

# SAFE WORK METHODS



Professional Development Series

Name: FARRALES, VAY

Date: 10-23-10

	YES	NO	REMARKS
<b>Burns/Scalds/Exposed Fluids/Chemicals/Smoke</b>			
• Never approaches alone – Uses buddy system, alerting others to smoke, fumes, unidentified spilled fluids before approaching.	<input checked="" type="checkbox"/>		
• Puts on PPE before approaching	<input checked="" type="checkbox"/>		
• Ensure adequate ventilation present before approaching	<input checked="" type="checkbox"/>		
• Demonstrates understanding of FT HazCom procedures/MSDS books/ chemicals sheets			
• Is knowledgeable of and practices secondary labeling procedures.			
• Is trained in Confined Spaces requirements (as applicable)?			
• Demonstrates understanding with FT in Emergency Action Plans/Procedures?			
• Ensures temperature, air quality, acidity, etc for safe for human contact, occupation BEFORE proceeding or contacts appropriate authority.			
<b>Cuts/Punctures/Abrasions/Lacerations</b>			
• Uses proper PPE	<input checked="" type="checkbox"/>		
• Inspects edges, ledges, handles for sharp edges, spurs, etc. before grasping, grabbing.	<input checked="" type="checkbox"/>		
• Uses proper guards on cutting, grinding, crushing, drilling tools	<input checked="" type="checkbox"/>		
• Uses proper hand tool properly for cutting, grinding, drilling, welding jobs.	<input checked="" type="checkbox"/>		
• Proper stores sharp items, tools, materials.	<input checked="" type="checkbox"/>		
<b>Wheelchairs/Mobility Devices/ Lifts/Ramps</b>			
• Acts with caution at a safe pace	<input checked="" type="checkbox"/>		
• Checks path & destination to make sure it is clear & safe before escorting wheelchair/passenger.	<input checked="" type="checkbox"/>		
• Requests assistance if wheelchair is heavy or awkward	<input checked="" type="checkbox"/>		
• Stands close to wheelchair to maintain control.	<input checked="" type="checkbox"/>		
• Pushes with arms, legs, not back.	<input checked="" type="checkbox"/>		
• Properly leverages body. Positions feet solidly and centers balances before pushing/pulling.	<input checked="" type="checkbox"/>		

7/29/2009

REDUCTION OF WORKPLACE INJURIES THROUGH SAFE WORK METHODS

FARRALES EMPLOYEE FILE 00104

I, JAY FARRALES, have been trained how to properly complete a manifest. I agree that if I do not understand something about the manifest, I will ask for assistance before submitting something that is not accurate. I further understand that I cannot falsify anything on the manifest as it is a legal document (Article 27, Section 1 of CBA). Any violation of the manifest policies and procedures will result in disciplinary action up to and including termination.

JAY FARRALES  
Print Name

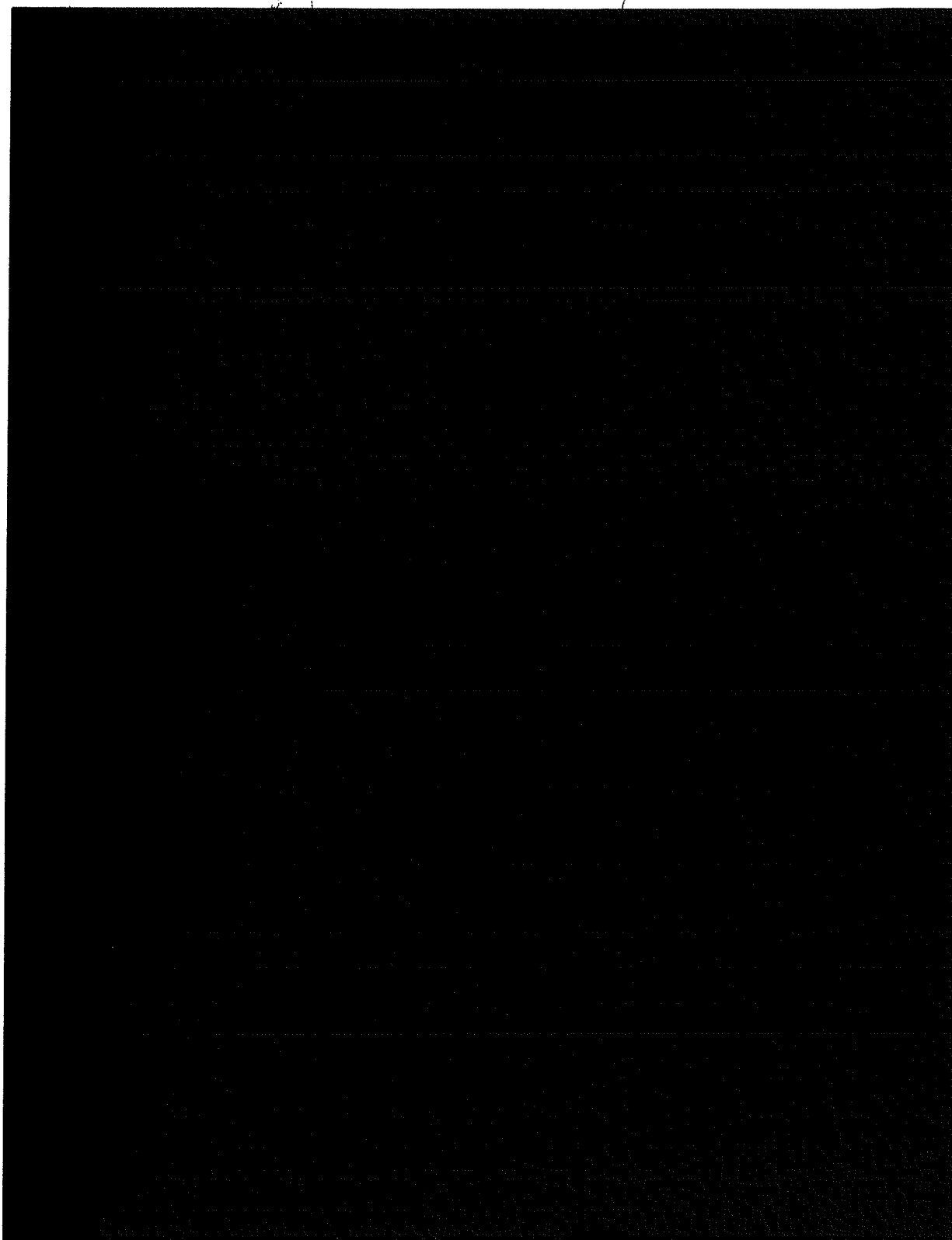
[Signature]  
Signature

Karen [Signature]  
Trainer Signature

3.8.10  
Date

FARRALES EMPLOYEE FILE 00105

00A10-00105



FARRALES EMPLOYEE FILE 00106

Amended, July 2011

00A10-00106

FARRALES EMPLOYEE FILE 00107

00A10-00107



JAY FARRALES

EMPLOYEE NAME

226755

TRAINING BADGE NUMBER

I have received a Permanent Identification Badge from First Transit. Should I lose or destroy this badge, I will replace it at the cost of \$5.00. I will return this badge at the end of my term from employment with First Transit.

[Signature]  
EMPLOYEE SIGNATURE

12-08-10  
DATE

FARRALES EMPLOYEE FILE 00108

00A10-00108

## RELEASE TO OPERATIONS FORM

FARRALES EMPLOYEE FILE 00109

Employee Name: Farrales, Jay	Hire Date: 6/2/06	
Release Date: 6/21/06	Employee# 021922	Hours Worked: 23.5
MB Key#: 81	Badge Number: 10430	Gender: M
Birthday: [REDACTED]	Home Phone#: [REDACTED]	
Cell Phone#: [REDACTED]		

Shift Preference: (Circle One) AM

AM: 3:00 to 10:30 PM: 11:00 to 15:30

Shift preference does not guarantee times or shift length. Thank you and welcome to Operations.

003100109

**SMITH SYSTEM®**  
**SEMINAR COMPREHENSION TEST**

Name JAY R FARRALES

Date 06/07/06

Address \_\_\_\_\_

Identification number (if applicable) \_\_\_\_\_ Facility 9668

Reviewed by	<u>J. McKubens</u>
Date	<u>6/7/06</u>
Score	<u>87</u> Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>
Attempts	<u>1</u>

*Please read the following questions carefully. The answers to these questions have been covered in the materials included in this program, segregated by Module. You have been given handout materials; you may consult the handouts to complete the test. Take your time because many questions may contain more than one answer that is somewhat valid. Mark only the single best answer to each question.*

**MODULE 1 – The 5 Keys To Safety**

1. For which conditions should you allow greater following distance?
  - A. Poor weather.
  - B. Reduced visibility.
  - C. At temperatures less than 65 degrees Fahrenheit.
  - ☒ D. A and B
  - E. All of the above.
2. Ideally, what is the minimum time your eyes should lead the vehicle at 30 MPH?
  - ☒ A. 15 seconds
  - B. 4 seconds
  - C. 2 seconds
  - A. 10 seconds
3. When stopped behind another vehicle in traffic, approximately how far back should you remain?
  - A. 5 feet
  - B. Far enough to see the rear tires of the vehicle ahead of you.
  - ☒ C. 15 feet for small vehicles, 20-25 feet for larger trucks.
  - D. Far enough to see the bumper of the vehicle ahead of you.
4. To which Key does the above question most closely relate?
  - A. Key #1
  - ☒ B. Key #2
  - C. Key #3
  - ☒ D. Key #4
  - E. Key #5

FARRALES EMPLOYEE FILE 00110

## MODULE 2 – The 5 Keys To Safe Backing

13. When backing, what is the best definition of the Big Picture?
- A. The **complete** area to the rear of your vehicle.
  - B. What you see in the mirrors combined with information provided by a guide (when one is available).
  - ☒ C. Current, complete information about the space, people and objects surrounding your vehicle.
  - D. All of the information provided in your mirrors.

14. Drivers commonly confine their eyes to the lower half of their vehicles as they back.

True  
False

15. What is the best way to avoid a backing incident?

- A. Carefully examine the area surrounding your vehicle before moving.
- ☒ B. Avoid backing when possible.
- C. Have someone serve as a guide behind your vehicle.
- D. Sound your horn before backing.

16. What is the primary reason for moving your eyes constantly as you back a vehicle?

- A. Doing so expands the area that the peripheral vision covers.
- B. It allows you to scan the front, sides and rear of the vehicle as you move.
- C. It keeps you up to date with changing conditions.
- ☒ D. All of the above.

17. Smith System recommends this technique while backing:

- A. Concentrate on one mirror during the maneuver.
- B. Back rapidly to minimize the time exposed to risk
- C. Back at approximately 5 MPH
- ☒ D. Back Slowly

18. Backing incidents represent more than 50% of the motor vehicle incidents reported by many of the nation's largest fleets.

True  
False

19. The following are some factors that make backing more difficult:

- A. Much of the vehicle is behind the driver
- B. The wheels directing the vehicle trail the equipment
- ☒ C. Blind areas are usually larger
- ☒ D. All of the above

FARRALES EMPLOYEE FILE 00111

3

27. It is best to decrease your following distance when a driver threatens to cut in.

True  
False

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## MODULE 4 – Substance Abuse

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28. The best way to protect yourself from drivers whom you believe may be under the influence of alcohol or another drug is to:
- A. Alert them with your lights and horn.
  - B. Become more visible, speed up and overtake the offending driver.
  - C. Call the police at your earliest opportunity.
  - ☒ D. Isolate yourself from the other driver. Create a large space cushion.
29. Which of the following will accelerate the removal of alcohol from the bloodstream?
- A. Coffee (caffeine).
  - B. Exercise.
  - C. A cold shower.
  - D. Plenty of water and at least three hours' rest.
  - ☒ E. None of the above.
30. People can assume it is safe to consume alcohol and drive as long as:
- A. Walking a straight line does not become difficult.
  - B. Their speech is not slurred.
  - C. They feel as alert as they did before they consumed alcohol.
  - D. Their judgment is not noticeably impaired.
  - ☒ E. While all of the above may help drivers realize they should not drive, the absence of any or all of them does not necessarily mean it is safe to drive after consuming alcohol.
31. Blood alcohol charts and graphs are useful tools that can be depended upon to help drivers decide whether they should drive after drinking because:
- A. The average driver can use them to evaluate accurately their BAC at social functions.
  - B. The charts build in a large margin for error. Drivers are not affected by alcohol until their BAC has exceeded legal limits.
  - C. They are reliable devices that consistently measure the effect of alcohol at certain BAC levels.
  - ☒ D. None of the above. Drivers can become quite dangerous before they exceed the legal BAC standards.
32. Drugs, taken in combination with other drugs:
- A. Are safe to use while driving as long as a doctor prescribes them.
  - B. Usually act as depressants.
  - C. Are always dangerous.
  - ☒ D. May cause a multiplication of effects.

FARRALES EMPLOYEE FILE 00112

5

## Focus On Safety

### Fundamental Safety Practices Questionnaire

Name: JAY R. FARRALES

Questions are valued at 5 points each  
Minimum passing grade is 75%

Project #: \_\_\_\_\_

1. What does a vehicle operator use to keep a vehicle centered in the roadway or to position a vehicle 4 to 6 inches from the curb in or to avoid accidents when making right and left turns?  
☒ a) Reference points.  
b) Lucky charms.  
c) Hind sight.  
d) A spotter.
2. According to company policy, the maximum allowable vehicle speed when making a turn is?  
☒ a) 5 mph.  
b) 35 mph on right turns, 25 mph on left turns.  
c) 55 mph.  
d) Laidlaw does not specify a maximum turning speed.
3. "Rocking and Rolling" in the drivers seat prior to turning a vehicle means to what?  
a) Turn the bus radio to 97.4.  
☒ b) To move in the seat to see around obstructions to eliminate blind spots.  
c) To imitate Elvis by swiveling ones hips.  
d) It is a slang term for listening to CDs while driving.
4. 300:29:1 means?  
☒ a) For every 300 unsafe acts, there are 29 minor accidents and 1 catastrophic accident.  
b) I do not know. We have never discussed this.  
c) For every 300 hours, there 29 "A" inspection are to be performed and 1 "B" inspection.

5. In the spaces provided below, write out the five keys of the Smith System defensive driving system.

- 1) Aim high on steering
- 2) Get the big picture
- 3) Keep your eyes moving
- 4) Leave yourself an out
- 5) Make sure they see you

6. The purpose of mirror adjustment is to enable the driver to:

- a) See adults and other pedestrians around the vehicle,
- b) See vehicles and objects around the vehicle,
- ☒ c) Eliminate blind spots around the vehicle,
- d) All of the above.

7. According to Laidlaw Transit, the minimum allowable following distance is:

- a) 2 seconds
- b) 2 seconds except at high speeds where 6 seconds is the required minimum.
- ☒ c) 4 seconds
- d) 30 seconds

8. While driving, following distance is measured by:

- a) Number of tractor trailers lengths between cars; 1 tractor trailer = 1 second, 2 tractor trailers = 2 seconds.
- ☒ b) By counting the seconds from the when the vehicle immediately in front of you passes a fix object until you pass the same fixed object.
- c) By adjusting your speed so that to where each desired second of following distance is equal to 10 mph. For 2 seconds, drive 20 mph. For 4 seconds, drive 40 mph.

9. Stopping distance is affected by:

- ☒ a) Following distance.
- ☒ b) Adverse weather conditions.
- c) Line of sight.
- d) Traffic conditions.

10. How often are daily vehicle inspections to be performed?

- a) Daily.
- ☒ b) Prior to a vehicle going into service.
- c) Every 1500 miles.
- d) Monthly.

FARRALES EMPLOYEE FILE 00114

July 31, 2003

11. What is the most dangerous location for a vehicle?
- a) Wal-Mart parking lot
  - b) Freeway on ramp
  - ☒ c) Intersection
  - d) Straight dry, level highway
12. You should do what before entering an intersection?
- ☒ a) Let it clear.
  - b) Proceed only after the light turns yellow.
  - c) Stop, look, and listen.
  - d) Look in the rear view mirror to make sure you are not blocking traffic.
13. A space cushion gives the operator time to:
- a) Hide.
  - ☒ b) Take defensive action.
  - c) Take evasive action by throwing the vehicle into reverse and backing up.
  - d) Call dispatch and ask instructions.
14. When approach an intersection, always expect:
- ☒ a) Trouble.
  - b) A policeman.
  - c) An approaching ambulance.
  - d) A bus stop.
15. To cover your brake means to:
- a) Make sure that the brake pedal is covered by a rubber pad.
  - ☒ b) Place your foot over the brake in anticipation of the need to brake.
  - c) Refers to a type of maintenance performed on brake system.
16. To eliminate blind spots when driving a large vehicle, a driver should:
- ☒ a) Rock and roll in the driver's seat to see around obstacles.
  - b) Get out and walk around the vehicle before moving it.
  - c) Call dispatch and ask them to send out a spotter.
17. To be safe, driver should always drive:
- a) Offensively
  - ☒ b) Defensively
  - c) Slow
  - d) Fast



18. To drive defensive means that a driver:

- a) Anticipates that other drivers will do what is right or safe.
- ☒ b) Anticipates that other drivers will do what is wrong or unsafe.
- c) Does not anticipate what other drivers will do.
- d) Is only concerned with his or her own driving.

19. List the five areas of the Pre-Trip Inspection:

- 1) EXTERIOR
- 2) PASSENGER COMPARTMENT
- 3) DRIVER COMPARTMENT
- 4) TIRES & WHEELS
- 5) BRAKES

20. Safety means to be FREEDOM from RISK.

Print Name: VAS, FARRALES



## Employee Post-Injury Responsibilities

As a condition of employment at First Group America, you are required to comply with all Safety Prevention and Compliance Processes and FORM Process.

### 1. Reporting

Advise your supervisor **immediately** if you experience a work-related injury of any kind to prevent delays in benefits or medical treatment.

- Complete a signed Employee's Notice of Injury or Recurrence **immediately**.
- Contact your Manager, Regional Return to Work Coordinator (RRTWC) or Corporate Workers' Compensation Department **immediately** if your supervisor is unavailable or unwilling to complete the "Notice of Injury" report.

### 2. Injury Treatment Form/Work Status Form.

If an **authorized** medical provider excuses you from returning to work immediately, First Group America will make every effort to locate a Transitional Duty position for you while you recover. However, such a job cannot be guaranteed.

A **Work Status Form** is provided for you to take to your medical provider. The medical provider must complete the form with signature and fax the form to your Manager **immediately** after each office visit.

The **Work Status Form** provides specific information about your condition so we can evaluate our ability to provide Transitional Duty.

### 3. Not Released for Work.

If your physician does not immediately release you for work at any level, or a Transitional Duty position is exhausted, you still **must**:

- Attend Weekly Meetings with the Manager in person or by telephone.
- Be available for and attend medical appointments and company meetings during normal business hours.
- The signed Employee Work Status Form (WSF) must be faxed to local Management **immediately** after each doctor's appointment.

### 4. Keep your Manager Informed about Your Medical Condition.

**Immediately** notify your Manager as soon as your physician releases you for any type of work.


### 5. Comply with FORM Process Policies.

Failure to follow these procedures or medical directions will result in disciplinary action up to and including discharge.

**I have read and understand the information in this policy. I understand these are my responsibilities as a condition of my employment with First Group America.**

**If I have any questions, I will contact my Supervisor, Manager or the RRTWC in my region.**

  
Employee Signature and Date

 9/18/08  
Manager or Designee Signature and Date

FARRALES EMPLOYEE FILE 00117

00A10-00117

# 1, 2, 3, 6, 7, 8, 9, 10, 13, 14, 16, 20, 21, 23, 24, 29

Employee Sign-Off Sheet

I acknowledge I have been given a copy of the OSHA HANDOUTS I have read and understand it. I accept the plan as a working document that I will support and follow in my daily work at Laidlaw Transit Services, Inc.

