

CRIMINAL HISTORY:

A-2025-3056112

Under Title 52 Pa Code 29.505, our Company is required to obtain a pre-employment criminal background check. The initial background check is to be obtained by the contractor and must be no less than 30 days old by the time that it is submitted to the Company. This must be a multi-state and multi-jurisdiction criminal background check. This copy will be placed in the contractor's employee file and will be updated annually at the cost of the contractor. Failure to present one to the Company will result in immediate suspension. This will be done through the www.epatch.pa.gov website. If the contractor has resided in any other state within the last 12 months, they must also obtain a background check in that state at their expense. All contractors will also be matched against the National Sex Offender's Registry for possible matches. The most recent and any proceeding criminal history checks will be maintained in the contractor's file for a period of three (3) years. The contractor may request a copy of their file at any given time with reasonable notice.

The following will bar employment:

An applicant convicted of any of the following within the preceding 7 years:

- (A) Driving under the influence of drugs or alcohol.
- (B) A felony conviction involving theft.
- (C) A felony conviction for fraud.
- (D) A felony conviction for a violation of The Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. § § 780-101-780-144).

An applicant convicted of any of the following within the preceding 10 years:

- (A) Use of a motor vehicle to commit a felony.
- (B) Burglary or robbery.

An applicant convicted of any of the following at any time:

- (A) A sexual offense under 42 Pa.C.S. § 9799.14(c) or (d) (relating to sexual offenses and tier system) or similar offense under the laws of another jurisdiction or under a former law of the Commonwealth.
- (B) A crime of violence as defined in 18 Pa.C.S. § 5702 (relating to definitions).
- (C) An act of terror.

DRIVER'S LICENSING REQUIREMENTS

In accordance to 52 Pa Code 29.504, the Company will require a review of your driving history from the Department of Transportation. The Contractor's initial report will be a 10-year driver history and acquired at Penn Dot at the expense of the applicant. This report will also include any other state where the contractor has held a license within the last 3 years. This report will be placed in the contractor's file in the office for a period of 2 years after obtaining the report.

After employment, the driver must submit an updated 3-year driving report to be placed in their file upon receiving the report. If the contractor refuses or does not provide an updated report upon the yearly basis, the driver will be suspended until the relevant updated report is obtained and placed in their file.

If the contractor has more than three (3) moving violations within the last three (3) years, this may bar them from employment with this Company. This will be reviewed with the contractor each year and every year after. All driver reports will be held in their file for a period of two years after the report is obtained.

WEEKLY VEHICLE SAFETY INSPECTIONS

All vehicles are to be inspected weekly for safety. All vehicles will be inspected at the following location:

A1 United Auto Service

1330 N 3rd Street

Phone: 717-234-5300

Harrisburg, Pa 17102

Each taxi will have a set day to report during the week. Safety inspections, tire inspections and fluid changes will take place. **YOU MUST REPORT!** Inspections for cleanliness and overall appearance of Taxis will also be noted and reported. A sheet will be filled out for your file and must be turned in with your daily trip logs and lease. If at any time you cannot make your day, you have 24 hours to call and reschedule your appointment for that week. The only time you are not required to do so would be that your taxi is shopped for any reason and not in your possession.

All weekly vehicle inspection reports will be kept on file at the office and will be available for the PUC if required. If a driver does not conduct or turn in his vehicle inspection report

as instructed, it will be deemed as a violation and interfering with PUC requirements and they may be discharged immediately. **YOU ARE** responsible for your vehicle and your meter. **Any irregularities must be reported to management immediately.**

