation of these standards.

## **Confidential Information Company**

### *Confidential/Proprietary Information*

During the course of your employment, you may learn about trade secrets or other confidential or unpublished information relating to our business, operations, research or technology. You may not use or disclose to any third party any such confidential information, either during or after your employment, without Happy Trails Transportation 's prior express consent. Under no circumstances may you use such confidential information or disclose it to others for personal gain. The obligation to preserve confidential information continues even after employment ends.

### *Business Partner Confidential/Proprietary Information*

You must maintain the confidentiality of confidential information entrusted to you by our business partners, except when disclosure is authorized by the Law Department. Confidential information includes all non-public information that might be of use to competitors or harmful to us or our business partners, if disclosed. It also includes information that suppliers or other business partners have entrusted to us.

## **Conflicts of Interest**

As an employee, you owe Happy Trails Transportation your loyalty and have an obligation to make sound business decisions that are not distorted or unduly complicated by your personal, financial, family or other interests.

Our owners, patients, regulators, and public should have full confidence in the integrity and fair and honest administration of our business and operations.

*A conflict of interest exists* when your duty to give undivided business loyalty to Happy Trails Transportation may be prejudiced by actual or potential personal benefit or detriment from another source. You must avoid any association, relationship, investment, or business interest that interferes, might interfere, or may appear to interfere, with the independent exercise of your judgment in Happy Trails Transportation 's best interest.

For example, the following situations may constitute conflicts of interest:

- If you are an officer or employee of, or an investor in, one of Happy Trails Transportation's business partners, suppliers, subcontractors or competitors,
- If your association or investment causes you to receive a benefit that Happy Trails Transportation may have otherwise received,
- If you engage in a transaction with Happy Trails Transportation, personally or through an affiliate of yours, or
- If you hire or directly supervise, as an employee or vendor, a relative. If you were to supervise a relative – as an employee or a vendor – you might be, or might appear to be, improperly influenced by the existence of this relationship.

Happy Trails Transportation is committed to making each business decision in an appropriate manner, avoiding actual conflicts of interest, and avoiding the appearance of any conflicts of interest.

Therefore, you must receive appropriate, fully informed approval from management before you enter a situation that would allow you to hire, supervise or participate in any way in a decision regarding the hiring, retention, promotion or compensation of an employee or vendor who is your relative or with whom you have an intimate or familial relationship.

Any association, relationship, investment, or business interest which might be an improper conflict of interest, but which has been disclosed to management. That manager is then responsible for seeing that the matter is considered by appropriate management personnel.

Further, Happy Trails Transportation recognizes that many of our employees, especially our medical crew employees, are also employed by organizations that may be referral sources to Happy Trails Transportation (e.g., hospitals, other ambulance companies, fire departments, etc.).

An employee's employment with a secondary employer is separate and distinct from his or her employment with Happy Trails Transportation. Happy Trails Transportation's compensates employees solely for the performance of their employment duties while working for Happy Trails Transportation. When working for any such other employer, the employee will honor his or her duty of loyalty to that secondary employer and will not make decisions (including, without limitation, the referral of patient transports) to the detriment of such secondary employer. When working for Happy Trails Transportation, the employee will honor his or her duty of loyalty to Happy Trails Transportation and will not make decisions (including, without limitation, the referral of patient transports) to the detriment of Happy Trails Transportation . In all situations, employees are expected to make decisions in the best interest of our patients

**YOUR PERSONAL COMMITMENT TO INTEGRITY AND CONFLICTS OF INTEREST DISCLOSURE FORM**

I acknowledge that I have received the VicTan, LLC d/b/a Happy Trails Transportation. Business Code of Conduct & Compliance Handbook (the “Code”). I understand that I am required to read the Code and comply with the policies described in the Code. When I have a concern about a possible violation of the Code or any Company policy,

I will raise the concern with a member of management with whom I feel comfortable, management. I will report any known or perceived violations as soon as possible but without unreasonable delay.

Name (Print): \_\_\_\_\_

Position Title: \_\_\_\_\_

Location: \_\_\_\_\_

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

I certify that I have read and understand the Conflicts of Interest policy contained within the Code and that:

\_\_\_\_\_ I have no conflicts of interest.

\_\_\_\_\_ I request assistance in determining whether I have a conflict of interest. (Please describe below) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

- The intent of this Code of Conduct is to notify all employees/contractors of the conduct expectations while providing services under contract with our brokers. Providers must observe all applicable local, State, and Federal regulations including, but not limited to the Code of Federal Regulations, Federal Transit Administration policies, Americans with Disabilities Act, and State Department of Transportation policies and procedure.
- VicTan, LLC shall maintain and enforce this Code of Conduct to ensure that all employees, independent contractors, and drivers remain responsible and compliant while performing all trips. The Code of Conduct applies to the individual signing the form below regardless of his/her formal relationship with VicTan. The elements of this Code of Conduct include

**Prohibited Acts/Behaviors- All drivers, employees, or independent contractors are prohibited from engaging in the following activities:**

- a. Making sexual comments towards, solicit sexual favors from, or engage in sexual activity with any passengers.
- b. Solicit or accept controlled substances, alcohol, or medications from any passengers.
- c. Solicit or accept money from any passengers.
- d. Use alcohol, narcotics, or controlled substances, or be under their influence, while on duty.
- e. Eat or consume any beverage while operating the vehicle or while transporting any passengers.
- f. Smoke, including electronic cigarettes, or use smokeless tobacco products when any passengers are in the vehicle.
- G. Wear any type of headphones while transporting any passengers

**Required Acts/Behaviors – All drivers, employees, or independent contractors are required to:**

- a. Wear or have visible easy to read identification that identifies the person as a staff person of VicTan, LLC.
- b. Exit the vehicle to open and close vehicle doors when passengers enter or exit the vehicle.
- c. Properly identify and announce their presence at the entrance of the buildings, or with attending facility staff, at the specified pick-up location if a curbside pick-p is not appropriate.
- d. Assist passengers in seating, including the fastening of the seat belt when necessary due to the person's condition.
- e. Confirm, prior to allowing any vehicle to proceed, that wheelchairs and wheelchair passengers are properly secured; and that; when appropriate, passengers are properly secured in their seat belts.