[Signature]  
Employee's Signature

06-08-06  
Date

[Signature]  
Project Designee's Signature

6-8-06  
Date

[Signature]  
Project Manager's Signature

6-8-06  
Date

Employee File Copy

FARRALES EMPLOYEE FILE 00118

00A10-00118

OSHA Compliance Employee's Training Log

Project # 9068

Employee Name Jay Farrales

ADP # 021922

D.O.H. 6.2.06

#	Safety Plan Topic	Date Completed	Project Designee's
			Initials
1	Accident Reporting & Investigation Plan	6.8.06	JR
2	Back Safety Plan	6.8.06	JR
3	Bloodborne Pathogens Exposure Control Plan	6.8.06	JR
4	Compressed Gases Safety Plan		
5	Confined Space Safety Plan		
6	Corporate Safety Policy	6.8.06	JR
7	Electrical Safety Plan	6.8.06	JR
8	Emergency Action Plan	6.8.06	JR
9	Fall Protection Safety Plan	6.8.06	JR
10	Fire Prevention Safety Plan	6.8.06	JR
11	Forklift Safety Plan		
12	Intentionally Blank		
13	Hazard Communication Safety Plan	6.8.06	JR
14	Hazardous Waste Safety Plan	6.8.06	JR
15	Hearing Conservation		
16	Housekeeping	6.8.06	JR
17	Intentionally Blank		
18	Intentionally Blank		
19	Machine Safety/ Equipment Usage Plan		
20	Office Safety Plan	6.8.06	JR
21	Personal Protection Equipment Plan	6.8.06	JR
22	Intentionally Blank		
23	Return to Work Program	6.8.06	JR
24	Smoking Policy	6.8.06	JR
25	Underground Storage Tanks Safety Plan		
26	Universal Wastes Safety Plan		
27	Used Oil Management Plan		
28	Welding & Cutting Procedures		
29	Workplace Security Safety Plan	6.8.06	JR
30			

FARRALES EMPLOYEE FILE 00119

Keep in Employee's Training File

00A10-00119

# *Laidlaw*

## *TRANSIT SERVICES*

### Sexual Harassment Prevention Training Acknowledgement

This is to verify that I have completed the Laidlaw Transit Services Sexual Harassment Prevention training program and I understand the company policy regarding Sexual Harassment.

Name (Print)

JAY R. FARRALES

Signature

*Jay R. Farrales*

Date Completed

06-05-06

FARRALES EMPLOYEE SINCE 10/9/20

00A10-00120

# **LAILAW**

## **TRANSIT SERVICES**

### **Harassment and Discrimination in the Workplace**

This is to certify that I have received training on harassment and discrimination in the workplace, including the video Harassment in the Workplace – Employee Awareness and a review of Laidlaw Transit Services, Inc policy against harassment and discrimination.

Name (Print): JAY R. FARRALES

Signature: Jay Farrales

Date Completed: 06-05-06

FARRALES EMPLOYEE FILE 00121

00A10-00121

**PASSENGER INTERACTION POLICY**

Laidlaw Transit Services, Inc. is committed to treating our passengers with respect, dignity and courtesy. This commitment and the nature of our business require that the relationship between Laidlaw's employees and passengers be strictly professional at all times. To preserve the safety, security and trust of our passengers and to minimize claims of harassment or the appearance of impropriety, your interactions with passengers must be free from personal relationships or conversations or conduct that could be construed as harassment, abuse or otherwise inappropriate.

Examples of prohibited conduct which will result in disciplinary action, up to and including immediate termination, include:

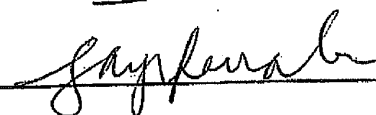
- Sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature;
- Threats, abuse, coercion or intimidation of any nature;
- Use of profane, abusive or insulting language;
- Accepting or offering any gifts, invitations or favors of any kind;
- Discussing your personal life or the passenger's personal life;
- Meeting or dating a passenger for personal reasons on or off duty.

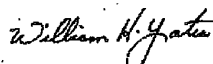
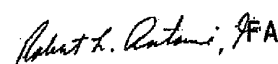
The reasons listed for discipline and discharge above are examples only and are not meant to, and do not include, all reasons for which an employee may be disciplined or discharged.

If you have any questions concerning this policy, please contact your Project Manager.

Date 06-05-06

Name (Please Print) JAY R. FARRALES

Signature 

Approved by: Senior Vice President	Vice President, HR	DATE ISSUED:
		June 2004 FARRALES EMPLOYEE FILE 00122

00A10-00122

# LAIDLAW TRANSIT SERVICES

## STUDENT RULES AND REGULATIONS

The following rules and regulations have been implemented to facilitate expert and professional training. Your signature at the bottom of this form indicates that you understand and will comply with the rules. Failure to do so may result in termination of training.

1. Follow all directions from the Instructors.
2. Sleeping in class constitutes an absence.
3. No radios permitted in Training.
4. Cell phones and pagers must be on vibrate and not to be answered until on break from class.
5. Must be here and on time everyday for training.
6. You are given breaks so no leaving the classroom with out instructor's permission.
7. Must turn in all homework assignments no excuses.
8. Must use blue ink only.
9. Must have a watch.
10. You must have your permit/license and your medical card and/or physical long form on your person at all times.

PRINT NAME

JAY R FARRALES

SIGN NAME

Jay Farrales

MH/JW  
04/29/05

FARRALES EMPLOYEE FILE 00123

00A10-00123

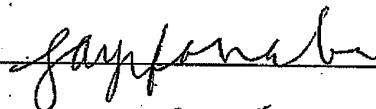


# **LIDLAW**

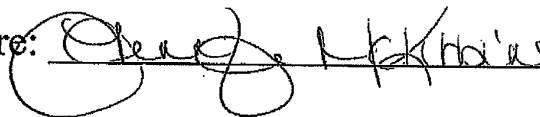
## **TRANSIT SERVICES**

This is to certify that I have attended the training class on Written Hazard Communication Standard at **Las Vegas - 9068**. I further certify that I understand the material presented.

Name (Print): JAY R. FARRALES

Signature: 

Date Completed: 06-05-06

Trainer Signature: 

FARRALES EMPLOYEE FILE 00124

00A10-00124

EXPOSURE CONTROL PLAN

HEPATITIS B VIRUS VACCINATION DELINATION FORM

I understand that due to my occupational exposure to blood I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I wish to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

Jay R Farrales  
Employee Signature

JAY R FARRALES  
Employee Name

Jennifer McKubbins  
Countersign Signature

Jennifer McKubbins  
Countersign Name

06 - 05 - 06  
Date

FARRALES EMPLOYEE FILE 00125

00A10-00125



3214 Citizen Ave, North Las Vegas, NV 89032  
Ph 702-636-6790, Fax 702-648-6834

October 4, 2007

To All Operators:

Re: DNLU Sign Off

**Attention!**

A passenger categorized as a DNLU (Do not Leave Unattended), is never to be left alone. You are to perform a hand-to-hand transfer of all passengers that are a DNLU. That means that you hand that passenger over to someone who is receiving him or her. Do not drop them off and then leave.

Check your manifest to see how many you will for the day, and highlight each DNLU pick-up and drop-off, to remind yourself they are not to be left unattended.

Any employee that does not follow the DNLU policy will be immediately terminated per Article 27 of the Labor Contract.

**I have been informed and understand the DNLU Policy. I understand that if I fail to follow this policy, I will be terminated.**

Printed Name

JAY FARRALES

Signature

*[Handwritten Signature]*

Date

10-05-07

Manager

Date

10.5.07

FARRALES EMPLOYEE FILE 00126

00A10-00126

# Laidlaw Transit Services, Inc

I have completed wheelchair securement training on each of the following types of vehicles. Training includes lift operation, insertion of securement straps into floor, wheelchair securement, and lap/shoulder belt use.

VEHICLE TYPE	STUDENT INIT	TRAINER INIT	DATE
Old Van (1321-1349)	<del>          </del>	<del>          </del>	<del>          </del>
New Van (1350-1399)	<del>          </del>	<del>          </del>	<del>          </del>
1400 Series	gil	JAB	6/11/06
1500/1600 Series	gil	JAB	6/11/06
9900 Series	gil	JAB	6/11/06
9903/9917/9929	gil	JAB	6/11/06

I understand I must complete a 4-point securement on every wheelchair, occupied or not. I also understand that if I cannot get a 4-point securement I will notify dispatch and not move the bus until a road supervisor arrives to assist. If I do move the bus without a proper securement I will be terminated.

I understand that any incident/accident that occurs must be reported to dispatch so that a road supervisor can investigate the situation.

Operator: Gayfarah Date: 6-11-06

BTW: Leresa PerDias Date: 6/11/06  
FARRALES EMPLOYEE FILE 00127

# Laidlaw Transit Services, Inc

I have been shown how to enter, where to park, and how to exit each of the following locations:

- 1) Certification @ 6375 W Charleston Blvd Bldg L. Include discussion of PTS and door-to-door and how it differs at this location only.

JPD      JRF  
BTW Init      Student Init

- 2) McCarran Airport @ 5757 Wayne Newton Blvd including Ground Zero pickup location and terminal drop off procedures.

JPD      JRF  
BTW Init      Student Init

- 3) Opportunity Village @ 6300 W Oakey including proper lane to use

JPD      JRF  
BTW Init      Student Init

- 4) Opportunity Village @ 451 E Lake Mead Pkwy including both front and side PTS.

JPD      JRF  
BTW Init      Student Init

- 5) Opus Condos (Denise Hightower) @ 5751 E Hacienda

JPD      JRF  
BTW Init      Student Init

[Signature]  
Student Signature

[Signature]  
BTW Signature

6/12/06  
Date Completed

FARRALES EMPLOYEE FILE 00128

00A10-00128



## EMPLOYEE HANDBOOK ACKNOWLEDGMENT

This is to acknowledge that I have received a copy of the **First Transit Employee Handbook** and understand that it contains important information on the Company's general policies and on my privileges and obligations as an employee. **I acknowledge that I am expected to read, understand and adhere to the Company policies and will familiarize myself with the material in the Employee Handbook.**

I understand that the Company may change, rescind, or add to any policies, programs or procedures described in the Employee Handbook from time to time at its sole and absolute discretion with or without prior notice.

**I understand that employment with First Transit is considered to be "At-Will" employment (except for employees covered by a Collective Bargaining Agreement).** As such, I understand that my employment with the Company is not for a specified term and is at the mutual consent of myself and the Company. Accordingly, either I or the Company may terminate that employment relationship "at-will," with or without cause, at any time, with or without notice.

If the terms and conditions of my employment are covered by a Collective Bargaining Agreement, any term or condition contained in the Collective Bargaining Agreement supersedes the terms and conditions contained in this Employee Handbook, in the event that they conflict.

I further understand that only the President of First Transit has the authority to modify the at-will nature of the employment relationship and may do so only in a written agreement executed by the President and the employee.

Name (Please Print):

JAY FARRALES

Location:

55842

Position:

BUS OPERATOR

Signature:

Date:

08-21-10

(This form is to be signed, removed, and included in your personnel file.) FARRALES EMPLOYEE FILE 00129

00A10-00129

**Confidential**

**Employee Name** Jay FARRALES

**File Creation Date** \_\_\_\_\_

**Initials** JK

**TRAINING**

**SECTION THREE**

	<b>Initial</b>	<b>Date</b>
<b>Safety Meeting Attendance</b>	_____	_____
<b>In-Service Training</b>	<u>JK</u>	_____
<b>Annual Driver Evaluations</b>	<u>JK</u>	_____

FARRALES EMPLOYEE FILE 00130

00A10-00130

FARRALES EMPLOYEE FILE 00131

Trainer: \_\_\_\_\_

00A10-00131



FARRALES EMPLOYEE FILE 00132

00A10-00132

Safety Meeting/In-Service Training April 2012

JRF  
initial

JRF  
initial

JRF  
initial

**Looking Far Ahead:** The use of defensive driving techniques is critical to ensure the safety of you, your passengers, pedestrians, and other motorists. Looking into the future you are about to enter will give you the ability to see, think, and react to situations before they become a hazard. By looking at least 15 seconds ahead of your vehicle you will be able to identify problems on the roadway before anyone else so that you can make the proper adjustments comfortably with time and space to spare.

**Farebox:** All operators are required to use a farebox everyday while on route. Fareboxes are to be placed in the farebox holder by using the key. If you have a situation where you cannot properly secure your farebox into the farebox holder, please contact a Road Supervisor or the Safety & Training department to assist you.

**Pre-Trip Inspections:** Proper pre-trip inspections are required by First Transit, RTC Contract, and Federal Law. Failure to perform a proper pre-trip inspection is a serious safety violation. Use the same method each time so nothing is overlooked.

**Step 1: The Approach** - Before you even get to the vehicle you can see if there are any problems with the vehicle by looking under and around.

**Step 2: Operators Compartment** - Start the vehicle and ensure the bus is mechanically safe by checking your seat, dashboard indicators, gauges, controls, steering wheel, horn, windshield washers, mirrors, and lights.

**Step 3: Brake System** - Checking your brakes consists of two separate brake tests. Your service brake test will ensure that you are able to come to a complete stop each time you apply pressure to the brake pedal. The second brake test is to ensure the parking brake holds your bus from moving while parked.

**Step 4: Exterior** - Check all four sides starting curb side at the passenger door and working around to the lift, rear, road side, front, then back around to the door. Always check for any damage working top to bottom and clockwise around the vehicle.

**Step 5: Customer Seating Area** - Starting at the stairs, walk through the interior of the vehicle checking all seats, seatbelts, emergency exits, handrails, and emergency equipment.

**Step 6: Complete the DVI** - All DVI's must be filled out once the Pre-Trip Inspection is completed.

Pre-recording information before the inspection is completed is falsification of a document and can lead to disciplinary action.

**Driving Safety:** There are many more cars and trucks than buses on the road and some drivers don't recognize a bus; they ignore it. Buses don't maneuver as well, especially at higher speeds like smaller vehicles. Stopping distance for a bus is much greater than smaller vehicles on the road because a bus cannot stop "on a dime." Sometimes we have to think for other drivers on the road because they don't understand these things. Using the Smith System provides you with a formula to be able to overcome these facts. Always use the Smith System 5 Keys to Defensive Driving and you will be able to prevent accidents that occur because of the lack of knowledge from other drivers on the road.

JRF  
initial

By signing below, I acknowledge the following:

I attended the Safety Meeting/In-Service Training session for April 2012. I have been informed of all topics listed above. I received any/all handouts relating to each. I understand the policies as they relate to each topic. I further understand that if at any time I have a question or concern about one (or more) of these topics, I will immediately ask for clarification or further instruction.

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

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

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

Trainer: \_\_\_\_\_

FARRALES EMPLOYEE FILE 00133

00A10-00133

## **JOINT TRIAL EXHIBIT A11**

**Concentra Medical Centers**  
3945 W Cheyenne Ave Ste 208 LAS VEGAS, NV 89032  
Phone: (702) 848-8116 Fax: (702) 848-8259  
**Medical Examination Report**  
**FOR COMMERCIAL DRIVER FITNESS DETERMINATION**

Service Date: 05/21/2010  
Patient Name: Farrales, Jay  
SSN: [REDACTED]

<b>1. DRIVER'S INFORMATION</b> Driver completes this section							
Driver's Name (Last, First, Middle) Farrales, Jay		Social Security No. [REDACTED]	Birth Date [REDACTED]	Age 39	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> New Certification <input checked="" type="checkbox"/> Recertification <input type="checkbox"/> Follow Up	Date of Exam 05/21/2010
Address [REDACTED]		City, State, ZIP Code [REDACTED]		Work Tel: [REDACTED]	Driver's License No. [REDACTED]		License Class <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Other
Home Tel: [REDACTED]						State of Issue NV	
<b>2. HEALTH HISTORY</b> Driver completes this section, but medical examiner is encouraged to discuss with driver.							
Yes No <input type="checkbox"/> Any illness or injury in last 5 years? <input checked="" type="checkbox"/> Head/brain injuries, disorders or illnesses <input type="checkbox"/> Seizures, epilepsy - If Yes, list medications: <input type="checkbox"/> Eye disorders or impaired vision (except corrective lenses) <input checked="" type="checkbox"/> Ear disorders, loss of hearing or balance <input type="checkbox"/> Heart disease or heart attack; other cardiovascular condition If Yes, list medications: <input type="checkbox"/> Heart surgery (valve replacement/bypass, angioplasty, pacemaker) <input type="checkbox"/> High blood pressure - If Yes, list medications: <input type="checkbox"/> Muscular disease		Yes No <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Lung disease, emphysema, asthma, chronic bronchitis <input type="checkbox"/> Kidney disease, dialysis <input type="checkbox"/> Liver disease <input type="checkbox"/> Digestive problems <input type="checkbox"/> Diabetes or elevated blood sugar controlled by: <input type="checkbox"/> diet <input type="checkbox"/> pills <input type="checkbox"/> insulin <input type="checkbox"/> Morbidity or psychiatric disorders, e.g., severe depression If Yes, list medications: <input type="checkbox"/> Loss of, or altered consciousness <input type="checkbox"/> Surgery		Yes No <input type="checkbox"/> Fainting, dizziness <input type="checkbox"/> Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring <input type="checkbox"/> Stroke or paralysis <input type="checkbox"/> Missing or impaired hand, arm, foot, leg, finger, toe <input type="checkbox"/> Spinal injury or disease <input type="checkbox"/> Chronic low back pain <input type="checkbox"/> Regular, frequent alcohol use <input type="checkbox"/> Narcotic or habit forming drug use			
For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.							

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate. I authorize Concentra Health Services Inc., its subsidiaries, divisions and related entities (collectively "Concentra") to provide all or any of my medical records to my employer and release Concentra, its employees, physicians, nurses, technicians and any other employees from any and all liabilities, claims, or causes of action that may result from this authorization.

*[Signature]*  
Date: 05-21-10

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

NO SIG PATH

**Testing (Medical Examiner completes Section 3 through 7)**

<b>3. VISION</b> Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.			
INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-uniformable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified. Numerical readings must be provided.			
ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/ 20	20/	Right Eye 75
Left Eye	20/ 15	20/	Left Eye 85
Both Eyes	20/ 15	20/	
Applicant can recognize and distinguish among traffic control signals <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No and devices showing standard red, green, and amber colors? Applicant meets visual acuity requirement only when wearing: <input type="checkbox"/> Corrective Lenses Monocular Vision: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Complete next line only if vision testing is done by an ophthalmologist or optometrist			

Date of Examination	Name of Ophthalmologist or Optometrist (Print)	Tel No.	License No/State of Issue	Signature
<b>4. HEARING</b> Standard: a) Must first perceive forced whispered voice >= 5 ft., with or without hearing aid, or b) average hearing loss in better ear <= 40 dB. Check if hearing aid used for tests <input type="checkbox"/> Check if hearing aid required to meet standard <input type="checkbox"/>				
INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500Hz, -10 dB for 1,000Hz, -8.5 dB for 2,000Hz. To average, add the readings for 3 frequencies tested and divide by 3.				
Numerical reading must be recorded.				
a) Record distance from individual at which forced whispered voice can first be heard.		Right Ear 5 1 Feet	Left Ear 5 1 Feet	b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1981)
		500 Hz	1000 Hz	2000 Hz
		500 Hz	1000 Hz	2000 Hz
		Average:	Average:	

<b>5. BLOOD PRESSURE / PULSE RATE</b> Numerical readings must be recorded. Medical examiner should take at least 2 readings to confirm blood pressure.			
Blood Pressure	Systolic 129	Diastolic 88	
Driver qualified if <= 140/90.			
Pulse Rate	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular		
Record Pulse Rate:	72		
Is post exercise required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pulse Rate after 2 mins exercise		bpm	
Exercise Type			
Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if <= 140/90 One-time certificate for 3 months if 141-159/90-99
160-179/100-109	Stage 2	One-time certificate for 3 months	
>= 180/110	Stage 3	Disqualified 6 months from date of exam if <= 140/90	

**CDL FITNESS DETERMINATION 00001**

MARKED FOR II  
PROPOSED EXH  
# A11  
Case No. A68272



**Concentra Medical Centers**  
3945 W Cheyenne Ave Ste 208 N LAS VEGAS, NV 89032  
Phone: (702) 648-8116 Fax: (702) 648-8259

**Medical Examination Report**  
**FOR COMMERCIAL DRIVER FITNESS DETERMINATION**

Service Date: 06/21/2010  
Patient Name: Farrales, Jay  
SSN: [REDACTED]

**6. LABORATORY AND OTHER TEST FINDINGS** Numerical reading must be recorded:

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other Testing (Describe and record)

URINE SPECIMEN	SP, GR	PROTEIN	BLOOD	SUGAR
1005	NEG	NEG	NEG	NEG

**7. PHYSICAL EXAMINATION** Height 70 (in.) Weight 214 (lbs) BMT 31

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for.