- No taxi will be over 8 years old with this Company, nor will it have mismatching parts.
- All vehicles will properly have a meter in the taxi that is regulated, inspected and locked.
- All vehicles will be inspected as required by the laws of Pennsylvania.
- All trunks will be free of debris and clutter.
- All vehicles will have a spare tire and a jack.
- All vehicles will have the proper markings, and the PUC number will be properly displayed on the vehicle on the outside and readable.
- All vehicles will have the rates displayed in the taxi and available to the customer.
- All license plates will be readable and not darkened.
- All vehicles will have an updated copy of the registration and insurance for that vehicle in the glove box, and obtainable at any time for the driver. A copy will also be kept in the driver's file in case needed.
- All vehicles will always have working air conditioning and heat for the customer's comfort.
- There will be no smoking in the vehicles at any time by the customer or the driver.
- There will be no drinking allowed in the vehicle by the customer or the driver at any time.
- There will be no drug use in the taxi at any time!
- There will be car seats for any child in accordance with Pennsylvania law.
- All vehicles will have proper inspections and emission testing.
- Weekly inspections will be done on each vehicle and kept in the driver's file for PUC inspection.
- All oil changes and tire changes will be done when needed and kept up to standard for safety and weather conditions.
- All doors will be in working condition, including trunk and hood.
- All safety latches and locks will be kept in always working order.
- All vehicles will have the inspection and licensing reports in their subsequent files and be updated yearly.
- All breaks and parking breaks will be in working order at all times.
- All speedometers will be in working order.

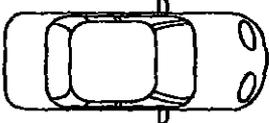
- All taxis will have working horns.
- Headlights must work and blinkers must be in working order.
- Illuminated lights, i.e., taxi signs will be illuminated.
- Registration lights will be in working order.
- Windshield wipers will be in working order and up to standard.
- All cracked windshields will be replaced or fixed.
- There will be no unsafe body parts protruding from the taxi.
- The garage will always have a copy of the regulations of 67 Pa. Code 175 in their possession and comply with all parts of the subsection.
- Seat belts will be in working order in every vehicle.
- Airbags will be in working order in every vehicle.

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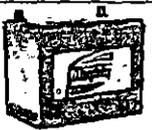
VEHICLE INSPECTION REPORT

Name: _____ Mileage: _____ Year/Make/Model: _____
 VIN: _____ License: _____ email: _____

CHECKED AND OK MAY REQUIRE ATTENTION REQUIRES IMMEDIATE ATTENTION

INTERIOR/EXTERIOR	
NOTE ANY EXISTING EXTERIOR BODY DAMAGE OR DEFECTS ON DIAGRAM	
	
<input type="checkbox"/>	Exterior Body
<input type="checkbox"/>	Windshield / Glass
<input type="checkbox"/>	Wipers
<input type="checkbox"/>	Lights (Head, Brake, Turn)
<input type="checkbox"/>	Interior Lights
<input type="checkbox"/>	AC Operation
<input type="checkbox"/>	Heating
<input type="checkbox"/>	Other _____

UNDERHOOD	
<input type="checkbox"/>	Engine Oil
<input type="checkbox"/>	Brake Fluid
<input type="checkbox"/>	Power Steering Fluid
<input type="checkbox"/>	Washer Fluid
<input type="checkbox"/>	Belts & Hoses
<input type="checkbox"/>	Antifreeze/Coolant
<input type="checkbox"/>	Air Filter
<input type="checkbox"/>	Cabin Filter
<input type="checkbox"/>	Fuel Filter
<input type="checkbox"/>	Spark Plugs / Wires
<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Battery Charge
<input type="checkbox"/>	Battery Condition
<input type="checkbox"/>	Cables & Connections



UNDERVEHICLE	
<input type="checkbox"/>	Brakes (Pads / Shoes)
<input type="checkbox"/>	Brake Lines / Hoses
<input type="checkbox"/>	Steering System
<input type="checkbox"/>	Shocks & Struts
<input type="checkbox"/>	Driveline (Axles / CV Shaft)
<input type="checkbox"/>	Exhaust System
<input type="checkbox"/>	Fuel Lines & Hoses
<input type="checkbox"/>	Other _____

TIRES		
Tread Depth		
<input type="checkbox"/>	7/32" or greater	<input type="checkbox"/>
<input type="checkbox"/>	3/32" to 6/32"	<input type="checkbox"/>
<input type="checkbox"/>	2/32" or less	
LF	<input type="checkbox"/>	RF
LR	<input type="checkbox"/>	RR
		
Wear Pattern/ Damage		Air Pressure
LF	<input type="checkbox"/>	<input type="checkbox"/>
RF	<input type="checkbox"/>	<input type="checkbox"/>
LR	<input type="checkbox"/>	<input type="checkbox"/>
RR	<input type="checkbox"/>	<input type="checkbox"/>
		Tire Check/ OE Interval Suggests:
		<input type="checkbox"/>

Comments: _____

Inspected by: _____ Date: _____

Accident Report

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Driver's Name:

Vehicle: Time:

Location:

Any other parties involved:

Name:

Address:

Vehicle Registration Number:

Contact Number:

Insurance Details:

Description of Accident:

Name: Name & Address of Underwriting

Insurance Company

Reg. No: Policy No:

Date:

IMPORTANT NOTICE – DISCLAIMER

THIS CONTRACTOR HANDBOOK (“HANDBOOK”) IS A GUIDE TO GENERAL EMPLOYMENT PROCEDURES AND POLICIES OF THE COMPANY. THE HANDBOOK IS FOR INFORMATION PURPOSES ONLY AND IS NOT A CONTRACT OF EMPLOYMENT. ANY COMPANY PROCEDURE OR POLICY, INCLUDING ANY POLICY, PROCEDURE, OR PROVISION IN OR REFERRED TO IN THIS HANDBOOK, MAY BE MODIFIED, AMENDED, OR DELETED BY THE COMPANY AT ANY TIME, WITH OR WITHOUT NOTICE EXCEPT FOR THE AGREEMENT TO ARBITRATE.

THIS HANDBOOK DOES NOT AND IS NOT INTENDED TO ADDRESS EVERY POSSIBLE EMPLOYER/CONTRACTOR SITUATION. THE COMPANY RESERVES THE RIGHT TO TAKE ACTION OR MAKE A DECISION WHICH IS INCONSISTENT WITH THE PROVISIONS OF THIS HANDBOOK TO ADDRESS UNIQUE SITUATIONS, ON A CASE-BY-CASE BASIS, IN THE COMPANY’S SOLE DISCRETION.

THIS HANDBOOK DOES NOT IN ANY WAY ALTER THE EMPLOYMENT STATUS OF CONTRACTOR, WHICH IS “AT-WILL.” THIS MEANS THAT EITHER YOU OR THE COMPANY CAN TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY OR NO REASON, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. NO CONTRARY STATEMENT BY ANY COMPANY CONTRACTOR, MANAGER, OR AGENT SHALL HAVE ANY FORCE OR EFFECT, UNLESS IT IS IN WRITING, STATES THAT IT IS A “CONTRACT OF EMPLOYMENT,” AND IS SIGNED BY OWNER OF THE COMPANY.

CONTRACTOR ACKNOWLEDGMENT

I ACKNOWLEDGE RECEIPT OF THE HANDBOOK AND UNDERSTAND THE HANDBOOK IS NOT AN EMPLOYMENT CONTRACT, AND I KNOW THAT MY EMPLOYMENT IS “AT WILL” AS DEFINED ABOVE.

Contractor Signature

Contractor (please print)

DATE

EEO AND NON-DISCRIMINATION AND NON-HARASSMENT POLICIES

Equal Employment

The Company bases all employment decisions, including selection of employees and the job advancement of employees, on an individual's qualifications, aptitude, and experience for the position, as well as satisfactory references. The Company does not discriminate with respect to terms and conditions of employment on the basis of a person's race, creed, color, religion, age, migrant status, sex, sexual orientation, gender, gender identity or expression, genetic information, national origin, political opinion, caste, marital or family status, uniform service, veteran status, protected disability (including pregnancy), and any other category protected under federal, state, or local law. This policy of equal employment opportunity applies to all policies and procedures relating to recruitment and hiring, compensation, benefits, and all other terms and conditions of employment.

Accommodating Employees with Disabilities

The Company complies with the Americans with Disabilities Act (ADA) and applicable state and local laws in ensuring equal opportunity and employment for qualified persons with disabilities. All employment practices, terms, and conditions of employment and privileges of employment are conducted on a non-discriminatory basis. An employee needing reasonable accommodation should inform his or her manager. On receipt of an accommodation request, the Company will engage in an interactive process with the employee to view possible reasonable accommodation options consistent with the ADA. Reasonable accommodations which do not result in an undue hardship on the operation of the Company will be considered for all employees with physical or mental disabilities where their disabilities affect their ability to perform the essential functions of their job. All employment decisions are based on the merits of the situation in accordance with applicable job criteria, not the disability of any individual. An employee who has questions regarding this policy or believes that he/she has been discriminated against based on a disability should notify your supervisor, Management, Owner, or Human Resources. All such inquiries will be treated as confidentially as possible without impeding the investigation process. disabilities. Employees with disabilities caused or contributed to by pregnancy or childbirth, like employees with other disabilities, must provide certification from a health care provider regarding the medical advisability of any requested accommodation. If you have any questions regarding this policy, please contact your supervisor, Management, Owner, or Human Resources. The Company will comply with any applicable state or local pregnancy accommodation law.