See *Instructions To The Medical Examiner for guidance.*

BODY SYSTEM	CHECK FOR:	YES	NO	BODY SYSTEM	CHECK FOR:	YES	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.		/	7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		/
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, epiphoria, glaucoma, macular degeneration and refer to a specialist if appropriate.		/	8. Vascular	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		/
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.		/	9. Genito-urinary	Hemias.		/
4. Mouth and Throat	Irreparable deformities likely to interfere with breathing or swallowing.		/	10. Extremities - Limb	Loss or impairment of leg, foot, toe, arm, hand, finger. Impaired. Driver may be subject to SPE certificate if otherwise qualified.		/
5. Heart	Murmurs, extra sounds, enlarged heart, pacemakers, implantable defibrillator.		/	11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		/
6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.		/	12. Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal palmar and Babinski's reflexes, ataxia.		/

COMMENTS: (explain all YES answers):

Note certification status here. See *Instructions to the Medical Examiner for guidance.*

- ☒ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate  
☐ Does not meet standards  
☐ Meets standards, but periodic evaluation required.

Due to \_\_\_\_\_ driver qualified only for:

- ☐ 3 months ☐ 6 months ☐ 1 year  
☐ Other \_\_\_\_\_

☐ Temporarily disqualified due to (condition or medication): \_\_\_\_\_

Return to medical examiner's office for follow up on \_\_\_\_\_

- ☐ Wearing corrective lenses  
☐ Wearing hearing aid  
☐ Accompanied by a \_\_\_\_\_ waiver/exemption. Driver must present exemption at time of certification.  
☐ Skill Performance Evaluation (SPE) Certificate  
☐ Driving within an exempt intracity zone. (See 49 CFR 391.62)  
☐ Qualified by operation of 49 CFR 391.64

Medical Examiner's Signature \_\_\_\_\_

Medical Examiner's Name (print) \_\_\_\_\_

Address 3945 W Cheyenne Ave Ste 208 N LAS VEGAS, NV 89032

Telephone Number (702) 648-8116

If meets standards, complete a Medical Examiner's Certificate according to 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined Farrales, Jay

in accordance with the Federal Motor Carrier

Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

☐ wearing corrective lenses

☐ wearing hearing aid

☐ accompanied by a \_\_\_\_\_ waiver/exemption

☐ driving within an exempt intracity zone (49 CFR 391.62)

☐ accompanied by a Skill Performance Evaluation Certificate (SPE)

☐ Qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly.

and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER \_\_\_\_\_

TELEPHONE \_\_\_\_\_

DATE

06/21/2010

MEDICAL EXAMINER'S NAME (PRINT) JR Ross

☒ MD ☐ DO

☐ Physician Assistant

☐ Chiropractor

☐ Advance Practice Nurse

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. 13234

ISSUING STATE NV

SIGNATURE OF DRIVER \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_

STATE \_\_\_\_\_

ADDRESS OF DRIVER \_\_\_\_\_

MEDICAL CERTIFICATE EXPIRATION DATE \_\_\_\_\_

**CDL FITNESS DETERMINATION 00002**

5/21/2012

# CONCENTRA Medical Centers MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined RAY PAROLE in accordance with FMCSR 49 CFR 391.41-391.49 and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- ☐ Wearing Corrective Lenses
- ☐ Wearing Hearing Aid
- ☐ Accompanied by a \_\_\_\_\_ w/endorsement
- ☐ Driving within an exempt intrastate zone (49 CFR 391.52)
- ☐ Accompanied by a Skill Performance Evaluation Certificate
- ☐ Qualified by operation of 49 CFR 391.34

The information I have provided regarding this physical examination is true and complete. A complete exam form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <u>EK</u>		DATE <u>05/21/10</u>	
MEDICAL EXAMINER'S NAME (print) <u>TRACY RAY</u>		<input checked="" type="checkbox"/> MD	<input type="checkbox"/> DO
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE <u>13234 / NV</u>		<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Advanced Practice Nurse
SIGNATURE OF DRIVER <u>[Signature]</u>		<input type="checkbox"/> Physician's Assistant	
		STATE <u>NV</u>	
		MED. CERT. EXPIRATION DATE <u>5/21/2012</u>	

NOTE: Driver MUST carry a copy of this certificate when operating a commercial motor vehicle in accordance with 49 CFR 391.41 (b)

00000000

CDL FITNESS DETERMINATION 000003

00A11-00003

Concentra Medical Centers  
5650 S. Polaris Ave Ste 100 Las Vegas, NV 89118  
Phone: (702) 739-0057 Fax: (702) 739-0370

T-153 P.002/004 F-285

Patient Name: Barrios, Jay  
SSN: [REDACTED]

# Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION

<b>1. DRIVER'S INFORMATION</b> Driver completes this section	
Driver's Name (Last, First, Middle) <u>Barrios, Jay</u>	Social Security No. <u>[REDACTED]</u> Birth Date <u>[REDACTED]</u> Age <u>37</u> Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> New Certification <input type="checkbox"/> Recertification <input checked="" type="checkbox"/> Follow Up <input type="checkbox"/>
Address <u>[REDACTED]</u> City, State, Zip Code <u>[REDACTED]</u> Work Tel <u>[REDACTED]</u> Home Tel <u>[REDACTED]</u> Driver's License No. <u>[REDACTED]</u> License Class <u>AB</u> State of Issue <u>NV</u>	Date of Exam <u>06/24/2008</u>
<b>2. HEALTH HISTORY</b> Driver completes this section, but medical examiner is encouraged to discuss with driver.	
Yes No <input checked="" type="checkbox"/> 1. Stroke or injury in last 5 years? <input checked="" type="checkbox"/> 2. Alcohol, injuries, disorders or diseases <input checked="" type="checkbox"/> 3. Urine, epilepsy - If Yes, list medications: <input checked="" type="checkbox"/> 4. Disorders or impaired vision (except corrective lenses) <input checked="" type="checkbox"/> 5. Disorders, loss of hearing or hearing aids <input checked="" type="checkbox"/> 6. Heart disease or heart attack; other cardiovascular condition <input checked="" type="checkbox"/> 7. If Yes, list medications: <input checked="" type="checkbox"/> 8. If surgery (valve replacement, bypass, angioplasty, pacemaker) <input checked="" type="checkbox"/> 9. Blood pressure - If Yes, list medications: <input checked="" type="checkbox"/> 10. Diabetes <input checked="" type="checkbox"/> 11. Kidney disease	Yes No <input checked="" type="checkbox"/> 12. Shortness of breath <input checked="" type="checkbox"/> 13. Lung disease, emphysema, asthma, chronic bronchitis <input checked="" type="checkbox"/> 14. Kidney disease, dialysis <input checked="" type="checkbox"/> 15. Liver disease <input checked="" type="checkbox"/> 16. Digestive problems <input checked="" type="checkbox"/> 17. Diabetes or elevated blood sugar controlled by: <input checked="" type="checkbox"/> 18. Diet <input type="checkbox"/> Pills <input type="checkbox"/> Insulin <input checked="" type="checkbox"/> 19. Nervous or psychiatric disorders, e.g., severe depression <input checked="" type="checkbox"/> 20. If Yes, list medications: <input checked="" type="checkbox"/> 21. Loss of, or altered consciousness <input checked="" type="checkbox"/> 22. Surgery
For any "Yes" answer, indicate onset date, diagnosis, (listing physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or frequently. <u>None</u>	

I certify that the above information is complete and true. I understand that inaccurate, false or misleading information may invalidate the examination and my Medical Examiner's Certificate. I authorize Concentra Health Services, Inc., its subsidiaries, divisions and related entities (collectively "Concentra") to provide all or any of my medical records to my employer and release Concentra, its employees, nurses, technicians and any other employees from any and all liabilities, claims, or causes of action that may result from this authorization.

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)  
None

## Testing (Medical Examiner completes Section 3 through 7)

<b>3. VISION</b> Standard At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.	
INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-equivalent values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver initially wears contacts, glasses, or lenses to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.	
ACuity Right eye 20/20 Left eye 20/20 Both eyes 20/20	HORIZONTAL FIELD OF VISION Right Eye 90° Left Eye 90°
Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Applicant meets visual acuity requirement only when wearing corrective lenses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Monocular Vision? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>4. HEARING</b> Standard: (a) Must be able to hear whispered voice at 5 ft, with or without hearing aid, or (b) average hearing loss in better ear ≤ 40 dB. Check if hearing aid used for tests. Check if hearing aid required to meet standard.	
INSTRUCTIONS: To convert audiometric test results from ISO to ANSI: +14 dB from ISO for 500 Hz, +10 dB for 1,000 Hz, +6 dB for 2,000 Hz.	
Numerical reading must be recorded. a) Test distance from individual at which he or she can first hear the voice. Right Ear 5 Feet Left Ear 5 Feet	b) If audiometer is used, record hearing loss in decibels. (use ANSI 224.5-1951) Right Ear 500 Hz 1000 Hz 2000 Hz 5 5 5 Average 5 Left Ear 500 Hz 1000 Hz 2000 Hz 5 5 5 Average 5

<b>6. BLOOD PRESSURE / PULSE RATE</b> Numerical readings must be recorded. Medical examiner should take at least 2 readings to confirm blood pressure.	
Blood Pressure Systolic 132 Diastolic 88 Pulse Rate 72 Resting Pulse Rate 72 Rate after 2 min exercise 72 Rate after 5 min exercise 72	Reading 140-160/90-99 Stage 1 Reading 160-179/90-109 Stage 2 Reading ≥ 180/110 Stage 3 Disqualified Disqualified from driving if blood pressure is 140/90 or higher
Expiration Date 1 year Recertification 1 year if ≤ 140/90 One-time certificate for 3 months if 141-159/91-99 1 year from date of exam if ≤ 140/90 3 months if ≤ 140/90	





MAY-27-08

14:50

FROM-

T-153 P.004/004 F-286

Printed name: Conner Denny Reed  
 (signature) (date) (time) (date) (time) (date) (time) (date) (time)

- ☐ wearing corrective lenses  
☐ wearing hearing aid  
☐ accompanied by a \_\_\_\_\_

- ☐ driving within an exempt liability zone (48 CFR 201.62)  
☐ accompanied by a valid Performance Evaluation Certificate (SEP)  
☐ enabled by operation of 48 CFR 201.61

The information I have provided regarding this physical examination is true and complete. A complete examination form will only be issued if the findings are satisfactory and correct, and to be on file in my office.

SIGNATURE OF MEDICAL EXAMINER <u>[Signature]</u>	TELEPHONE [Redacted]	DATE 5/24/08
MEDICAL EXAMINER'S NAME (PRINT) <u>Lance Dawkins</u>	<input type="checkbox"/> Licensed <input type="checkbox"/> Registered	<input type="checkbox"/> Licensed <input type="checkbox"/> Registered
MEDICAL EXAMINER'S ADDRESS OR OFFICE ADDRESS / RESIDING STATE <u>1330 / WV</u>		
SIGNATURE OF DRIVER <u>[Signature]</u>	<input checked="" type="checkbox"/>	STATE [Redacted]
ADDRESS OF DRIVER <u>5022 - 08</u>		
MEDICAL CERTIFICATE EXPIRATION DATE <u>5/24/2010</u>		

DISTRIBUTION: 1 COPY TO THE DRIVER, 1 COPY TO THE MOTOR CARRIER

CDL FITNESS DETERMINATION 00006

00A11-00006

**Concentra Medical Centers**  
 3915 W Chayenne Ave Ste 208 N LAS VEGAS, NV 89032  
 Phone: (702) 648-8116 Fax: (702) 648-8269

**Medical Examination Report**  
**FOR COMMERCIAL DRIVER FITNESS DETERMINATION**

Service Date: 06/02/2006  
 Patient Name: FARRALES, JAY  
 SSN: [REDACTED]

**1. DRIVER'S INFORMATION** Driver completes this section

Driver's Name (Last, First, Middle) FARRALES, JAY Social Security No. [REDACTED] Birth Date [REDACTED] Age 35 Sex ☒ Male ☐ Female ☐ New Certification ☐ Recertification ☐ Follow Up Date of Exam 06/02/2006

Address [REDACTED] City, State, ZIP Code [REDACTED] Work Tel [REDACTED] Home Tel [REDACTED] Driver's License No. [REDACTED] License Class ☐ A ☐ B ☐ C ☐ D ☒ Other NV

**2. HEALTH HISTORY** Driver completes this section, but medical examiner is encouraged to discuss with driver.

Yes No

☐ Any illness or injury in last 5 years?  
☐ Head/Brain injuries, disorders or illnesses  
☐ Seizures, epilepsy, if Yes, list medications:

☐ Eye disorders or impaired vision (except corrective lenses)  
☐ Ear disorders, loss of hearing or balance  
☐ Heart disease or heart attack; other cardiovascular condition  
 If Yes, list medications:

☐ Heart surgery (valve replacement/bypass, angioplasty, pacemaker)  
☐ High blood pressure - If Yes, list medications:

☐ Muscular disease

Yes No

☐ Shortness of breath  
☐ Lung disease, emphysema, asthma, chronic bronchitis  
☐ Kidney disease, dialysis  
☐ Liver disease  
☐ Digestive problems  
☐ Diabetes or elevated blood sugar controlled by:  
☐ diet ☐ pills ☐ insulin  
☐ Nervous or psychiatric disorders, e.g., severe depression  
 If Yes, list medications:

☐ Loss of, or altered consciousness  
☐ Surgery

Yes No

☐ Fainting, dizziness  
☐ Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring  
☐ Stroke or paralysis  
☐ Missing or impaired hand, arm, foot, leg, finger, toe  
☐ Spinal injury or disease  
☐ Chronic low back pain  
☐ Regular, frequent alcohol use  
☐ Narcotic or habit forming drug use

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

*medication - p*

I certify that the above information is complete and true...I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate. I authorize Concentra Health Services, Inc., its subsidiaries, divisions and related entities (collectively "Concentra") to provide all or any of my medical records to my employer and release Concentra, its employees, physicians, nurses, technicians and any other employee from any and all liabilities, claims, or causes of action that may result from this authorization.

*Jay Farrales*  
 Driver's Signature

06-02-06  
 Date

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

*No other info. See p. 2*

**Testing (Medical Examiner completes Section 3 through 7)**

**3. VISION** Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified. Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/13	20/	Right Eye 70
Left Eye	20/13	20/	Left Eye 70
Both Eyes	20/13	20/	

Applicant can recognize and distinguish among traffic control signals, and devices showing standard red, green, and amber colors? ☒ Yes ☐ No

Applicant meets visual acuity requirement only when wearing: ☐ Corrective Lenses

Monocular Vision: ☒ Yes ☐ No

Complete next line only if vision testing is done by an ophthalmologist or optometrist

Date of Examination [REDACTED] Name of Ophthalmologist or Optometrist (Print) [REDACTED] Tel No. [REDACTED] License No/State of Issue [REDACTED] Signature [REDACTED]

**4. HEARING** Standards: a) Must first perceive forced whispered voice >= 5 ft., with or without hearing aid, or b) average hearing loss in better ear <= 40 dB. Check if hearing aid used for tests. Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI: -14 dB from ISO for 600 Hz, -10 dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical reading must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.

	Right Ear	Left Ear
Distance (Feet)	5	5

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)

	Right Ear			Left Ear		
	500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
Average:						

**5. BLOOD PRESSURE / PULSE RATE** Numerical readings must be recorded. Medical examiner should take at least 2 readings to confirm blood pressure.

Blood Pressure	Systolic	Diastolic	Reading	Category	Expiration Date	Recertification
136/84	136	84	140-159/90-99	Stage 1	1 year	1 year if <= 140/90 One-time certificate for 3 months if 141-159/91-99
			160-179/100-109	Stage 2	One-time certificate for 3 months	
			>= 180/110	Stage 3	Disqualified 6 months from date of exam if <= 140/90	

Driver qualified if <= 140/90

Pulse Rate: ☒ Regular ☐ Irregular

Record Pulse Rate: 88

post exercise required? ☐ Yes ☒ No

Please Rate after 2 mins exercise: born

**CDL-FITNESS DETERMINATION 00007**

00A11-00007

Medical Examination Report  
FOR COMMERCIAL DRIVER FITNESS DETERMINATION

6. LABORATORY AND OTHER TEST FINDINGS Numerical reading must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other Testing (Describe and record)

URINE SPECIMEN	SP. GR	PROTEIN	BLOOD	SUGAR
	1.015	0	0	0

7. PHYSICAL EXAMINATION

Height 5'11 (in.) Weight 210 (lbs)

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for.

See Instructions To The Medical Examiner for guidance.

BODY SYSTEM	CHECK FOR:	YES	NO	BODY SYSTEM	CHECK FOR:	YES	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.			7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to a specialist if appropriate.			8. Vascular	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.			9. Genito-urinary	Hernias.		
4. Mouth and Throat	Irreparable deformities likely to interfere with breathing or swallowing.			10. Extremities - Limb	Loss or impairment of leg, foot, toe, arm, hand, finger. Impaired. Driver may be subject to SPE certificate if otherwise qualified.		
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.			11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		
6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or crackles, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.			12. Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		

COMMENTS: (explain all YES answers)

Normal PE

Note certification status here. See Instructions to the Medical Examiner for guidance.

- ☐ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate  
☐ Does not meet standards  
☐ Meets standards, but periodic evaluation required.