Religious Accommodations

The Company complies with Title VII of the Civil Rights Act of 1964 in ensuring equal opportunity in employment regardless of an employee's religious beliefs. If an employee needs reasonable accommodation due to a work requirement or restriction that interferes with a sincerely held religious belief, the employee should contact his/her supervisor, Management, Owner, or Human Resources. Upon receipt of an accommodation request, the Company will review reasonable accommodation options and will consider accommodation for employees with sincerely held religious beliefs that do not create an undue hardship on the Company. Any employee who has questions regarding this policy should contact their supervisor, Management, Owner, or Human Resources.

Non-Harassment Policy

Pursuant to federal law and applicable state law, it is the policy of the Company that all employees shall have the opportunity to work in an atmosphere and environment free from any form of harassment or retaliation on the basis of any protected category, including, but not necessarily limited to, race, religion, color, age, gender, national origin, sex, sexual orientation, gender identity or expression, political opinion, veteran status, uniform service, or protected disability (including pregnancy). In keeping with that policy, the Company will not tolerate harassment of any kind by or of any employees or applicants for employment. "Harassment" is defined as verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his or her race, religion, color, age, gender, national origin, sex, sexual orientation, gender identity or expression, political opinion, veteran status, uniform service, or protected disability (including pregnancy), or that of his or her relatives, friends, or employees, and that:

1. Has the purpose or effect of creating an intimidating, hostile, or offensive working environment. It has the purpose or effect of unreasonably interfering with an individual's work performance. Otherwise adversely affects an individual's employment opportunities. Examples of harassing conduct can include, but are not limited to, the following:

2. Use of epithets, slurs, negative stereotyping, or threatening, intimidating, or hostile acts that relate to race, religion, color, age, gender, national origin, sex, sexual orientation, gender identity or expression, political opinion, veteran status, uniform service, or disability (including pregnancy); and Written or graphic material that denigrates or shows hostility or aversion toward an individual or group because of race, religion, color, age, gender, national origin, sex, sexual orientation, gender identity or expression, political opinion, veteran status, uniform service, or disability (including pregnancy), and that is placed on walls, bulletin boards, or elsewhere on Company premises, or circulated in the workplace. Verbal

or nonverbal innuendoes that relate to or reflect negatively upon someone because of their race, religion, color, age, gender, national origin, sex, sexual orientation, gender identity or expression, political opinion, veteran status, uniform service, or disability (including pregnancy). Similarly, sexual harassment involves:

A. Making as a condition of employment unwelcome sexual advances, requests for sexual favors, or other offensive verbal or physical conduct directed toward an individual because of his or her sex.

B. Making submission to or rejection of such conduct the basis for employment decisions.

C. Creating an intimidating, offensive, or hostile work environment by such conduct.

Conduct which could rise to the level of sexual harassment can include but is not limited to:

3. Verbal—sexual innuendo, suggestive comments, insults, threats, jokes about gender specific traits, or sexual propositions. Nonverbal—making suggestive or insulting noises, leering, whistling, or making obscene gestures. Physical—touching, pinching, brushing the body, coercing sexual intercourse, or assault. Such forms of harassment or retaliation may constitute discrimination under various state and federal laws and will not be tolerated by the Company. Any employee who is found to have engaged in such conduct will receive disciplinary action up to and including termination, depending upon the circumstances. Any employee who feels that he or she has suffered any form of discrimination, harassment, or retaliation by anyone must immediately report the alleged conduct to his or her supervisor, Management, Owner, or Human Resources so that an investigation of the complaint can be undertaken. If your complaint concerns your supervisor, you should immediately report any concerns to Management, Owner, or Human Resources. Any employee who observes conduct by another employee which he or she believes to be harassing, retaliatory, or discriminatory must report such conduct as outlined above. Reports will be treated confidential to the extent possible, without impeding the ability of the Company to conduct a discrete and thorough investigation. A Representative of Management, Human Resources, or Owner will notify the complaining party of the outcome of the investigation. Any person employed by the Company who is found to have violated this policy will be subject to appropriate disciplinary action up to and including termination. Further, any employee who engages in conduct that violates this policy, or whose conduct would violate this policy if allowed to continue, is subject to disciplinary action, up to and including termination. Retaliation or discrimination against an employee for reporting harassment or complaining about harassment is prohibited. Such misconduct will result in disciplinary action up to and including termination. Any employee that knowingly makes a false report of harassment or discrimination will be subject to

disciplinary action up to and including termination. We trust that all employees will act in a responsible and professional manner to establish a pleasant working environment free of discrimination and harassment.

OPEN DOOR POLICY

The Company is committed to maintaining a good working relationship with its employees. However, in any work environment there will be occasions when problems and complaints arise. It is important that these problems and complaints be discussed so that a resolution can be reached. Most problems can be solved; but if they are not freely discussed, they can become more serious. Therefore, it is the responsibility of everyone to help maintain a good working atmosphere.

We have adopted the following procedure for handling suggestions, problems and complaints:

1. Any employee who has a suggestion, problem, or complaint should discuss the matter with their supervisor.
2. If the suggestion, problem, or complaint is not satisfactorily resolved by the immediate supervisor, or the problem or concern involves your supervisor, the employee may discuss it with a member of Management, Human Resources, or Owner.

Employees may bring issues to Management, Human Resources, or Owner at any time.

Contact Information: Ibrahim Oumarou – 717-503-8004 or
LeeAnn Witman – 717-510-3411

When an employee uses this Open Door Policy, he/she will receive an answer promptly. While the Company may not be able to provide the solution that you desire, we will listen to your concerns and have frank and open communication with you regarding any issue you feel needs to be brought to Management's attention. Employees are encouraged to use the above procedures.

STATUS AS A CONTRACTOR

Working for this Company, you are considered a contracted driver with this Company. This means that you are responsible for filing and paying your own taxes. As a driver you are responsible for your own parking and speeding tickets and any turnpike tolls that you

accrue. The Company holds no responsibility for these at any time. If any government agency contacts the Company about any questions concerning the contracted driver, the Company will accurately and truthfully relay any information in which they are asked

PRE-EMPLOYMENT DRUG TESTING

Controlled substances are defined as follows:

Controlled substances have the meaning assigned by 21 USC §802 and include all substances listed on Schedules I through V as they may be revised from time to time (21 CFR §1308). The following controlled substances shall be tested as required by the Department of Transportation (49 CFR Part 40) and this policy: (a) (b) (c) (d) (e) Marijuana metabolites. Cocaine metabolites. Amphetamines. Opioids. Phencyclidine (PCP). Detection levels requiring a determination of a positive result shall be in accordance with the guidelines adopted by the FMCSA in accordance with the recommendations established by the 49 CFR Part 40.

All contractors must submit a urinalysis to the local Concentra, located at 4200 Union Deposit Road, Harrisburg, PA 17111. Phone: 717.558.6708, This urinalysis is at the expense of the contractor. This is a full panel, and NO medical marijuana is accepted under DOT standards. Contractor must submit a negative result to be hired by the Company. NO EXCEPTIONS will be granted. After this, the Company will have on site urinalysis testing and this can be done randomly as the Company sees fit.

Refuse to submit (to an alcohol or controlled substances test) means that a driver:

Fails to appear for any test (except a pre-employment test) within a reasonable time, as determined by the Company, consistent with applicable DOT agency regulations, after being directed to do so by the Company. This includes the failure of the driver to appear for a test when called by a collection site.

Fails to remain at the testing site until the testing process is complete; provided that an individual who leaves the testing site before the testing process commences a pre-employment test is not deemed to have refused to test.

Fails to provide a urine specimen for any drug test required by this policy or DOT agency regulations; provided that an individual who does not provide a urine specimen because he or she has left the testing site before the testing commences for a pre-employment test is not deemed to have refused to test.

Fails to provide enough urine when directed, and it has been determined, through a required medical evaluation, that there is no adequate medical explanation for the failure.