Due to \_\_\_\_\_ driver qualified only for:

- ☐ 3 months ☐ 6 months ☐ 1 year

☐ Other \_\_\_\_\_

☐ Temporarily disqualified due to (condition or medication): \_\_\_\_\_

Return to medical examiner's office for follow up on \_\_\_\_\_

- ☐ Wearing corrective lenses  
☐ Wearing hearing aid  
☐ Accompanied by a \_\_\_\_\_ waiver/exemption. Driver must present exemption at time of certification.  
☐ Skill Performance Evaluation (SPE) Certificate  
Driving within an exempt intracity zone. (See 49 CFR 391.62)  
☐ Qualified by operation of 49 CFR 391.64

Medical Examiner's Signature \_\_\_\_\_

Medical Examiner's Name (print) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

If meets standards, complete a Medical Examiner's Certificate according to 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined FARRALES, JAY

in accordance with the Federal Motor Carrier

Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- ☐ wearing corrective lenses  
☐ wearing hearing aid  
☐ accompanied by a \_\_\_\_\_ waiver/exemption

- ☐ driving within an exempt intracity zone (49 CFR 391.62)  
☐ accompanied by a Skill Performance Evaluation Certificate (SPE)  
☐ Qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE
MEDICAL EXAMINER'S NAME (PRINT)	<input type="checkbox"/> MD <input type="checkbox"/> DO	06/02/2006
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO.	<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Chiropractor	
SIGNATURE OF DRIVER	ISSUING STATE	<input type="checkbox"/> Advanced Practice Nurse
ADDRESS OF DRIVER	DRIVER'S LICENSE NO.	STATE
MEDICAL CERTIFICATE EXPIRATION DATE		

CDL FITNESS DETERMINATION 00008

6/2/06

00A11-00008

## **JOINT TRIAL EXHIBIT A12**

# L A I D L A W

## TRANSIT SERVICES

## APPLICATION FOR EMPLOYMENT

As an **EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**, Laidlaw does not discriminate against applicants or employees because of their age, race, color, religion, sex, sexual orientation, physical or mental disability, medical condition, pregnancy, marital status, national origin, or on any other basis prohibited by applicable law. Please contact the Human Resources Department of Laidlaw Transit Services, Inc. if you have any questions or complaints regarding this policy.

PERSONAL INFORMATION					
PLEASE TYPE OR PRINT IN INK					Date
NAME (Last)	(First)	(Middle)			SOCIAL SECURITY NUMBER
FARRALES	JAY	RIVERA			[REDACTED]
CURRENT ADDRESS (Street)	(City)	(State)	(Zip Code)	PHONE NUMBER Area Code	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	(702) 395-8821	
RESIDENT ADDRESS (If different from above)	(Street)	(City)	(State)	(Zip Code)	PHONE NUMBER Area Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	( ) -
ARE YOU OVER THE AGE OF 18?					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

TYPE OF POSITION DESIRED		
POSITION APPLIED FOR:	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Salary Expected
DRIVER		
WILL YOU RELOCATE? IF "YES," ANY RESTRICTIONS?	WILL YOU TRAVEL?	DATE AVAILABLE TO WORK WITH LAIDLAW
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ASAP
HAVE YOU EVER WORKED FOR ANY LAIDLAW COMPANY?	IF YES, WHEN AND WHERE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
HAVE YOU EVER APPLIED WITH ANY LAIDLAW COMPANY?	IF YES, WHEN AND WHERE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DO YOU HAVE ANY RELATIVES WHO CURRENTLY WORK FOR LAIDLAW OR ANY OF ITS SUBSIDIARIES?	IF YES, PLEASE DESCRIBE WHO, WHERE AND NATURE OF RELATIONSHIP?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
HOW WERE YOU REFERRED TO LAIDLAW?		
BY A FRIEND MARZAN ZAPATA		
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?	IF HIRED, COULD YOU PROVIDE PROOF OF SUCH AUTHORIZATION?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Can you perform all essential job functions listed on the Job Description of the position for which you are applying, with or without reasonable accommodation?		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

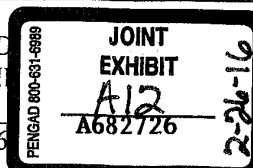
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Have you ever been incarcerated in a State or Federal correctional institution for a felony conviction?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Have you ever had a criminal conviction for any of the following:	
Crimes of Violence	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Sexual Misconduct	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Civil Disorder	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Possession, Sale or Use of Drugs*	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Child Pornography	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Crimes Against the State	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Please explain any "YES" answers. (WHERE) (WHEN) (CHARGE) (SENTENCE)	

Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job for which you are applying. **FARRALES EMP APP 00001**

\*California Only -- Misdemeanor marijuana-related convictions over 2 years old need not be disclosed.

Revised 6/05

MARKED FOR ID  
PROPOSED EXH  
# A12  
Case No. A682726



00A12-00001

EDUCATION					
INSTITUTION	CITY/STATE	YEARS COMPLETED	GRADE AVE	GRADUATED	TYPE OF DEGREE
HIGH SCHOOL FVHS	VILLAVEROE NVA. VIZ. PHIL	9 10 11 12		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	
COLLEGE/UNIVERSITY UNIVERSITY OF CALIFORNIA	NVA DIZ PHIL	1 2 3 4		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	3rd yr BACH. IN ANIMAL SCI.
BUSINESS/COMMERCIAL	MATICA PHIL	1 2 3 4		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	DENTAL TECHNOLOGY

(Complete the following sections if the job for which you are applying involves driving.  
You must be at least 21 years old.)

DRIVING EXPERIENCE AND QUALIFICATIONS				
LICENSES	STATE	TYPE	LICENSE NUMBER	EXPIRATION DATE
	NEVADA	NCPL		11-12-2008

Driving Experience ☐ BUS ☐ MINI-BUS ☐ VAN ☒ OTHER TAXI

List any special courses or training that you have taken that will help you as a driver.

ACCIDENT REVIEW FOR PAST 5 YEARS			
	DATE	DESCRIPTION OF ACCIDENT	LOCATION
Last Accident		None	
Next Previous			
Next Previous			
Next Previous			

TRAFFIC CITATIONS FOR PAST 5 YEARS			
	DATE	DESCRIPTION	LOCATION
Last Infraction	NOV 2004	DRIVING W/O REGISTRATION	LAS VEGAS
Next Previous	NOV 2004	ILLEGAL RIGHT TURN	LAS VEGAS
Next Previous			
Next Previous			

Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ YES ☒ NO  
 Has any license, permit or privilege ever been suspended or revoked? ☐ YES ☒ NO  
 Have you ever been convicted of driving while intoxicated (DWI) or driving under the influence (DUI)? ☐ YES ☒ NO  
 Have you ever been convicted of any other major traffic violation such as reckless driving, hit and run, etc.? ☐ YES ☒ NO  
 If you answer "YES" to any of the above, please explain below.

FARRALES EMP APP 00002

00A12-00002

# WORK EXPERIENCE

Provide complete information as required below for the past 10 years, starting with your most recent employment. If not continually employed, indicate periods of unemployment. Attach additional sheets if necessary. May we contact your present employer? ☐ YES ☐ NO ☐ Not currently employed

1	COMPANY NAME	FROM		STARTING
	Unemployed	3	98	
	ADDRESS	MONTH	YEAR	
		STARTING SALARY		
	CITY, STATE, ZIP	\$		ENDING
		PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR		
	NAME OF SUPERVISOR	TO		
		6	98	
	TITLE OF SUPERVISOR	MONTH	YEAR	REASON FOR LEAVING
		ENDING SALARY		
	PHONE NUMBER (Area Code) (Extension)	\$		
		PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR		

2	COMPANY NAME	FROM		STARTING
	Unemployed	3	06	
	ADDRESS	MONTH	YEAR	
		STARTING SALARY		
	CITY, STATE, ZIP	\$		ENDING
		PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR		
	NAME OF SUPERVISOR	TO		
		6	06	
	TITLE OF SUPERVISOR	MONTH	YEAR	REASON FOR LEAVING
		ENDING SALARY		
	PHONE NUMBER (Area Code) (Extension)	\$		
		PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR		

3	COMPANY NAME	FROM		STARTING
	ADDRESS	MONTH	YEAR	
		STARTING SALARY		
	CITY, STATE, ZIP	\$		ENDING
		PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR		
	NAME OF SUPERVISOR	TO		
	TITLE OF SUPERVISOR	MONTH	YEAR	REASON FOR LEAVING
		ENDING SALARY		
	PHONE NUMBER (Area Code) (Extension)	\$		
		PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR		

4	COMPANY NAME	FROM		STARTING
	ADDRESS	MONTH	YEAR	
		STARTING SALARY		
	CITY, STATE, ZIP	\$		ENDING
		PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR		
	NAME OF SUPERVISOR	TO		
	TITLE OF SUPERVISOR	MONTH	YEAR	REASON FOR LEAVING
		ENDING SALARY		
	PHONE NUMBER (Area Code) (Extension)	\$		
		PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR		

FARRALES EMP APP 00003

00A12-00003



# WORK EXPERIENCE

Provide complete information as required below for the past 10 years, starting with your most recent employment. If not continually employed, indicate periods of unemployment. Attach additional sheets if necessary. May we contact your present employer? ☒ YES ☐ NO ☐ Not currently employed

PREVIOUS EMPLOYER and SUPERVISOR		PERIOD OF EMPLOYMENT		JOB RESPONSIBILITIES and DUTIES	
1	<b>COMPANY NAME</b> <b>HENDERSON CAB COMPANY</b> <b>ADDRESS</b> <b>1910 INDUSTRIAL RD</b> <b>CITY, STATE, ZIP</b> <b>LAS VEGAS NV</b> <b>NAME OF SUPERVISOR</b> <b>STACY</b> <b>TITLE OF SUPERVISOR</b> <b>PHONE NUMBER</b> ( ) - ( ) <small>Area Code Extension</small>	<b>FROM</b> <b>09</b> MONTH <b>02</b> YEAR <b>STARTING SALARY</b> <b>\$800/2 WKS</b> PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR <b>TO</b> <b>03</b> MONTH <b>06</b> YEAR <b>ENDING SALARY</b> <b>\$ BY COMMISSION</b> PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR	<b>STARTING</b> <b>DRIVING</b> <b>ENDING</b> <b>DRIVING</b> <b>REASON FOR LEAVING</b> <b>TRY NEW OPPORTUNITIES</b> <b>&amp; BETTER &amp; STABLE JOB</b>		
2	<b>COMPANY NAME</b> <b>WA SMITH</b> <b>ADDRESS</b> <b>3700 W FLAMINGO RD</b> <b>CITY, STATE, ZIP</b> <b>LV NV</b> <b>NAME OF SUPERVISOR</b> <b>JULIE</b> <b>TITLE OF SUPERVISOR</b> <b>PHONE NUMBER</b> ( ) - ( ) <small>Area Code Extension</small>	<b>FROM</b> <b>07</b> MONTH <b>00</b> YEAR <b>STARTING SALARY</b> <b>\$8.00/hr</b> PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR <b>TO</b> <b>09</b> MONTH <b>02</b> YEAR <b>ENDING SALARY</b> <b>\$8.20/hr</b> PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR	<b>STARTING</b> <b>SALES ASSOCIATE</b> <b>ENDING</b> <b>SALES ASSOCIATE</b> <b>REASON FOR LEAVING</b> <b>TRY NEW OPPORTUNITIES</b>		
3	<b>COMPANY NAME</b> <b>CBE</b> <b>ADDRESS</b> <b>SOLANO</b> <b>CITY, STATE, ZIP</b> <b>PVA-VIR. PHIL</b> <b>NAME OF SUPERVISOR</b> <b>TITLE OF SUPERVISOR</b> <b>PHONE NUMBER</b> ( ) - ( ) <small>Area Code Extension</small>	<b>FROM</b> <b>05</b> MONTH <b>98</b> YEAR <b>STARTING SALARY</b> <b>\$</b> PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR <b>TO</b> <b>06</b> MONTH <b>2000</b> YEAR <b>ENDING SALARY</b> <b>\$</b> PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR	<b>STARTING</b> <b>MANAGER</b> <b>ENDING</b> <b>MANAGER</b> <b>REASON FOR LEAVING</b> <b>RELOCATION</b>		
4	<b>COMPANY NAME</b> <b>DITAI'S DENTAL LAB</b> <b>ADDRESS</b> <b>MANILA</b> <b>CITY, STATE, ZIP</b> <b>METRO MANILA, PHIL.</b> <b>NAME OF SUPERVISOR</b> <b>SONY DITAI</b> <b>TITLE OF SUPERVISOR</b> <b>PHONE NUMBER</b> ( ) - ( ) <small>Area Code Extension</small>	<b>FROM</b> <b>04</b> MONTH <b>96</b> YEAR <b>STARTING SALARY</b> <b>\$</b> PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR <b>TO</b> <b>03</b> MONTH <b>98</b> YEAR <b>ENDING SALARY</b> <b>\$</b> PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR	<b>STARTING</b> <b>DENTAL TECHNICIAN</b> <b>ENDING</b> <b>DENTAL TECHNICIAN</b> <b>REASON FOR LEAVING</b> <b>REARRANGES EMP APP 00004</b>		

00A12-00004

## SKILLS

Please list any special skills you possess that will help you in the position for which you are applying.

I HAVE EXPERIENCE IN MANAGING PEOPLE  
d EASY TO GET ALONG WITH.  
CAREFUL DRIVER

## ADDITIONAL INFORMATION

Please list any additional information you would like to share about yourself.

IM INTO SPORTS THAT DEVELOPED ME TO WORK W/ TEAM,  
I CAN HANDLE STRESS WHICH I DEVELOPED FROM DRIVING  
A TAXI AND A HARD WORKER.

## PERSONAL REFERENCES

Please list at least two personal references (not a relative or former employer) whom you have known for at least five years.

NAME	ADDRESS	TELEPHONE	OCCUPATION
			DRIVER
			DRIVER

## ACKNOWLEDGMENT

### PLEASE READ THE FOLLOWING AND SIGN BELOW.

I understand that nothing contained in this application or in the granting of an interview is intended to create an offer of employment or an employment contract between Laidlaw Transit Services, Inc., its subsidiaries or affiliates, and myself for either employment or for any other benefit. I understand that employment with Laidlaw Transit Services, Inc. is considered to be "At-Will" employment. As such, I understand that if I become employed by Laidlaw Transit Services, Inc., my employment will not be for a specified term and will be at the mutual consent of Laidlaw Transit Services, Inc. and myself. Accordingly, either Laidlaw Transit Services, Inc. or I may terminate the employment relationship at will, with or without cause, at any time, with or without notice. I understand that no one, other than the President of Laidlaw Transit Services, Inc., has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. I understand that any change to the "At-Will" nature of my employment should I be hired would require the express written approval of the President of Laidlaw Transit Services, Inc.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge. I authorize Laidlaw Transit Services, Inc. to investigate all statements contained in this application. I understand and agree that any false statements, misrepresentations, or omissions of facts appearing on this application or any other employment form or medical information/examination form will result in immediate dismissal or removal of my application for consideration. I authorize Laidlaw Transit Services, Inc. to secure information about my background and/or experience with former employers, education institutions, agencies, and government entities and for those parties to provide information concerning my background and/or experience, and I hereby release Laidlaw Transit Services, Inc. and all other parties from any liability arising therefrom.

I understand that any offer of employment will be conditioned upon my successful completion of pre-employment criteria including a physical examination, a substance abuse test, a criminal records check, a motor vehicle records check, and other informational items as may be required by Laidlaw Transit Services, Inc. I understand that failure to take or pass a physical examination, substance abuse test, criminal background check, or other items legally required by Laidlaw Transit Services, Inc. at any time during my employment may result in immediate dismissal. I further agree to submit to a physical examination, including a substance abuse test, when legally requested by management. I understand that Laidlaw Transit Services, Inc. may legally require certain physical examinations, substance abuse tests, criminal background checks, and other items during the course of my employment, and that submission to same are an on-going condition of continued employment. I further agree to abide by the existing rules of Laidlaw Transit Services, Inc. and any rules and regulations as may become effective during my employment.

I understand that if I am offered employment by Laidlaw Transit Services, Inc., I will be required to sign an Arbitration Agreement as a condition of employment. This agreement will provide that any and all disputes between myself and Laidlaw Transit Services, Inc., including but not limited to disputes arising out of or relating to my employment or the termination of my employment, will be subject to resolution only through final binding arbitration in accordance with the Arbitration Agreement, including applicable rules and regulations of the American Arbitration Association ("AAA").

In signing this form, I certify that I understand all of the information requested and statements made within this application.

*[Signature]*  
Signature of Applicant

MAY 22, 2006  
Date

## EMPLOYER USE ONLY

NOTES	SIGNATURE	DATE COMPLETED
<input checked="" type="checkbox"/> References Checked	<i>[Signature]</i> FARRAKES, EMP	APP 100005
<input checked="" type="checkbox"/> Management Review	<i>[Signature]</i> Hallow	6-24-06
<input checked="" type="checkbox"/> Training Completed	<i>[Signature]</i> Miller	6-29-06

00A12-00005

**View Reports - Subject List****Menu****Customer: LAILV2 - Laidlaw Transit-Las Vegas****User: CHARLES HICKEY****USIS Widescreen National Criminal Search**

**Customer:** LAILV2 - Laidlaw Transit-Las Vegas (62099)  
**Actor:** CHARLES HICKEY (chickey)

**USIS COMMERCIAL SERVICES, INC.**  
**USIS WIDESCREEEN HISTORY RECORD**

**USIS WIDESCREEEN REQUEST INFORMATION**

**NAME:** FARRALES, JAY  
**DOB:** [REDACTED] **SSN:** [REDACTED] **GENDER:** M  
**TYPE OF SEARCH:** CRIMINAL SEARCH / SEX OFFENDER SEARCH  
**SEARCH AREA:** NATIONWIDE  
**REQUEST\_DATE:** 6/6/2006

YOUR INQUIRY WAS CROSS-CHECKED AGAINST WIDESCREEEN, WHICH IS A  
DATABASE OF OVER 226 MILLION CRIMINAL RECORDS. THERE WAS NO  
MATCH FOUND IN THIS DATABASE.

**ORDER #:** 31313379 **REQUEST #:** 52548217

This inquiry will also be searched against the Dept of the Treasury, Office of Foreign Assets Control SDN and blocked persons list. You will be notified in the event of a possible match.

The following report is obtained from a commercial database that contains information from public records of various courts and law enforcement agencies across the United States. These records are included in the report because the search criteria for matching personal identifiers such as name, date of birth, Social Security Number, etc., suggested that this record(s) matched the information you provided for the subject of the report. As such, these records might relate to the subject you inquired about, but not necessarily. You should use this report to broaden the scope of the background search of the subject to include the jurisdictions and/or the names contained in this report. Employment decisions should not be based solely upon information contained in this report. Positive ID requires fingerprint search.