Fails to cooperate with any part of the testing process (e.g., refuses to empty pockets when so directed by the collector, behaves in a confrontational way that disrupts the collection process).

In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of his or her provision of a specimen.

Fit For Duty Drivers must remain "fit-for-duty" whenever performing or ready to perform safety sensitive functions. With this understanding, drivers must work with their health care providers in determining the effects of their medical conditions, including consumption of legally prescribed medication, on their ability to perform safety sensitive functions. Drivers, after consulting with their health care provider, who feel they are unfit or who have been advised not to perform safety sensitive functions because of health condition or medication shall inform their supervisor they are not "fit-for-duty". A driver may be temporarily removed from performing safety sensitive functions during treatment for the medical condition.

Prohibited Conduct

No Contractor may report for duty or remain on duty requiring the performance of safety sensitive functions while having an alcohol concentration of 0.04 or greater.

No Contractor may perform safety sensitive functions within four hours after having used alcohol.

No Contractor required to take a post-accident test under this policy may use alcohol for 8 hours following the accident or until he/she undergoes a post-accident alcohol test.

No Contractor may report for duty or remain on duty when they use any controlled substance, except as directed by a physician who has advised the employee that the substance will not adversely affect their ability to perform safety sensitive functions. All drivers will inform the Onsite Manager of any therapeutic drug use prior to performing a safety-sensitive function. He/she may be required to present written evidence from a health care professional which describes the effects such medications may have on the driver's ability to perform his/her tasks.

No Contractor may report for duty or remain on duty if they have tested positive for the use of controlled substances.

No Contractor may refuse to submit to any alcohol or controlled substance test as required under this policy.

Note on use of medical or recreational marijuana: For drivers subject to FMCSA regulations, the position of the U.S. Department of Transportation is the Department's Drug and Alcohol Testing Regulation, 49 CFR Part 40, does not authorize the use of Schedule I drugs, including marijuana, for any reason. **Therefore, use of marijuana for medical or recreational purposes by Contractor regulations will not be considered an exception to the prohibition of marijuana use.**

RECORD KEEPING AND TIME KEEPING POLICY

All drivers must keep accurate records while they are driving. All trip sheets must be filled out accurately with the proper date, start mileage and ending mileage along with the starting point and the ending point. All trip sheets are to be turned into the office with their lease payment every Monday by 5 pm. If you cannot make your lease time due to a trip or another acceptable reason, then you must call into the office and inform them that you will not be there by 5 pm and the reason why. The office will then discuss another appropriate time for you to drop your trip sheets and your weekly lease for the vehicle. Any unfilled log sheets will be returned to the said driver to be fixed.

USE OF CELL PHONES/ELECTRONIC DEVICES WHILE DRIVING

This policy provides standards for safe use of cell phones and other electronic communication devices (mobile phones, and other handheld devices) by employees when operating Company vehicles, leased or rented vehicles, or personal vehicles while conducting Company business. Employees must adhere to all federal, state, and local rules and regulations regarding the use of cell phones and other handheld electronic devices when driving on Company time, for Company purposes, and/or within a Company vehicle. Employees must not use cell phones or other handheld electronic devices if such conduct is prohibited by state or local law. Please check with your supervisor, Management, Owner, or Human Resources if you are unsure whether cell phones or other handheld electronic devices may be used in your state.

TEXTING

No driver shall engage in texting while driving. Driving means operating a commercial motor vehicle, with the motor running, including while temporarily stationary because of

traffic, a traffic control device, or other momentary delays. Driving does not include operating a commercial motor vehicle with or without the motor running when the driver moves the vehicle to the side of, or off, a highway.

RULES OF CONDUCT AND DISCIPLINE

- Allowing someone other than your Company's employees or a customer to ride along inside the taxi while performing services (including friends, family members and pets).
- Falsification of employment, personnel or other records. This includes, but is not limited to, applications, all reports, time records, and statements under the responsibility of the employee.
- Disclosing Confidential Information to outsiders as defined in the Company's Confidentiality and Non-Disclosure Agreement.
- Stealing customer packages or intentional mishandling of customer packages.
- Gambling or fighting on Company time.
- Unethical conduct or conduct that creates a conflict of interest.
- Stealing the Company's property, a client's or customer's property or the property of any employee; or misappropriation of Company property or the property of other employees or client partners.
- Reporting to work under the influence of alcohol or illegal drugs; possession, sale or use of marijuana or illegal drugs or chemicals or consumption of alcohol while working on Company business.
- Gross negligence or willful acts in the performance of duties resulting in damage to Company property or injury to others.
- Insubordination.
- Violation of the Company's equal opportunity or harassment policies.
- Serious safety violation.
- Violating Company policies.
- Use of threatening or violent behavior.
- Failing to report personal injury or injury to the Taxi resulting from an on-the-job situation.