**FARRALES EMP APP 00006**

file://C:\DOCUME~1\hickey\LOCALS~1\Temp\EAWX8NKN.htm

6/20/2006

00A12-00006

FARRALES EMP APP 00007

file://C:\DOCUME~1\hickey\LOCALS~1\Temp\EAWX8NKN.htm

6/20/2006

00A12-00007

View Reports - Subject List

Menu

Customer: LAILV2 - Laidlaw Transit-Las Vegas  
User: CHARLES HICKEY



---

**County Criminal - 10 Year**

Customer: LAILV2 - Laidlaw Transit-Las Vegas (62099)  
Actor: CHARLES HICKEY (chickey)  
Customer Location Code: 9068

**COUNTY CRIMINAL HISTORY - 10YR**

Report prepared for: LAIDLAW TRANSIT-LAS VEGAS (WEB)  
Location: 9068

Applicant Name: JAY FARRALES Social Security Number:   
Alias: Date of Birth: 

CLARK, NV COUNTY CRIMINAL HISTORY - 10YR: NO RECORD FELONY  
DISTRICT SEARCHED: Jun 13, 2006 (1996 - PRESENT)

---

All Cont

FARRALES EMP APP 00008

file://C:\DOCUME~1\hickey\LOCALS~1\Temp\XONQ81XN.htm

6/20/2006

00A12-00008

## View Reports - Subject List

Menu

Customer: LAILV2 - Laidlaw Transit-Las Vegas

User: CHARLES HICKEY

**Personal Reference**

Customer: LAILV2 - Laidlaw Transit-Las Vegas (62099)  
Actor: CHARLES HICKEY (chickey)

**Applicant Data**

Entity	Value	Entity	Value
SSN		Current Phone	Not provided
First Name	JAY	Personal Reference Contact	
Middle Name	Not provided	Reference Home Phone	
Last Name	FARRALES	Reference Work Phone	Not provided
Date of Birth		First Name - Alias	Not provided
Current Address		Middle Name - Alias	Not provided
Current City		Last Name - Alias	Not provided
State/Province		Comments	Not provided
Current Postal Code		Customer Location Code	Not provided

**Verification Result:** Verified**Verification Details**

Entity	Information from Applicant	Information Verified
Person contacted	Not provided	
Contact Title	Not provided	
Contact Telephone	Not provided	
Contact date	Not provided	06/23/06
Contact time	Not provided	1:53 pm
How long have you known the applicant?	Not provided	6 months
Is your knowledge of the applicant through?	Not provided	Both
Are you related to the applicant?	Not provided	No
If yes, how are you related?	Not provided	does not apply
How do you know the applicant?	Not provided	previously worked with him
Would you recommend the applicant for a job with your company?	Not provided	Yes

FARRALES EMP APP 00009

<https://members.rsialert.com/com-asp/ViewReports/SubjectList.aspx?request=53325836>

6/27/2006

00A12-00009

If no, please explain:	Not provided	-
Comments for Client:	Not provided	-
User Notes:	Not provided	-
Rate the applicant's character and integrity:	Not provided	Good
Is there anything that would cause an employer concern?	Not provided	No
If yes, please explain:	Not provided	-
Would you recommend the applicant for a job with your company?	Not provided	Yes
If no, please explain:	Not provided	-
Release Information	Not provided	No Release Required
Additional notes	Not provided	-

**Verification Activities**

Description	Date Time	Next Action Date
USIS called [REDACTED] and was advised to call back this evening.	6/21/2006 11:46:28 AM	6/21/2006
USIS called [REDACTED] and was unable to establish contact due to continuous ringing.	6/21/2006 7:45:47 PM	6/22/2006
USIS called [REDACTED] and was unable to establish contact due to continuous ringing.	6/23/2006 10:17:23 AM	6/23/2006
The above information was received via telephone interview with [REDACTED]	6/23/2006 1:58:08 PM	-

All C

FARRALES EMP APP 00010

<https://members.rsialert.com/com-asp/ViewReports/SubjectList.aspx?request=53325836> 6/27/2006

00A12-00010

## View Reports - Subject List

Menu

Customer: LAILV2 - Laidlaw Transit-Las Vegas

User: CHARLES HICKEY

**Employment History**

Customer: LAILV2 - Laidlaw Transit-Las Vegas (62099)  
Actor: CHARLES HICKEY (chickey)  
Customer Location Code: 9068

**Applicant Data**

Entity	Value	Entity	Value
SSN		Employer State/Province	NV
First Name	JAY	Employer Country	Not provided
Middle Name	Not provided	Employer Postal Code	Not provided
Last Name	FARRALES	Employer Phone	Not provided
Date of Birth		Date Hired	07/2000
Current Address		Date Left	09/2002
Current City		Position	SALES ASSOCIATE
State/Province		Salary	Not provided
Country		First Name - Alias	Not provided
Current Postal Code		Middle Name - Alias	Not provided
Current Phone		Last Name - Alias	Not provided
Employer Name	W.H. SMITH	Customer Location Code	9068
Employer Address	3700 WEST FLAMINGO	Comments	Not provided
Employer City	LAS VEGAS		

Used alt. source

Verification Result: Not Verified

6.20.06 CH

**Verification Details**

Entity	Information from Applicant	Information Verified
Person contacted	Not provided	See Notes
Contact Title	Not provided	Payroll
Contact Telephone	Not provided	
Contact date	Not provided	See Notes

FARRALES EMP APP 00011

<https://members.rsialert.com/com-asp/ViewReports/SubjectList.aspx?request=52548220> 6/20/2006

00A12-00011



Contact time	Not provided	See Notes
Position:	Not provided	See Notes
Salary:	Not provided	See Notes
Start Date:	Not provided	See Notes
End Date:	Not provided	See Notes
Reason For Leaving:	Not provided	See Notes
If the reason is derogatory please select a category:	Not provided	Information not available
Rehire Status:	Not provided	See Notes
If the reason is derogatory please select a category:	Not provided	Information not available
Do you have any comments regarding performance, including cooperation and attendance?	Not provided	No
Please add comments regarding performance, cooperation and attendance here:	Not provided	See Notes
Comments for Client:	Not provided	See Notes
User Notes:	Not provided	See Notes
Did he/she operate a motor vehicle for you?	Not provided	See Notes
How would you describe his/her performance in comparison with other people who are doing (or have done) the same job?	Not provided	See Notes
Release Information	Not provided	-
Additional notes	Not provided	-

**Verification Activities**

Description	Date Time	Next Action Date
USIS was able to locate a number on Switchboard.com [REDACTED]. USIS called [REDACTED] and was unable to establish contact after receiving continuous busy signal.	6/6/2006 2:04:32 PM	6/6/2006
USIS called [REDACTED] and left a detailed message with [REDACTED] requesting a return call.	6/6/2006 2:39:02 PM	6/7/2006
Fax was sent	6/7/2006 9:43:20 AM	-
Request and release required. Fax transmitted to [REDACTED] Attn: Payroll Department.	6/7/2006 9:43:58 AM	6/7/2006
USIS Called [REDACTED] to confirm receipt of faxed inquiry and left a detailed message per recording requesting a return call.	6/7/2006 1:13:09 PM	6/7/2006
USIS called [REDACTED] and talked with [REDACTED] and she states she doesn't have any information on applicant.	6/8/2006 10:33:27 AM	6/8/2006
USIS was able to locate an alternate number on Google.com. [REDACTED]	6/9/2006 7:18:19 AM	6/9/2006
USIS called [REDACTED] and [REDACTED] which was found on Google.com and Switchboard.com, Dogpile.com. USIS called both numbers and they are fax lines. USIS was unable to locate any	6/9/2006 12:59:43 PM FARRALES	6/12/2006 EMP APP 00012

<https://members.rsialert.com/com-asp/ViewReports/SubjectList.aspx?request=52548220>

6/20/2006

00A12-00012

other alternate number using , Anywho, Superpages, and Searchbug.		
USIS was able to get another alternate number through Directory Assistance, [REDACTED]. USIS called and left a detailed message requesting a return call.	6/9/2006 1:00:54 PM	6/12/2006
USIS called [REDACTED] and left a detailed message requesting a return call.	6/12/2006 4:14:47 PM	6/13/2006
USIS called [REDACTED] and left a detailed message requesting a return call.	6/13/2006 10:33:35 AM	6/13/2006
USIS called [REDACTED] and left a detailed message requesting a return call.	6/13/2006 1:14:46 PM	6/14/2006
USIS called [REDACTED] and left a detailed message requesting a return call.	6/13/2006 4:37:39 PM	6/14/2006
USIS is closing this request. USIS left detailed messages requesting return calls. No return calls were made. USIS was unable to make contact. Any information received will be forwarded.	6/14/2006 7:16:43 AM	

All (

FARRALES EMP APP 00013

<https://members.rsialert.com/com-asp/ViewReports/SubjectList.aspx?request=52548220> 6/20/2006

00A12-00013

## View Reports - Subject List

Menu

Customer: LAILV2 - Laidlaw Transit-Las Vegas

User: CHARLES HICKEY

**Employment Verification - Basic CDL**

Customer:

LAILV2 - Laidlaw Transit-Las Vegas. (62099).

Actor:

CHARLES HICKEY (chickey)

**Applicant Data**

Entity	Value	Entity	Value
SSN		Employer Address	1910 INDUSTRIAL ROAD
First Name	JAY	Employer City	LAS VEGAS
Middle Name	Not provided	Employer State	NV
Last Name	FARRALES	Employer Phone	Not provided
Date of Birth		Customer Reference	Not provided
Employer Name	HENDERSON CAB COMPANY		

**Verification Result:** Verified**Verification Details**

Entity	Information from Applicant	Information Verified
Person contacted	Not provided	
Contact Title	Not provided	Payroll Clerk
Contact Telephone	Not provided	
Contact date	Not provided	6-7-2006
Contact time	Not provided	1:58 PM
Date hired	09/2002	9-23-2002
Date left	03/2006	4-07-2006
Position	DRIVER	Driver
Reason for leaving	Not provided	Resigned
Eligible For Rehire	Not provided	Not Available
Was this person a CDL Driver for your company? (If yes Accident questions are required. If no, stop)	Not provided	NO
Was applicant involved in any DOT recordable accidents during service?	Not provided	
If yes, how many DOT recordable accidents		FARRALES EMP APP 00014

<https://members.rsialert.com/com-asp/ViewReports/SubjectList.aspx?request=52548218>

6/20/2006

00A12-00014

total?	Not provided	-
Date of each accident?	Not provided	-
City and State in which the accident occurred?	Not provided	-
Number of injuries occurring from the accident?	Not provided	-
Number of fatalities occurring from the accident?	Not provided	-
Was HAZMAT involved?	Not provided	-
Description of the accident (not required)?	Not provided	-
Release Information	Not provided	Signed Release Required
Additional notes	Not provided	-

**Verification Activities**

Description	Date Time	Next Action Date
Fax was sent	6/6/2006 2:10:29 PM	-
Request and release required. Fax transmitted to [REDACTED], Attn: Employment Verification Department.	6/6/2006 2:11:27 PM	6/6/2006
USIS was able to locate a number on Superpages.com [REDACTED]	6/6/2006 2:50:40 PM	-
Fax was sent	6/6/2006 2:56:51 PM	-
Fax was sent	6/6/2006 2:56:58 PM	-
USIS called [REDACTED] and was given an alternate number [REDACTED]. USIS called [REDACTED] and was given an alternate number to send fax. USIS resent fax to [REDACTED] Attn: Payroll.	6/6/2006 2:58:20 PM	6/6/2006
USIS called [REDACTED] to confirm receipt of faxed inquiry with Sabrina in Payroll and left a message requesting a return call.	6/6/2006 4:08:58 PM	6/7/2006
USIS called [REDACTED] and confirmed receipt of faxed inquiry with Sabrina. TAT is 24 Hours.	6/7/2006 1:16:58 PM	6/8/2006
The above information was received via fax from [REDACTED] Payroll Clerk.	6/7/2006 1:58:55 PM	-

All (

FARRALES EMP APP 00015

<https://members.rsialert.com/com-asp/ViewReports/SubjectList.aspx?request=52548218> 6/20/2006

00A12-00015



STATE OF NEVADA  
DEPARTMENT OF MOTOR VEHICLES  
MOTOR VEHICLE BRANCH  
555 WRIGHT WAY  
CARSON CITY, NEVADA 89711-0400  
(775) 684-4590

RECORD REQUEST  
05-22-2006

DLN/ID: [REDACTED]

Name: FARRALES, JAY RIVERA

State Of Record: NV

DOB: [REDACTED]

Sex: MALE

Height: 5 feet 11 inches

Weight: 178lbs.

Hair: BLACK

Eye: BROWN

Physical Exp Date: 00:00-0000

Mailing Address: [REDACTED]

Physical Address: [REDACTED]

License Listing:

Report Type: 10 Years

Licn Type	Class	Status	Permit	Issue Date	Exp Date	Restrictions	Endorsements
NCDL	C	VALID	NORMAL	12-16-2005	11-12-2008		

Withdrawal Listing:

Wdrl Type	Court Case/ Code Citation #	Begin Date	End Date	Status	RSN	NCDL St. Reinst Dt	CDL Reinst Dt
1	NO WITHDRAWALS ON FILE						

Conviction Listing:

Demerit Points:

Cite Date	Conv Date	State	Court	Viol Code	Off Ty	CMV Off	Haz Mat	Citation Number
1	NO CONVICTIONS ON FILE							

*Received by  
C. May 2006  
5-24-06*

*DOH  
6-2-06  
CH*

STATE OF NEVADA  
DMV

FARRALES EMP APP 00016

VALIDATED

00A12-00016

## **JOINT TRIAL EXHIBIT A13**

### Applicant Response Sheet

Name of Applicant: Jay Farrales Date: 5-24-06

#### General

Q1 (5) 5  
Q2 (5) 5 *philipino*  
Q3 (5) 5

#### Dedication

Q2 (5) 5  
*will*

#### Integrity

Q1 (20) 20  
Q2 (20) 20

#### Past Experience

Q1 (5) 5  
Q3 (5) 5

*mornings But all off.*

Total Points = 100

#### Getting Along

Q1 (20) 20  
Q2 (5) 5  
Q3 (5) 5

/ Maximum Points Available = 100

Total Percent = 100 %

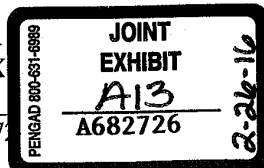
Interviewer Signature: Magner Michael

#### Scoring Key:

1. All applicants must respond with a percentage of points that equal 70% and higher: Acceptable to place into the training program.
2. All applicants who respond with a lower percentage should not be placed into the training program.
3. All questions regarding the placing of individuals into the training program should be directed to your Area Manager of Driver Development and Safety or your Area Human Resource Manager.
4. This sheet should become part of the employee notes on hiring and placed into the employee personnel file with the application.

All applicants for a position of Operator will have a completed Response Sheet

MARKED FOR  
PROPOSED EX  
# A13  
Case No. A6827



FARRALES EMPLOYEE FILE-SUPP 00001

00A13-00001



Laidlaw Transit Services, Inc.  
State of NV  
Background Check Authorization

USIS Client Code: LAILV2  
Application No: 9068

#31313379

**IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT**

Laidlaw Transit Services, Inc., may, upon execution of this authorization, investigate the information contained in this form, your application (employees/applicants), and other relevant background information, in connection with your employment and/or application for employment, to determine whether you are a suitable candidate for employment, promotion or position re-assignment with Laidlaw Transit Services, Inc. Therefore, Laidlaw Transit Services, Inc. will request your Investigative Consumer Report from USIS, a third party agency. The scope of the Investigative Consumer Report requested by Laidlaw Transit Services, Inc. may include information relating to criminal history, driving history and Social Security Number verification. The purpose of the background check is to solely determine employment eligibility at Laidlaw Transit Services, Inc.

If you do not authorize Laidlaw Transit Services, Inc. to conduct your background check, you will not be considered for employment.

You will be advised if Laidlaw Transit Services, Inc. has requested an Investigative Consumer Report on you and will be provided the following information.

- the name and address of the outside agency to whom requests for any of these reports has been made;
- the nature and scope of the check requested; and
- summary of your rights under the Federal Fair Credit Reporting Act and a summary of your rights under the California Consumer Credit Act.

You will also receive a free copy of your Investigative Consumer Report at the address indicated on the form within 3 days of the date it is received by Laidlaw Transit Services, Inc.

If the Investigative Consumer Report, in whole or in part, supports making an adverse decision affecting your employment, promotion, or position re-assignment, Laidlaw Transit Services, Inc. will advise you. If you are ineligible for employment or if your background is unacceptable to Laidlaw Transit Services, Inc., Laidlaw Transit Services, Inc. may not hire you or may remove you from your position. If this information is retained, it will be kept confidential.

**PLEASE COMPLETE THE FORM BELOW:**

☒ Applicant

☐ Employee

Current Name

FARPALES

JAY

R.

Last Name

First

MI

Maiden Name

Last Name

First

MI

Date Name Changed

**RESIDENCE DATA:** Beginning with your current address, list all addresses where you have resided in the last 7 (seven) years.

Start Date	End Date	City/State
1998 - 2000	PHILIPPINES	
2000 - 2004	USA CALIF.	

Have you ever been convicted of a felony? (A felony conviction will not necessarily disqualify you from employment.)

☐ Yes

☒ No

If yes, clarify:

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of this BACKGROUND AUTHORIZATION NOTICE, as set forth above, and certify that I have read and understand this disclosure. I authorize Laidlaw Transit Services, Inc. or its representative, USIS, to obtain an "Investigative Consumer Report" or other background information used in connection with Laidlaw Transit Services, Inc.'s consideration for employment, promotion or position re-assignment, at any time during my tenure of employment with Laidlaw Transit Services, Inc. I acknowledge that a telephonic facsimile or copy of this authorization shall be as valid as the original. This authorization is valid for any Investigative Consumer Report requested at any time during the tenure of my employment or during the contractual relationship. This release is valid for all federal, state, county and local agencies and authorities. I understand that I have the right to information concerning the nature and scope of the check.

Applicant Signature

*Sam Farpaless*

Date

MAY 22, 2006

**LINE ITEMS**

- County Criminal History ☐
- Statewide Criminal History ☐
- State to be searched \_\_\_\_\_
- SSN Check (SSA Validation) ☐
- Driving Record ☐
- MVR Express ☐
- Driving Record (Canadian) ☐
- Federal Criminal History ☐
- TRAC Report ☐
- USIS Widescreen ☐
- Canadian Criminal by Province ☐
- Previous Employment Verification ☐
- (Submit copy of application)
- Personal Reference Check ☐

**PACKAGE OPTIONS**

Package A: ☐ Post Hire

County Criminal History  
USIS Widescreen

Package B: ☐ Pre-Hire (5-Year Package)

County Criminal History (Unlimited)  
TRAC to Crim  
USIS Widescreen

Package C: ☐ Pre-Hire (10-Year Package)

Criminal History (Felony & Related Misd.)  
(Based on last 10 years of residence)  
USIS Widescreen  
TRAC Report  
(Process only contractual requirement)

**FOR OFFICE USE ONLY**

Requested By

*Janice Hobbins*

Phone #

702-636-6900 ext 114

Fax #

702-648-6834

V2003

FAX TO: 888-234-5373



ANNUAL REPORT TO THE SUPP 00002

00A13-00002



# LIDLAW

TRANSIT SERVICES, INC.

Revised 4/1/03

Request/Consent form for information from previous DOT employer(s) Alcohol & Controlled Substances testing records.

## Section 1: To be completed by prospective employee

I understand that in accordance with Title 49 CFR Part 40, Laidlaw Transit Services, Inc. will be requesting information from my previous employer(s) of the past two years concerning my drug and alcohol testing results. I authorize any company contacted by Laidlaw to release and forward any Alcohol and Controlled Substance Abuse records.

Print Name: JAY K. FARRALES SS#: [REDACTED]  
Previous Employer: HENDERSON CAB  
Street Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]  
Signature: [Signature] Date: MAY 22, 2006

## Section 2: To be completed by Previous DOT Employer

1. Has this person ever tested positive for a controlled substance abuse test?  
? Yes ? No
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04% or greater?  
? Yes ? No
3. Has this person ever refused a required test for drugs or alcohols?  
? Yes ? No
4. Has this person had other violations of DOT agency drug and alcohol testing regulations?  
? Yes ? No

If YES to any of the above questions, please provide documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up test). Please also give Substance Abuse Professional name, address, and phone number for further reference.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Information Provided By: \_\_\_\_\_

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

APPENDIX N

FARRALES EMPLOYEE FILE-SUPP 00003

00A13-00003

**20/20 Insight Criminal Records Database**

Customer: First Transit 55842 Region West (176231)  
Actor: Jennifer McKibbins (FT55842Jennifer)

USIS COMMERCIAL SERVICES, INC.  
20/20 INSIGHT CRIMINAL RECORDS DATABASE HISTORY RECORD

**20/20 INSIGHT CRIMINAL RECORDS DATABASE REQUEST INFORMATION**

NAME: FARRALES, JAY  
DOB: [REDACTED] SSN: [REDACTED]  
TYPE OF SEARCH: CRIMINAL SEARCH / SEX OFFENDER SEARCH  
SEARCH AREA: NATIONWIDE

REQUEST DATE: 6/10/2009

**20/20 INSIGHT CRIMINAL RECORDS DATABASE FILE INFORMATION**

MATCH WAS MADE USING: SSN LASTNAME FIRSTNAME(JAY) BIRTHDATE  
NAME: FARRALES, JAY  
DOB: [REDACTED] SSN: [REDACTED]

**CRIMINAL RECORD INFORMATION**

REPORT TYPE: B FELONY/MISDEMEANOR  
SEARCH DATE: 06/13/2006  
STATE/COUNTY: NV CLARK

NO RECORD FOUND IN JURISDICTION SEARCHED.