- Three consecutive days of absenteeism without notice with your Company Vehicle. The Company must know where the vehicle is always. Taking the Company vehicle on personal vacations.

- Unsafe driving

Management reserves the right to take any form of disciplinary action at any time. While the circumstance of a particular case may result in termination for a first offense, other cases may result in other forms of disciplinary action. This policy in no way implies any kind of contract or obligation to follow any disciplinary procedure. This policy does not alter the employment at will relationship. Contractors are expected to always be professional in their dealing with customers and the public. Contractors must protect and respect customer expectations and property. Contractors should report to their manager any interaction, incident, or occurrence that could affect customer satisfaction

ACCIDENTS AND DRUG TESTING

Contactors are also required to immediately report **any** vehicle accident, and the police are to be called to the scene. Proper exchange of information is to take place. Driver is to immediately report the accident to the Company, and they are to directly take the police incident report and the vehicle to the office. The vehicle will be inspected and released for further service if deemed appropriate. If not drivable or safe, it will be fixed in a reasonable amount of time. The contractor must report to Concentra to initiate a urinalysis upon each accident or at the request of the Company. Once a negative result is obtained by the Company, then the contractor may obtain his vehicle and resume driving.

WEEKLY VEHICLE INSPECTIONS

All vehicles are to be inspected weekly for safety. All vehicles will be inspected at the following location:

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1330 N 3rd Street

Phone: 717-234-5300

Harrisburg, Pa 17102

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Upon termination of employment, Contractors will turn in their Company vehicle in the condition that it was issued to them in. The Company's mechanic will inspect the vehicle with in 24 hours and if any damages are due to the contactor, they will be billed by garage bill accordingly.

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(C) An act of terror.

DRIVER'S LICENSING REQUIREMENTS

In accordance to 52 Pa Code 29.504, the Company will require a review of your driving history from the Department of Transportation. The Contractor's initial report will be a 10-year driver history and acquired at Penn Dot at the expense of the applicant. This report will also include any other state where the contractor has held a license within the last 3 years. This report will be placed in the contractor's file in the office for a period of 2 years after obtaining the report.

After employment, the driver must submit an updated 3-year driving report to be placed in their file upon receiving the report. If the contractor refuses or does not provide an updated report upon the yearly basis, the driver will be suspended until the relevant updated report is obtained and placed in their file.

If the contractor has more than three (3) moving violations within the last three (3) years, this may bar them from employment with this Company. This will be reviewed with the contractor each year and every year after. All driver reports will be held in their file for a period of two years after the report is obtained.

APPENDIX C

Acknowledgement and Consent

I certify that I have received and understand the Drug and Alcohol Free Workplace Policy and Procedure (the "Policy").

I agree to comply with the Policy and understand that failure to comply is grounds for disciplinary action, up to and including termination.

I voluntarily consent to submit to drug and/or alcohol testing as outlined in Company's Policy.

I consent to provide specimens at the assigned collection site(s) and further consent to have urine, saliva, hair, and/or breath specimens tested for drugs, alcohol and/or controlled substances (and their metabolites) at a certified laboratory in accordance with applicable law.

Further, if I enroll or participate in a substance abuse rehabilitation program ("Program"), which is approved by Company, I freely and voluntarily consent and authorize the Program to communicate, verbally or in writing with Company, and to release to Company any verbal or written recommendations, findings, conclusions, or results from the program, upon Company's verbal or written request. I agree to release the Program, including its agents, officers, directors, or employees, from any and all liability of whatever kind as a result of the release of information to Company.

In order to provide information to Company, I agree to execute authorizations, release forms, or other documentation as may be required under federal, state, or local law, including but not limited to, the Substance Abuse regulations codified at 42 C.F.R. Part 2 and the Privacy Regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996.

I understand and agree that my at-will employment status cannot be altered by any verbal statement or alleged verbal agreement. It can only be changed by a legally-binding, written contract covering employment status. An example of this would be a written employment agreement for a specific duration of time. I understand and agree that nothing contained in this Acknowledgement and Consent or in Company's Drug and Alcohol Free Workplace Policy and Procedure shall be considered an employment contract for a definite term.

Employee Name

Date

Employee Signature

I understand that this authorization is voluntary and that the plan or service provider will not condition treatment or other services, enrollment in a group health plan, eligibility for benefits, or payment of claims on giving this authorization.

I understand this authorization may allow the information specified herein to be disclosed to persons or organizations that are not health plans, covered healthcare providers, or healthcare clearinghouses subject to federal privacy laws governing health information. I understand that the information authorized to be disclosed pursuant to this authorization may be subject to further disclosure by the recipient(s) and is no longer protected by federal privacy regulations.

By signing this form, I authorize the disclosure of the information specified to the person or persons identified above.

Signature of Individual or Legal Representative

Date

Printed Name of Legal
Representative:

Relationship to
Individual:

**AUTHORIZATION FOR RELEASE OF INFORMATION
TO BE COMPLETED BY COVERED PERSONS WHO SUBMIT A
MEDICATION DISCLOSURE FORM**

To: Custodian of Records

I hereby authorize the use or disclosure of my health information as described below.

Name: _____

Last four digits of SSN: _____

Date of Birth _____

Persons authorized to provide information: Any HIPAA-covered entity including, but not limited to, any doctor, hospital, pharmacy, or other medical service provider, health plan, health maintenance organization, or insurer.

Persons authorized to receive information: Company's Management, Human Resources, or Owner.

Specific description of information (including date(s) of service): Regarding the Medications Disclosure Form for Safety-Sensitive Positions that I completed for my work for Company, I hereby authorize and request you to permit Company's Management, Human Resources, or Owner to examine any and all information, documents, files, records, charts, progress notes, diagnoses, and the like, in your possession, custody or control, concerning your care, evaluation, treatment, and billing pertaining to me, including, but not limited to, any and all information concerning matters of a physical, mental, emotional, psychological, and psychiatric nature, but shall exclude any or all psychotherapy notes kept and maintained separately from other medical records. I further authorize and request you to permit said representative to copy or reproduce the desired portions of your documents, files, records, charts, progress notes, evaluations, and the like pertaining to such care, evaluation, treatment, and billing. Records obtained pursuant to this authorization will be used for purposes of determining my ability to undertake safety-sensitive work for Company only.

I understand that I have the right to examine any mental health records that are disclosed pursuant to this authorization at any time upon request to Company.

A photocopy of this authorization is to be treated as an original.

Purpose of the use or disclosure: Determining the ability to undertake safety-sensitive work for Company.

I understand that I am entitled to a copy of this form when I sign it. Initials: _____

I understand that this authorization will expire thirty (30) days from the date it is signed below.

I understand that I have the right to revoke this authorization at any time by notifying any covered entity in writing. The revocation will be effective only from the date it is received, will not apply retroactively, and will not be effective to the extent the covered entity has already relied on this authorization.

APPENDIX B

Medications Disclosure Form for Safety-Sensitive Positions

You are required to disclose information about prescription drugs or over-the-counter medications you are taking which adversely effect, or which may reasonably be expected to adversely effect, your ability to safely and effectively perform your job. This disclosure will be kept confidential and will only be released to others on a need-to-know basis.

Employee Name: _____

Supervisor's Name: _____

Prescribing Physician's Name: _____

Name of Drug: _____

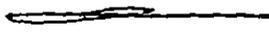
Date of Prescription: _____ Length of Time on Prescription: _____

Over-the-Counter Medication Name: _____

Describe the safety-related side-effects you have been warned about or you have had as a result of using this drug or over-the-counter medication: _____

According to 52 PA code 1.36:

I, Ibrahim Oumarou, hereby state that the facts above set forth are true and correct to the best of knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand the statement herein are made subject to the penalties of 18 Pa. C.S. - 4904 9 (relating to unsworn falsifications to authorities).



Ibrahim Oumarou

7-28-2025
Date

A 6328098
A 2025-3056112



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