ORDER #: 64470109 REQUEST #: 112354409 DATA FILE DATE: 6/14/2006

USIS COMMERCIAL SERVICES, INC.  
20/20 INSIGHT CRIMINAL RECORDS DATABASE HISTORY RECORD

**20/20 INSIGHT CRIMINAL RECORDS DATABASE REQUEST INFORMATION**

NAME: FARRALES, JAY  
DOB: [REDACTED] SSN: [REDACTED]  
TYPE OF SEARCH: CRIMINAL SEARCH / SEX OFFENDER SEARCH  
SEARCH AREA: NATIONWIDE

REQUEST DATE: 6/10/2009

**20/20 INSIGHT CRIMINAL RECORDS DATABASE FILE INFORMATION**

MATCH WAS MADE USING: SSN LASTNAME FIRSTNAME(JAY) BIRTHDATE  
NAME: FARRALES, JAY R  
DOB: [REDACTED] SSN: [REDACTED]

**CRIMINAL RECORD INFORMATION**

REPORT TYPE: S SEX OFFENDER  
SEARCH DATE: 11/25/2008  
STATE/COUNTY: US NATIONWIDE

<https://members.usis-csd.com/com-asp/ViewReports/SubjectList.aspx> FARRALES EMPLOYEE FILE-SUPP 6/16/2009 00004

00A13-00004

NO RECORD FOUND IN JURISDICTION SEARCHED.

ORDER #: 64470109      REQUEST #: 112354409      DATA FILE DATE: 11/26/2008 1:13:51

USIS COMMERCIAL SERVICES, INC.

20/20 INSIGHT CRIMINAL RECORDS DATABASE HISTORY RECORD

20/20 INSIGHT CRIMINAL RECORDS DATABASE REQUEST INFORMATION

NAME: FARRALES, JAY

DOB: [REDACTED] SSN: [REDACTED]

TYPE OF SEARCH: CRIMINAL SEARCH / SEX OFFENDER SEARCH

SEARCH AREA: NATIONWIDE

REQUEST DATE: 6/10/2009

20/20 INSIGHT CRIMINAL RECORDS DATABASE FILE INFORMATION

MATCH WAS MADE USING: SSN LASTNAME FIRSTNAME(JAY) BIRTHDATE

NAME: FARRALES, JAY R

DOB: [REDACTED] SSN: [REDACTED]

CRIMINAL RECORD INFORMATION

REPORT TYPE: B F/M

SEARCH DATE: 12/03/2008

STATE/COUNTY: NV CLARK

NO RECORD FOUND IN JURISDICTION SEARCHED.

ORDER #: 64470109      REQUEST #: 112354409      DATA FILE DATE: 12/4/2008 1:12:34 P

This inquiry will also be searched against the Dept of the Treasury, Office of Foreign Assets Control SDN and blocked persons list. You will be notified in the event of a possible match.

The following report is obtained from a commercial database that contains information from public records of various courts and law enforcement agencies across the United States. These records are included in the report because the search criteria for matching personal identifiers such as name, date of birth, Social Security Number, etc., suggested that this record(s) matched the information you provided for the subject of the report. As such, these records might relate to the subject you inquired about, but not necessarily. You should use this report to broaden the scope of the background search of the subject to include the jurisdictions and/or the names contained in this report. Employment decisions should not be based solely upon information contained in this report. Positive ID requires fingerprint search.

### 3 Year Trac to Crim, Unlimited

Customer: First Transit 55842 Region West (176231)  
Actor: Jennifer McKibbins (FT55842Jennifer)

6/9/2009 5:55:20 PM

FARRALES, JAY [REDACTED]; CA-[REDACTED]; Y-11121970; U-  
FIRST TRANSIT 55842; M-<O>64433325</O><R>112290454</R>; T-35; G-G; V-07/999/XXX

Experian Could Not Process Your Request

Experian Error Code: 650

The State of Nevada prohibits Experian's TRAC reports (SSN or Name & Address)  
on residents of NV. Please use EQUIFAX's TRAC products on any NV residents.

Action: Correct

=====

Trac to County Criminal Sequence Activity Report

=====

#### Summary

-----

Customer: First Transit 55842 Region West Actor: Jennifer McKibbins  
Customer Reference: Customer Sub:  
Trac Type: TRACNAME  
Name: JAY FARRALES SSN: [REDACTED]

Trac Order Key: 64433325  
Trac Request Key: 112290454  
Criminal Order Key: 64433326

Maximum New Criminals: 99  
Maximum Past Years: 3

Total Jurisdictions: 1 \*Includes the current address entered for the TTC.  
Total Jurisdictions: 1  
Total Crims Ordered: 1

Jurisdiction: [REDACTED]  
Trac Address: [REDACTED]

#### Details

-----

1. Jurisdiction Name: CLARK  
Search Type: FM

Address: [REDACTED]

From: 06/09 to 06/09

Status: This jurisdiction was ordered on Order Number 64433326

<https://members.usis-csd.com/com.aspx/ViewReports/SubjectList.aspx> FARRALES EMPLOYEE FILE SUPP 00006

00A13-00006

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<https://members.usis-csd.com/com-asp/ViewReports/SubjectList.aspx> FARRALES EMPLOYEE FILE 5/16/2009 000007

00A13-00007

**USIS Guardian (TOPS)**

Customer: First Transit 55842 Region West (176231)  
Actor: Jennifer McKibbins (FT55842Jennifer)

**Reference:****Request Data:**

Name: FARRALES, JAY  
Jurisdiction: NATIONWIDE, US  
Search Type: Sex Offender  
DOB: [REDACTED]  
SSN: [REDACTED]  
Race/Gender: /  
Result Comments:

Report ID: 1434044  
Request ID: 23013322  
Request Date: 06/09/2009  
Completed Date: 06/10/2009

**No Record Found**

Search results only reflect matches on the Department of Justice National Sex Offender Public Registry.

Record check for requested search area only. National record status unknown. Positive ID requires fingerprint search. Employment evaluation should not be based on search results. Provider cannot act as the guarantor of the information accuracy or completeness. Appropriate use of the information contained in this report may be governed by both federal and state laws and it is the responsibility of the user to comply with all applicable laws.

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HireRight

## View Reports - Subject List

Menu

Customer: LAILV2 - Laidlaw Transit-Las Vegas  
User: CHARLES HICKEY**USIS Widescreen National Criminal Search**Customer: LAILV2 - Laidlaw Transit-Las Vegas (62099)  
Actor: CHARLES HICKEY (chickey)USIS COMMERCIAL SERVICES, INC.  
USIS WIDESCREEN HISTORY RECORD

## USIS WIDESCREEN REQUEST INFORMATION

NAME: FARRALES, JAY  
DOB: [REDACTED] SSN: [REDACTED] GENDER: M  
TYPE OF SEARCH: CRIMINAL SEARCH / SEX OFFENDER SEARCH  
SEARCH AREA: NATIONWIDE  
REQUEST\_DATE: 6/6/2006YOUR INQUIRY WAS CROSS-CHECKED AGAINST WIDESCREEN, WHICH IS A  
DATABASE OF OVER 226 MILLION CRIMINAL RECORDS. THERE WAS NO  
MATCH FOUND IN THIS DATABASE.

ORDER #: 31313379 REQUEST #: 52548217

This inquiry will also be searched against the Dept of the Treasury, Office of Foreign Assets Control SDN and  
blocked persons list. You will be notified in the event of a possible match.The following report is obtained from a commercial database that contains information from public records of  
various courts and law enforcement agencies across the United States. These records are included in the report  
because the search criteria for matching personal identifiers such as name, date of birth, Social Security Number,  
etc., suggested that this record(s) matched the information you provided for the subject of the report. As such,  
these records might relate to the subject you inquired about, but not necessarily. You should use this report to  
broaden the scope of the background search of the subject to include the jurisdictions and/or the names contained  
in this report. Employment decisions should not be based solely upon information contained in this report. Positive  
ID requires fingerprint search.

All (

file://C:\DOCUME~1\hickey\LOCALS~1\Temp\EAWX8NKN.hic FARRALES EMPLOYEE FILE 6/30/2006 00009

00A13-00009

file://C:\DOCUME~1\hickey\LOCALS~1\Temp\EAWX8NKN.htm

6/20/2006  
FARRALES EMPLOYEE FILE-SUPP 00010

00A13-00010



**View Reports - Subject List**

**Menu**

Customer: LAILV2 - Laidlaw Transit-Las Vegas  
User: CHARLES HICKEY

---

**County Criminal - 10 Year**

Customer: LAILV2 - Laidlaw Transit-Las Vegas (62099)  
Actor: CHARLES HICKEY (chickey)  
Customer Location Code: 9068

**COUNTY CRIMINAL HISTORY - 10YR**

Report prepared for: LAIDLAW TRANSIT-LAS VEGAS (WEB)  
Location: 9068

Applicant Name: JAY FARRALES Social Security Number:   
Alias: Date of Birth: 

CLARK, NV COUNTY CRIMINAL HISTORY - 10YR: **NO RECORD FELONY**  
DISTRICT SEARCHED: Jun 13, 2006 (1996 - PRESENT)

---

All Cont:

file://C:\DOCUME~1\hickey\LOCALS~1\Temp\XONQ81XN.ha FARRALES EMPLOYEE FILE 6/30/2006 00011

00A13-00011

**View Reports - Subject List****Menu**

**Customer:**LAILV2 - Laidlaw Transit-Las Vegas  
**User:** CHARLES HICKEY

**Personal Reference**

**Customer:** LAILV2 - Laidlaw Transit-Las Vegas (62099)  
**Actor:** CHARLES HICKEY (chickey)

**Applicant Data**

Entity	Value	Entity	Value
SSN		Current Phone	Not provided
First Name	JAY	Personal Reference	
Middle Name	Not provided	Contact	
Last Name	FARRALES	Reference Home Phone	
Date of Birth		Reference Work Phone	Not provided
Current Address		First Name - Alias	Not provided
Current City		Middle Name - Alias	Not provided
State/Province		Last Name - Alias	Not provided
Current Postal Code		Comments	Not provided
		Customer Location Code	Not provided

**Verification Result:** Verified**Verification Details**

Entity	Information from Applicant	Information Verified
Person contacted	Not provided	
Contact Title	Not provided	
Contact Telephone	Not provided	
Contact date	Not provided	06/23/06
Contact time	Not provided	1:53 pm
How long have you known the applicant?	Not provided	6 months
Is your knowledge of the applicant through?	Not provided	Both
Are you related to the applicant?	Not provided	No
If yes, how are you related?	Not provided	does not apply
How do you know the applicant?	Not provided	previously worked with him
Would you recommend the applicant for a job with your company?	Not provided	Yes

<https://members.rsialert.com/com-asp/ViewReports/SubjectList.aspx?ApplicantID=62099&FileID=681720000012>

00A13-00012

If no, please explain:	Not provided	-
Comments for Client:	Not provided	-
User Notes:	Not provided	-
Rate the applicant's character and integrity:	Not provided	Good
Is there anything that would cause an employer concern?	Not provided	No
If yes, please explain:	Not provided	-
Would you recommend the applicant for a job with your company?	Not provided	Yes
If no, please explain:	Not provided	-
Release Information	Not provided	No Release Required
Additional notes	Not provided	-

**Verification Activities**

Description	Date Time	Next Action Date
USIS called [REDACTED] and was advised to call back this evening.	6/21/2006 11:46:28 AM	6/21/2006
USIS called [REDACTED] and was unable to establish contact due to continuous ringing.	6/21/2006 7:45:47 PM	6/22/2006
USIS called [REDACTED] and was unable to establish contact due to continuous ringing.	6/23/2006 10:17:23 AM	6/23/2006
The above information was received via telephone interview with [REDACTED]	6/23/2006 1:58:08 PM	-

All C

**View Reports - Subject List****Menu****Customer: LAILV2 - Laidlaw Transit-Las Vegas****User: CHARLES HICKEY****Employment History**

Customer: LAILV2 - Laidlaw Transit-Las Vegas (62099)  
 Actor: CHARLES HICKEY (chickey)  
 Customer Location Code: 9068

**Applicant Data**

Entity	Value	Entity	Value
SSN		Employer State/Province	NV
First Name	JAY	Employer Country	Not provided
Middle Name	Not provided	Employer Postal Code	Not provided
Last Name	FARRALES	Employer Phone	Not provided
Date of Birth		Date Hired	07/2000
Current Address		Date Left	09/2002
Current City		Position	SALES ASSOCIATE
State/Province		Salary	Not provided
Country		First Name - Alias	Not provided
Current Postal Code		Middle Name - Alias	Not provided
Current Phone		Last Name - Alias	Not provided
Employer Name	W.H. SMITH	Customer Location Code	9068
Employer Address	3700 WEST FLAMINGO	Comments	Not provided
Employer City	LAS VEGAS		

*Used alt. source**6.20.06 CH***Verification Result: Not Verified****Verification Details**

Entity	Information from Applicant	Information Verified
Person contacted	Not provided	See Notes
Contact Title	Not provided	Payroll
Contact Telephone	Not provided	702-871-0056
Contact date	Not provided	See Notes

<https://members.rsalert.com/com.aspx/ViewReports/SubjectList.aspx?Entity=LAILV2&File=6209900014>

00A13-00014

Contact time	Not provided	See Notes
Position:	Not provided	See Notes
Salary:	Not provided	See Notes
Start Date:	Not provided	See Notes
End Date:	Not provided	See Notes
Reason For Leaving:	Not provided	See Notes
If the reason is derogatory please select a category:	Not provided	Information not available
Rehire Status:	Not provided	See Notes
If the reason is derogatory please select a category:	Not provided	Information not available
Do you have any comments regarding performance, including cooperation and attendance?	Not provided	No
Please add comments regarding performance, cooperation and attendance here:	Not provided	See Notes
Comments for Client:	Not provided	See Notes
User Notes:	Not provided	See Notes
Did he/she operate a motor vehicle for you?	Not provided	See Notes
How would you describe his/her performance in comparison with other people who are doing (or have done) the same job?	Not provided	See Notes
Release Information	Not provided	-
Additional notes	Not provided	-

### Verification Activities

Description	Date Time	Next Action Date
USIS was able to locate a number on Switchboard.com [REDACTED] [REDACTED] USIS called [REDACTED] and was unable to establish contact after receiving continuous busy signal.	6/6/2006 2:04:32 PM	6/6/2006
USIS called [REDACTED] and left a detailed message with Brian requesting a return call.	6/6/2006 2:39:02 PM	6/7/2006
Fax was sent	6/7/2006 9:43:20 AM	-
Request and release required. Fax transmitted to [REDACTED] Attn: Payroll Department.	6/7/2006 9:43:58 AM	6/7/2006
USIS Called [REDACTED] to confirm receipt of faxed inquiry and left a detailed message per recording requesting a return call.	6/7/2006 1:13:09 PM	6/7/2006
USIS called [REDACTED] and talked with Amparo and she states she doesn't have any information on applicant.	6/8/2006 10:33:27 AM	6/8/2006
USIS was able to locate an alternate number on Google.com. [REDACTED] [REDACTED]	6/9/2006 7:18:19 AM	6/9/2006
USIS called [REDACTED] and [REDACTED] which was found on Google.com and Switchboard.com, Dogpile.com. USIS called both numbers and they are fax lines. USIS was unable to locate any	6/9/2006 12:59:43 PM	6/12/2006

<https://members.rsialert.com/com-aspx/ViewReports/SubjectList.aspx?reqid=62124820> FILE 62124820 00015

00A13-00015

other alternate number using , Anywho, Superpages, and Searchbug.		
USIS was able to get another alternate number through Directory Assistance, [REDACTED] USIS called and left a detailed message requesting a return call.	6/9/2006 1:00:54 PM	6/12/2006
USIS called [REDACTED] and left a detailed message requesting a return call.	6/12/2006 4:14:47 PM	6/13/2006
USIS called [REDACTED] and left a detailed message requesting a return call.	6/13/2006 10:33:35 AM	6/13/2006
USIS called [REDACTED] and left a detailed message requesting a return call.	6/13/2006 1:14:46 PM	6/14/2006
USIS called [REDACTED] and left a detailed message requesting a return call.	6/13/2006 4:37:39 PM	6/14/2006
USIS is closing this request. USIS left detailed messages requesting return calls. No return calls were made. USIS was unable to make contact. Any information received will be forwarded.	6/14/2006 7:16:43 AM	-

All (

**View Reports - Subject List****Menu****Customer: LAILV2 - Laidlaw Transit-Las Vegas****User: CHARLES HICKEY****Employment Verification - Basic CDL**

Customer: LAILV2 - Laidlaw Transit-Las Vegas (62099)  
 Actor: CHARLES HICKEY (chickey)

**Applicant Data**

Entity	Value	Entity	Value
SSN	[REDACTED]	Employer Address	1910 INDUSTRIAL ROAD
First Name	JAY	Employer City	LAS VEGAS
Middle Name	Not provided	Employer State	NV
Last Name	FARRALES	Employer Phone	Not provided
Date of Birth	[REDACTED]	Customer Reference	Not provided
Employer Name	HENDERSON CAB COMPANY		

**Verification Result: Verified****Verification Details**

Entity	Information from Applicant	Information Verified
Person contacted	Not provided	[REDACTED]
Contact Title	Not provided	Payroll Clerk
Contact Telephone	Not provided	[REDACTED]
Contact date	Not provided	6-7-2006
Contact time	Not provided	1:58 PM
Date hired	09/2002	9-23-2002
Date left	03/2006	4-07-2006
Position	DRIVER	Driver
Reason for leaving	Not provided	Resigned
Eligible For Rehire	Not provided	Not Available
Was this person a CDL Driver for your company? (If yes Accident questions are required. If no, stop)	Not provided	NO
Was applicant involved in any DOT recordable accidents during service?	Not provided	-
If yes, how many DOT recordable accidents		

<https://members.rsialert.com/com-asp/ViewReports/SubjectList.aspx?Actor=CM52148218&File=6209900017>

00A13-00017

total?	Not provided	-
Date of each accident?	Not provided	-
City and State in which the accident occurred?	Not provided	-
Number of injuries occurring from the accident?	Not provided	-
Number of fatalities occurring from the accident?	Not provided	-
Was HAZMAT involved?	Not provided	-
Description of the accident (not required)?	Not provided	-
Release Information	Not provided	Signed Release Required
Additional notes	Not provided	-

**Verification Activities**

Description	Date Time	Next Action Date
Fax was sent	6/6/2006 2:10:29 PM	-
Request and release required. Fax transmitted to [REDACTED] Attn: Employment Verification Department.	6/6/2006 2:11:27 PM	6/6/2006
USIS was able to locate a number on Superpages.com [REDACTED]	6/6/2006 2:50:40 PM	-
Fax was sent	6/6/2006 2:56:51 PM	-
Fax was sent	6/6/2006 2:56:58 PM	-
USIS called [REDACTED] and was given an alternate number [REDACTED] USIS called [REDACTED] and was given an alternate number to send fax. USIS resent fax to [REDACTED] Attn: Payroll.	6/6/2006 2:58:20 PM	6/6/2006
USIS called [REDACTED] to confirm receipt of faxed inquiry with Sabrina in Payroll and left a message requesting a return call.	6/6/2006 4:08:58 PM	6/7/2006
USIS called [REDACTED] and confirmed receipt of faxed inquiry with Sabrina. TAT is 24 Hours.	6/7/2006 1:16:58 PM	6/8/2006
The above information was received via fax from [REDACTED] Payroll Clerk.	6/7/2006 1:58:55 PM	-

All C



MAY-27-08 14:50 FROM-

T-153 P.004/004 F-285

Personnel must wear safety belts  
person is qualified; and, if applicable:

- ☐ wearing corrective lenses ☐ driving within an exempt intensity zone (40 CFR 501.62)  
☐ wearing hearing aid ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)  
☐ accompanied by a \_\_\_\_\_ with exemption ☐ qualified by operation of 40 CFR 501.04

The information I have provided regarding this physical examination is true and complete. A complete examination form with any statement attesting my findings, completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <i>[Signature]</i>	TELEPHONE (902) 739-9451	DATE 5/24/08
MEDICAL EXAMINER'S NAME (PRINT) LARRY DAWSON	<input type="checkbox"/> MD <input checked="" type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE 1330 / WV		
SIGNATURE OF DRIVER <i>[Signature]</i>	DRIVER'S LICENSE NO. [REDACTED]	STATE WV
ADDRESS OF DRIVER 5-02-08		
MEDICAL CERTIFICATE EXPIRATION DATE 5/24/2010		

DISTRIBUTION: 1 COPY TO THE DRIVER, 1 COPY TO THE MOTOR CARRIER

FARRALES EMPLOYEE FILE-SUPP 00019

00A13-00019



## US MVR - Standard Delivery

Customer: First Transit Region West 55842 (176231)  
Actor: Jennifer McKibbins (FT55842Jennifer)  
Customer Sub: 55842  
SSN: [REDACTED]

### .... MVR REPORT ....

STATE: NEVADA DRIVER INFORMATION

FARRALES, JAY RIVERA REF:

DOB: [REDACTED] SOC/SEC: SEX:M HGT:5'11" WT:210 EYES:BRO HAIR:BLK

### DRIVER LICENSE INFORMATION

CLASS	ISSUED	EXPIRES	STATUS	RESTRICTIONS
CDL-C		11/12/10 VAL		P 1 XP
C		11/12/08 SUR		

### MISCELLANEOUS / STATE SPECIFIC INFORMATION

LICTYP: NORM  
CLASS: CDL-C=VEH<26,001 GVWR W/NO TOWED UNIT<10,001 GVWR  
RESTR: P=PHYSICAL EXAM EVERY 2 YEARS, 1=NO AIR BRAKES  
RESTR: XP=AUTO TRANS CMV WT ONLY  
ENDOR : P  
ENDOR: P=PASSENGER  
STATUS: VAL=VALID  
LICTYP: NORM

### DRIVING RECORD INFORMATION

TYPE	V/S-DATE	C/R-DATE	DESCRIPTION	V/C-CODE	PTS
CLASS:	C=REGULAR				
STATUS:	SUR=SURRENDERED				
MVR RECORD CLEAR					

RPT#:183- ACCT#:10322-558 REF#:A2J558XXREJGNONE  
DMV DATE:07/02/10 DMV ACCT#:

V/S-DATE=Violation/Suspension Date C/R-DATE=Conviction/Reinstatement Date

FARRALES EMPLOYEE FILE-SUPP 00020

00A13-00020

**US MVR - Standard Delivery**

Customer: First Transit 55842 Region West (176231)  
Actor: Jennifer McKibbins (FT55842Jennifer)  
SSN: [REDACTED]

## .... MVR REPORT ....

STATE: NEVADA DRIVER INFORMATION

FARRALES, JAY RIVERA REF:  
[REDACTED]

DOB: [REDACTED] SOC/SEC: SEX:M HGT:5'11" WT:210 EYES:BRO HAIR:BLK

## DRIVER LICENSE INFORMATION

CLASS	ISSUED	EXPIRES	STATUS	RESTRICTIONS
CDL-C		11/12/10	VAL	P 1 XP
C		11/12/08	SUR	

## MISCELLANEOUS / STATE SPECIFIC INFORMATION

LICTYP: NORM  
CLASS: CDL-C=VEH<26,001 GVWR W/NO TOWED UNIT<10,001 GVWR  
RESTR: P=PHYSICAL EXAM EVERY 2 YEARS, 1=NO AIR BRAKES  
RESTR: XP=AUTO TRANS CMV WT ONLY  
ENDOR : P  
ENDOR: P=PASSENGER  
STATUS: VAL=VALID  
LICTYP: NORM


## DRIVING RECORD INFORMATION

TYPE	V/S-DATE	C/R-DATE	DESCRIPTION	V/C-CODE	PTS
------	----------	----------	-------------	----------	-----

CLASS: C=REGULAR  
STATUS: SUR=SURRENDERED  
MVR RECORD CLEAR




RPT#:162- ACCT#:10322- REF#:A2J WQZHTONONE  
DMV DATE:06/11/09 DMV ACCT#:

V/S-DATE=Violation/Suspension Date C/R-DATE=Conviction/Reinstatement Date

 Go To | Sign off

eQuest+™

## Background Report

<b>Subject Name:</b>	FARRALES, JAY	<b>Attn Of:</b>	NORTHAM, KALENE
<b>Residence Addr:</b>		<b>Account:</b>	LAIDLAWT LAIDLAW TRANSIT SERVICES, INC.
<b>Date of Birth:</b>		<b>Social Security #:</b>	
<b>Requested:</b>	1/4/2008 by NORTHAM, KALENE	<b>Date Completed:</b>	01/07/2008 (SG 1561)
<b>Transit Division</b>	Transit	<b>Division</b>	West
<b>Location</b>	T 9068 Las Vegas - NV	<b>Work Order #:</b>	12419220
		<b>Grade:</b>	Review <input type="checkbox"/> / Pass <input type="checkbox"/>

## Service Summary

Service	Requested	Completed
Driving History (MVR)	1/4/2008 11:05:26 AM	1/4/2008 3:53:08 PM

Grading Notes [back to top](#)

Comments	Decision Maker	Decision Time

Grading Results [back to top](#)

Service	Description
Motor Vehicle Report	MVR: Anything other than a clear record.
<b>Comments</b>	
None	

Admitted Criminal Information [back to top](#)

<b>Applicant Admits to criminal conviction other than traffic violations?</b>	No
<b>Details:</b>	

Driving History (MVR) [back to top](#)

FARRALES EMPLOYER FILE-SUPP 00022

<https://anns.openinfo.com/OrderSummary.aspx>

2/20/2008

00A13-00022

Nevada					
Name	FARRALES, JAY RIVERA		Drivers License #	[REDACTED]	
Sex	Male		Date Of Birth	[REDACTED]	
Weight	210		Hair Color	BLK	
Height	511		Eye Color	BRO	
License Information					
Class	Description				
NONCDL-C	Non-CDL Single veh less 26,001 GVWR				
Endorsements	Description				
P	P-Passengers				
Restrictions	Description				
P 1 XP	P -Physical Examination Required Every Two Years,1				
License Type	Issued	Expires	Orig. Issued	Points	Status
		11/12/2008			SURRENDERED
Policy Number	Donor	Boat Class	Non Resident Military	Other State	Other State Lic
	3				
Comments					
-					
Commercial Driver License Information					
CDL Status	CDL Issued Date		CDL Endorsement		
VALID					
Exams					
Version Exam	Road Sign Exam	Rules Exam	Driving Exam	Motor Cycle Exam	Motor Cycle Skills
Misc. Information					
Previous State	Previous Drivers License #		Entries Cover		
			** THREE (3) YEAR DRIVING SUMMARY **		
State Message					
NON-CDL PERMIT: NORMALCDL PERMIT: NORMAL					
Miscellaneous and State-Specific Information					
Driving Record					
Type	Viol/Susp Date	Conv/Rein Date	Viol/Conv Code	Standard Viol Code	Points
Description					

You agree that your request for this report is permitted by law and that you intend to use the report only for a purpose permitted by the Fair Credit Reporting Act and local law, and no other purpose. This report is based upon observation and information provided to General Information Services, Inc. (GIS). For the fee charged,

FARRALES EMPLOYEE FILE-SUPP 00023

<https://apps.geninfo.com/OrderSummary.aspx>

2/20/2008

00A13-00023

GIS does not assume any liability arising out of the use of this report by you or others. You, or any other user of this report, agree to hold GIS harmless from any liability arising from the use of this report.

Email Client Services

**General Information Services, Inc. - P.O. Box 353 - Chapin, SC 29036 - (877) 590-4012**

Published on 2/20/2008 at 12:10:10 PM.

FARRALES EMPLOYEE FILE-SUPP 00024

<https://anns.geninfo.com/OrderSummary.aspx>

2/20/2008

00A13-00024

Customer: LAILV2 - Laidlaw Transit-Las Vegas  
User: CHARLES HICKEY

## VIEW REPORTS - SUBJECT LIST

**MVR (Motor Vehicle Report)**

Customer: LAILV2 - Laidlaw Transit-Las Vegas (62099)  
Actor: CHARLES HICKEY (chickey)  
SSN: [REDACTED]

## .... M V R R E P O R T ....

## STATE: NEVADA DRIVER INFORMATION

FARRALES, JAY RIVERA

REF:

DOB: [REDACTED] SOC/SEC: SEX:M HGT:5'11" WT:210 EYES:BRO HAIR:BLK

## DRIVER LICENSE INFORMATION

CLASS	ISSUED	EXPIRES	STATUS	RESTRICTIONS
CDL-C		11/12/10	VAL	P 1 XP
C		11/12/08	SUR	

## MISCELLANEOUS / STATE SPECIFIC INFORMATION

LICTYP: NORM  
CLASS: CDL-C=VEH<26,001 GVWR W/NO TOWED UNIT<10,001 GVWR  
RESTR: P=PHYSICAL EXAM EVERY 2 YEARS, 1=NO AIR BRAKES  
RESTR: XP=AUTO TRANS CMV WT ONLY  
ENDOR : P  
ENDOR: P=PASSENGER  
STATUS: VAL=VALID  
LICTYP: NORM

## DRIVING RECORD INFORMATION

TYPE	V/S-DATE	C/R-DATE	DESCRIPTION	V/C-CODE	PTS
------	----------	----------	-------------	----------	-----

CLASS: C=REGULAR  
STATUS: SUR=SURRENDERED  
MVR RECORD CLEAR

RPT#:088- ACCT#:10322- REF#:A2J TC76WHNONE  
DMV DATE:03/29/07 DMV ACCT#:

V/S-DATE=Violation/Suspension Date C/R-DATE=Conviction/Reinstatement Date

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ENTERED  
FARRALES-EMPLOYEE FILE-SUPP 00025

00A13-00025



STATE OF NEVADA  
DEPARTMENT OF MOTOR VEHICLES  
MOTOR VEHICLE BRANCH  
555 WRIGHT WAY  
CARSON CITY, NEVADA 89711-0400  
(775) 684-4590

RECORD REQUEST  
05-22-2006

DLN/ID: 1401070787

State Of Record: NV

Name: FARRALES, JAY RIVERA

DOB: [REDACTED]

Sex: MALE

Height: 5 feet 11 inches

Weight: 178lbs.

Hair: BLACK

Eye: BROWN

Physical Exp Date: 00-00-0000

Mailing Address:



Physical Address:

License Listing:

Report Type: 10 Years

Licn Type	Class	Status	Permit	Issue Date	Exp Date	Restrictions	Endorsements
NCDL	C	VALID	NORMAL	12-16-2005	11-12-2008		

Withdrawal Listing:

Wdrl Type	Court Code	Case/Citation #	Begin Date	End Date	Status	RSN	NCDL St.	CDL Reinst Dt
1								

NO WITHDRAWALS ON FILE

Conviction Listing:

Demerit Points:

Cite Date	Conv Date	State	Court	Viol Code	Off Ty	CMV Off	Haz Mat	Citation Number
1								

NO CONVICTIONS ON FILE

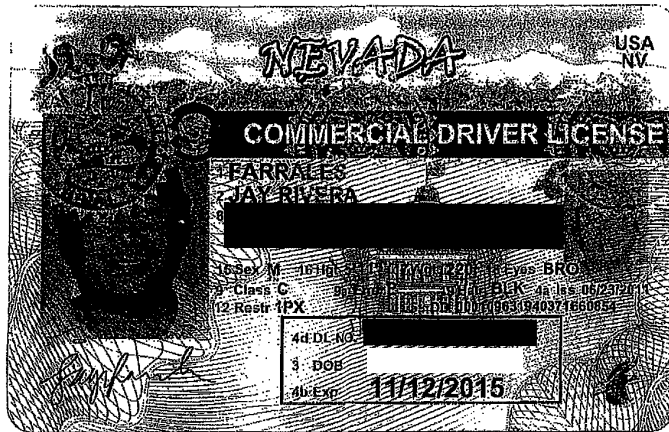
*Revised By  
C. May 22 5-24-06*

*DOH  
6-2-06  
CH*

STATE OF NEVADA  
DMV  
MAY 22 2006  
FARRALES EMPLOYEE FILE-SUPP 00026  
**VALIDATED**

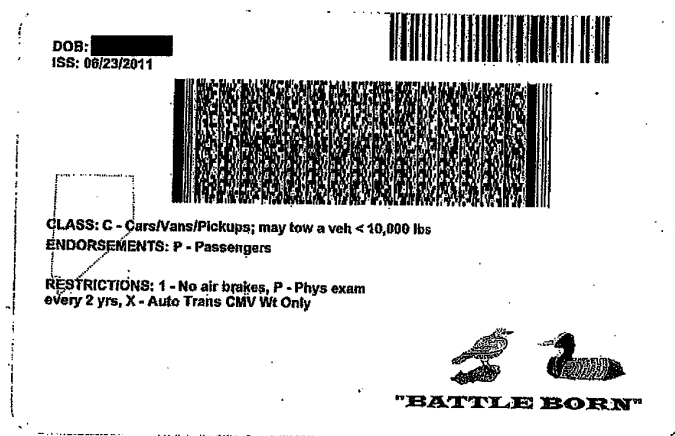
00A13-00026





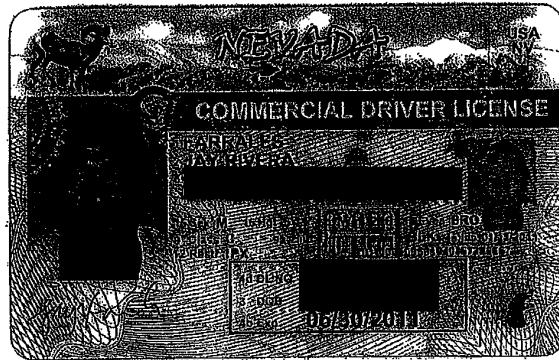
FARRALES EMPLOYEE FILE-SUPP 00027

00A13-00027



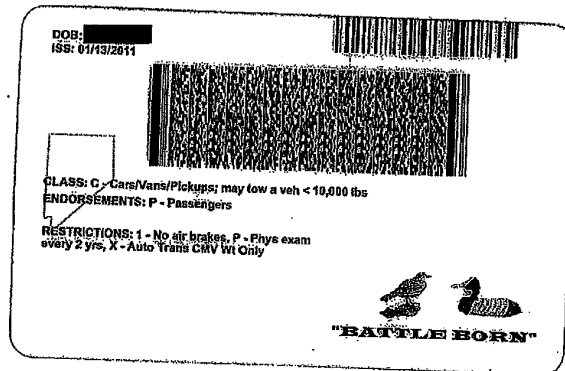
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00A13-00028



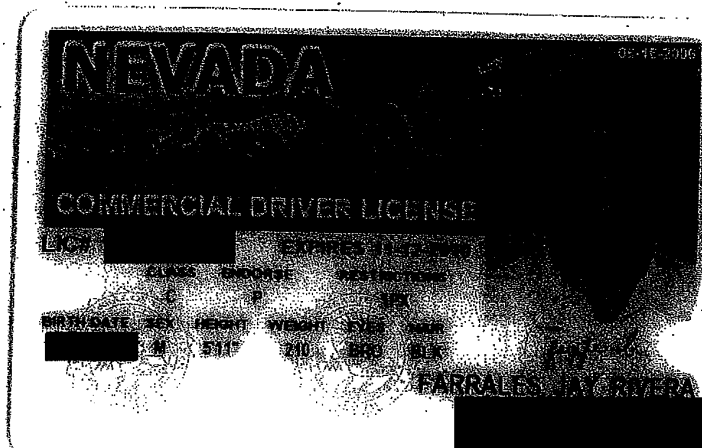
FARRALES EMPLOYEE FILE-SUPP 00029

00A13-00029



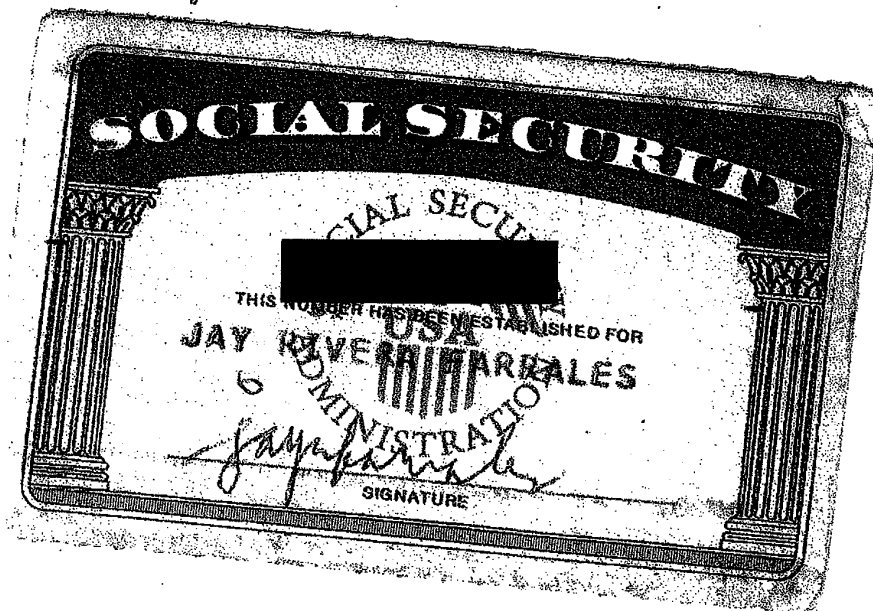
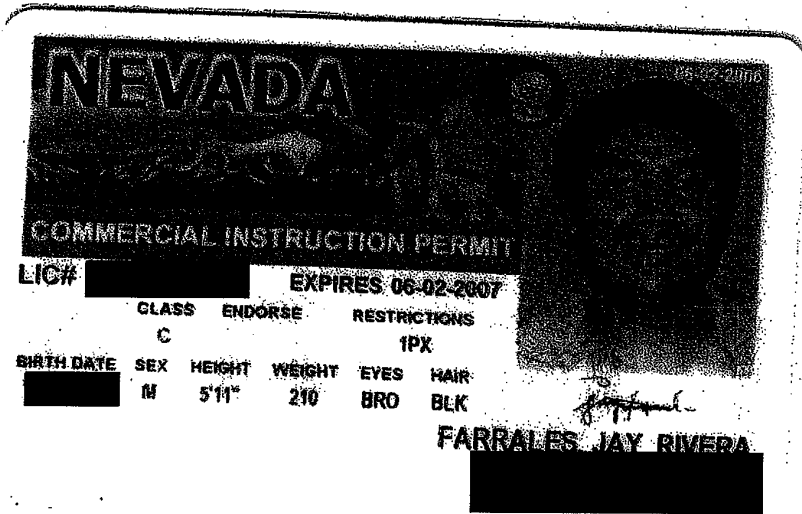
FARRALES EMPLOYEE FILE-SUPP 00030

00A13-00030



FARRALES EMPLOYEE FILE-SUPP 00031

00A13-00031



FARRALES EMPLOYEE FILE-SUPP 00032

00A13-00032



COMMERCIAL DRIVER'S LICENSE  
FIELD SERVICES DIVISION  
(877) 368-7828  
www.dmvstat.com

THIRD PARTY CERTIFICATION OF DRIVING ABILITY

B 0021166

<b>Instructions:</b> The driver completes Section 1. The certifier completes Section 2 and certifies all the information.	<b>Department Action</b>	
	Original: <input type="checkbox"/>	Re-Evaluation: <input type="checkbox"/>
	Accepted.....	Accepted.....
	Denied.....	Denied.....

**Driver** (please print):

Name (Last, First, Middle) FARRALES, JAY RIVERA

Address [REDACTED]

City [REDACTED]

Driver's License or Social Security No. [REDACTED] Date of Birth [REDACTED]

Driver is an employee of this company: ☒ Yes ☐ No

Signature [Signature] Date 06-16-06

**Certifier** (please print):

Company Name Hadlow Transit Company No. 62440

Address 3214 Citizen Ave.

City N. Las Vegas State NV Zip 89132 Phone (702) 648-3451

Certifier is an employee of this company: ☒ Yes ☐ No

Certifier's Name Stella McCartney Certifier's No. 050802

License Classification	Test Scores			Skills test administered in vehicle equipped:
	Pre-Trip	Basic Skills	Drive	
<input type="checkbox"/> Class A				<input type="checkbox"/> With Air Brakes
<input type="checkbox"/> Class B				<input checked="" type="checkbox"/> With Out Air Brakes
<input checked="" type="checkbox"/> Class C				<input checked="" type="checkbox"/> Automatic Transmission
<input checked="" type="checkbox"/> 16 or More Passengers	<u>N/A</u>	<u>-3</u>	<u>-15</u>	<input type="checkbox"/> Standard Transmission
<input type="checkbox"/> Hazmat (must be 21 years old)				

I certify the driver named above has taken the required CDL tests in a representative vehicle and I agree and understand any misstatement of material facts herein may cause the revocation of my or the company's authorization to certify driving ability. I further certify all statements on this application are true.

[Signature]  
Certifier's Signature

06/16/06  
Date

White—Driver to give to DMV Yellow—Company's Records **FARRALES EMPLOYEE FILE-SUPP 00033**

CDL-20\* (NSPO-9-02)

(C) 1820

00A13-00033



Driver Name: Last <u>FARRALES</u> First <u>JAY</u> MI <u>R</u>		Date of Birth: <u>[REDACTED]</u>	Social Security No.: <u>[REDACTED]</u>
Driver's License No.: <u>[REDACTED]</u>		Examiner: <u>[REDACTED]</u>	Route #: <u>[REDACTED]</u>
Third-Party Company/School Name: <u>Handlow Transit</u>		Company/School Certification No.: <u>62440</u>	
Third-Party Certifier Name: <u>Scott McCarney</u>		Examiner Certification No.: <u>050802</u>	
License Type: <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C	Vehicle Type: <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Straight Truck <input type="checkbox"/> School Bus <input type="checkbox"/> Coach/Transit <input checked="" type="checkbox"/> Shuttle Bus <input type="checkbox"/> Other	Endorsements: <input checked="" type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> X <input type="checkbox"/> S	Add Restrictions: <u>-</u>
The Skills test was administered in a vehicle equipped: <input type="checkbox"/> With Air Brakes <input checked="" type="checkbox"/> Without Air Brakes <input checked="" type="checkbox"/> With Automatic Transmission <input type="checkbox"/> With Standard Transmission		Vehicle Registration: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Insurance: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Remove Restrictions: <u>-</u>	

### Commercial Driver's License Road Test

Left		Turns	Right		EXPRESSWAY
1 2 3 4	Approach -		1 2 3 4	Merge On-	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Traffic Check .....		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Traffic check, signal, spacing, no stop, merge, cancel signal .....	<input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Signal, decelerate, coast, lane .....		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	If Stop-			Lane Changes-	<u>LR</u>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Necessary, smooth, gap, stop line, full stop, wheels straight .....		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Traffic check, signal spacing, smooth change, cancel signal .....	<input type="checkbox"/> <input type="checkbox"/>
	Turning-			Exit-	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Traffic check .....		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Traffic check, signal .....	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Both hands, gears .....		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Smooth merge to exit lane .....	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Speed, wide/short .....		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Decelerate in exit lane .....	<input type="checkbox"/>
	Complete Turn-			Ramp speed, spacing, cancel signal .....	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Traffic check .....		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Correct Lane .....		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Signal, accelerate, light .....		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<u>1210</u>	Errors .....		<u>1000</u>	Errors .....	<u>0</u>

INTERSECTIONS		START/STOP ON GRADE		DRIVE UP GRADE	
Stopping -	S S	Approach-		Proper gear .....	<input type="checkbox"/>
Traffic check .....	<input type="checkbox"/> <input type="checkbox"/>	Traffic check .....	<input type="checkbox"/>	Keep right, 4-ways if slow .....	<input checked="" type="checkbox"/>
Decelerate, coast .....	<input type="checkbox"/> <input checked="" type="checkbox"/>	Signal on .....	<input type="checkbox"/>	Traffic checks .....	<input type="checkbox"/>
Gap, stop line, full stop .....	<input type="checkbox"/> <input type="checkbox"/>	Correct lane, decelerate, not coast .....	<input type="checkbox"/>	Errors .....	<u>2</u>
Driving Through -	T R	Stop-		DRIVE DOWN GRADE	
Traffic check .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Parallel, not blocking, not rolling .....	<input type="checkbox"/>	In proper gear, keep right .....	<input type="checkbox"/>
Yield, lane, gear .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Signal off/4-ways on .....	<input type="checkbox"/>	Brake check, clutch .....	<input checked="" type="checkbox"/>
Accelerate .....	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Parking brake on .....	<input type="checkbox"/>	Safe speed, braking .....	<input type="checkbox"/>
Errors .....	<u>0100</u>	Resume-		Traffic checks .....	<input type="checkbox"/>
URBAN/RURAL	U R	Traffic check, 4-ways off/signals on .....	<input type="checkbox"/>	Errors .....	<u>2</u>
Regular traffic checks .....	<input type="checkbox"/> <input type="checkbox"/>	parking brake, not stall engine .....	<input type="checkbox"/>	RAILROAD CROSSING	
Selects proper lane .....	<input type="checkbox"/> <input type="checkbox"/>	Traffic check, accelerate .....	<input type="checkbox"/>	Traffic check .....	<input type="checkbox"/>
Keeps vehicle in lane .....	<input type="checkbox"/> <input type="checkbox"/>	Errors .....	<input checked="" type="checkbox"/>	Low, gears, stop, pass, change lanes .....	<input type="checkbox"/>
Speed, follow distance .....	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Errors .....	<u>0</u>
Lane changes; traffic check, signal, space, smooth change:		CURVE		BRIDGE/OVERPASS/SIGN	
Left .....	<input type="checkbox"/> <input type="checkbox"/>	Speed: enter, through, stay in lane .....	<input type="checkbox"/>	Knew weight/clearance/sign .....	<input type="checkbox"/>
Right .....	<input type="checkbox"/> <input type="checkbox"/>	Traffic checks .....	<input checked="" type="checkbox"/>	Errors .....	<u>0</u>
Errors .....	<u>10</u>				

GENERAL DRIVING BEHAVIOR	AUTOMATIC 5-POINT DEDUCTION	AUTOMATIC FAILURES
Used clutch properly (shifting, double clutched, didn't ride) .....	Wore safety belt .....	Moving traffic violation or disregard of traffic laws .....
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used gears properly (gears, did not rev/lug engine, clash gears or coast) .....	Vehicle on curb or sidewalk .....	Avoidable accident or incident .....
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used brakes properly (smooth braking, no riding or pumping) .....	Did not use clutch .....	Dangerous action or unsafe behavior .....
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper steering (both hands on wheel, no over/under control) .....	Amber light .....	Put vehicle over sidewalks or curbs .....
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper lane usage (not over lanes, stop lines, correct lane) .....	Lane change .....	Lack of cooperation or refusal to perform .....
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obedient traffic signs and signals .....	Maintains vehicle control .....	Inexperienced .....
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Cell Phone Usage .....
		<input type="checkbox"/>

NOTES:

FARRALES EMPLOYEE FILE-SUPP 00034

00A13-00034



## **CERTIFICATE OF SERVICE**

I hereby certify that the foregoing **RESPONDENTS' APPENDIX, VOLUME 2**, was filed electronically with the Nevada Supreme Court on the 21st day of February, 2018. Electronic Service of the foregoing document shall be made in accordance with the Master Service List as follows:

Joel D. Henriod, Esq.  
Daniel F. Polsenberg, Esq.  
LeAnn Sanders, Esq.  
Benjamin P. Cloward, Esq.

I further certify that I served an electronic copy of this document on disk by mailing a true and correct copy thereof, postage prepaid, addressed to:

Charles H. Allen, Esq.  
Charles Allen Law Firm  
950 E. Paces Ferry Road  
NE Suite 1625  
Atlanta, Georgia 30326

/s/ Leah Dell  
Leah Dell, an employee of  
Marquis Aurbach Coffing

**IN THE SUPREME COURT OF THE STATE OF NEVADA**

FIRST TRANSIT, INC.; and JAY  
FARRALES,

Appellants,

vs.

JACK CHERNIKOFF; and ELAINE  
CHERNIKOFF,

Respondents.

Case No.: 70164

Electronically Filed  
Feb 22 2018 11:40 a.m.  
Elizabeth A. Brown  
Clerk of Supreme Court

Appeal from the Eighth Judicial District  
Court, the Honorable Stefany Miley  
Presiding

**RESPONDENTS' APPENDIX**  
**(Volume 2, Bates Nos. 251-445)**

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callen@charlesallenlawfirm.com

*Attorneys for Respondents, Jack Chernikoff and Elaine Chernikoff*

## **INDEX TO RESPONDENTS' APPENDIX**

<b>DOCUMENT DESCRIPTION</b>		<b>LOCATION</b>
Motion to Dismiss the Estate of Harvey Chernikoff (filed 02/20/14)		Volume 1, Bates Nos. 1–9
<b>Exhibits to Motion to Dismiss the Estate of Harvey Chernikoff</b>		
Exhibit No.	Document Description	
A	Complaint (filed 05/31/13)	Volume 1, Bates Nos. 2–24
B	Defendants First Transit, Inc., Laidlaw Transit Services, Inc., d/b/a First Transit and Jay Farrales' Answer to Plaintiffs' Complaint (filed 06/27/13)	Volume 1, Bates Nos. 25–35
C	Plaintiff Jack Chernikoff, as Personal Representative of the Estate of Harvey Chernikoff Responses to Defendants' First Set of Request for Production of Documents (dated 09/24/13)	Volume 1, Bates Nos. 36–50
D	October 2, 2013 Letter from LeAnn Sanders to Ben Cloward Regarding Discovery Responses	Volume 1, Bates Nos. 51–54
E	November 14, 2013 Response Letter from Ben Cloward to LeAnn Sanders	Volume 1, Bates Nos. 55–57
F	January 7, 2014 Letter from LeAnn Sanders to Ben Cloward Regarding Dismissal of Claims	Volume 1, Bates Nos. 58–60
G	January 16, 2014 Letter from Ben Cloward to LeAnn Sanders with Letters of Special Administration	Volume 1, Bates Nos. 61–65
Notice of Entry of Stipulation and Order Dismissing the Estate of Harvey Chernikoff with Order (filed 04/04/14)		Volume 1, Bates Nos. 66–72

<b>DOCUMENT DESCRIPTION</b>		<b>LOCATION</b>
Plaintiffs' Renewed Objection to Evidence Mentioning Plaintiffs' Non-Testifying Experts, Dr. Carl Berkowitz or Ned Einstein (filed 02/24/16)		Volume 1, Bates Nos. 73–81
<b>Exhibits to Plaintiffs' Renewed Objection to Evidence Mentioning Plaintiff's Non-Testifying Experts, Dr. Carl Berkowitz or Ned Einstein</b>		
Exhibit No.	Document Description	
1	Defendants Jay Farrales and First Transit, Inc.'s Initial Expert Witness Disclosure Statement (filed 06/27/14)	Volume 1, Bates Nos. 82–111
2	Defendants Jay Farrales and First Transit, Inc.'s Rebuttal Expert Witness Disclosure Statement (served 07/28/14)	Volume 1, Bates Nos. 112–126
3	Defendants Jay Farrales and First Transit, Inc.'s Rebuttal Expert Witness Disclosure Statement (served 07/28/14)	Volume 1, Bates Nos. 127–141
Clerk's Exhibit List		Volume 1, Bates Nos. 142–152
<b>Joint Trial Exhibits</b>		
Exhibit No.	Document Description	
A1	Operator Incident Report	Volume 1, Bates Nos. 153–154
A3	Records from Clark County Coroner	Volume 1, Bates Nos. 155–176
A5	Records from Clark County Fire Department	Volume 1, Bates Nos. 177–180
A6	RTC Paratransit Guide	Volume 1, Bates Nos. 181–193

<b>DOCUMENT DESCRIPTION</b>		<b>LOCATION</b>
<b>Joint Trial Exhibits (cont.)</b>		
Exhibit No.	Document Description	
A7	First Transit Las Vegas Operator Training Requirements	Volume 1, Bates Nos. 194–197
A8	First Transit Las Vegas Operator Minimum Training Requirements	Volume 1, Bates Nos. 198–199
A9	First Transit Las Vegas Operator Collective Bargaining Agreement	Volume 1, Bates Nos. 200–250
A10	Jay Farrales’ Personnel File	Volume 2, Bates Nos. 251–383
A11	Jay Farrales’ Medical Examination Reports for Commercial Driver Fitness Determination	Volume 2, Bates Nos. 384–393
A12	Jay Farrales’ Application for Employment with Laidlaw	Volume 2, Bates Nos. 394–410
A13	Supplement to Jay Farrales’ Personnel File	Volume 2, Bates Nos. 411–445
A14	Documentation Regarding Jay Farrales’ Safety Classes and Tests	Volume 3, Bates Nos. 446–556
A15	Driver Manifest for Bus 1790 on July 29, 2011	Volume 3, Bates Nos. 557–562
A16	Contract Between RTC of Southern Nevada and Laidlaw Transit Services Inc. (dated 02/08/07)	Volume 3, Bates Nos. 563–683
A18	Photograph of Signage on Bus	Volume 3, Bates Nos. 684–686
A19	Bus Inspection Photos (00004) and (00026)	Volume 3, Bates Nos. 687–691

<b>DOCUMENT DESCRIPTION</b>		<b>LOCATION</b>
<b>Plaintiffs' Trial Exhibits</b>		
Exhibit No.	Document Description	
2	2010 First Transit Employee Handbook	Volume 4, Bates Nos. 692–773
3	Page 00009 Only of LVMPD's Incident Report: Voluntary Statement	Volume 4, Bates Nos. 774–776
7	14 Color Photographs of Harvey Chernikoff's Life	Volume 4, Bates Nos. 777–792
9	Page 00051 Only from Jay Farrales' Personnel File	Volume 4, Bates Nos. 793–795
13	Photos of Decedent	Volume 4, Bates Nos. 796–801
<b>Defendants' Trial Exhibit</b>		
Exhibit No.	Document Description	
F	Excerpted Pages from Harvey Chernikoff's Medical Records from Gautham Reddy M.D. (admitted 02/24/16)  F00011–F0014; F00015–F00020; F00025–F00027; F00044–F00045; and F00081	Volume 4, Bates Nos. 802–834
<b>Court's Trial Exhibit</b>		
Exhibit No.	Document Description	
1	Plaintiffs' Power Point Presentation	Volume 5, Bates Nos. 835–949
2	Juror Question from Juror #8 (not asked)	Volume 5, Bates Nos. 950–951
3	Juror Question from Juror #4 (asked and answered)	Volume 5, Bates Nos. 952–953

<b>DOCUMENT DESCRIPTION</b>		<b>LOCATION</b>
<b>Court's Trial Exhibit (cont.)</b>		
Exhibit No.	Document Description	
4	Juror Question from Juror #8 (asked and answered)	Volume 5, Bates Nos. 954–955
5	Juror Question from Juror #8 (asked and answered)	Volume 5, Bates Nos. 956–957
6	Defendants' Power Point Presentation	Volume 5, Bates Nos. 958–966
7	Juror Question from Juror #4 (not asked)	Volume 5, Bates Nos. 967–968
8	Juror Question from Juror #4 (not asked)	Volume 5, Bates Nos. 969–970
9	Juror Question from Juror #4 (not asked)	Volume 5, Bates Nos. 971–972
10	Juror Question from Juror #8 (not asked)	Volume 5, Bates Nos. 973–974
11	Juror Question from Juror #8 (asked and answered)	Volume 5, Bates Nos. 975–976
12	Juror Question from Juror #4 (asked and answered)	Volume 5, Bates Nos. 977–978
13	Juror Question from Juror #10 (asked and answered)	Volume 5, Bates Nos. 979–980
14	Juror Question from Juror #8 (asked and answered)	Volume 5, Bates Nos. 981–982
15	Juror Question from Juror #8 (asked and answered)	Volume 5, Bates Nos. 983–984
16	Juror Question from Juror #4 (asked and answered)	Volume 5, Bates Nos. 985–986

<b>DOCUMENT DESCRIPTION</b>		<b>LOCATION</b>
<b>Court's Trial Exhibit (cont.)</b>		
Exhibit No.	Document Description	
17	Juror Question from Juror #3 (asked and answered)	Volume 5, Bates Nos. 987–988
18	Juror Question from Juror #4 (asked and answered)	Volume 5, Bates Nos. 989–990
19	Juror Question from Juror #10 (asked and answered)	Volume 5, Bates Nos. 991–992
20	Plaintiffs' Proposed Instruction-Not Given	Volume 5, Bates Nos. 993–994
21	Plaintiffs' Closing Argument Power Point	Volume 5, Bates Nos. 995–1027
22	Defendants' Closing Argument Power Point	Volume 5, Bates Nos. 1028–1053
Docket of Case No. A-13-682726-C		Volume 5, Bates Nos. 1054–1066



## **JOINT TRIAL EXHIBIT A10**

Confidential

Employee Name Jay FARRALES

File Creation Date \_\_\_\_\_

Initials JH

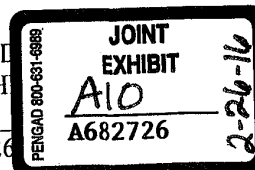
### PERSONNEL

#### SECTION ONE

	Initial	Date
Full Application	<u>JH</u>	_____
Resume	_____	_____
Signed Conditional Offer Letter	_____	_____
Signed Job Description	_____	_____
Emergency Notification Sheet	<u>JH</u>	_____
New Hire Docs Checklist	_____	_____
Handbook Sign Off	<u>JH</u>	_____
Union Sign Off	_____	_____
Map Book Sign Off	<u>JH</u>	_____
Fare Box Sign Off	<u>JH</u>	_____
Badge Sign Off	<u>JH</u>	_____
Uniform Sign Off	<u>JH</u>	_____
Resignation Letter	_____	_____
Termination Checklist/Exit Interview	_____	_____

FARRALES EMPLOYEE FILE 00001

MARKED FOR ID  
PROPOSED EXH  
# A-10  
Case No. A682726



00A10-00001

Employee Name JAY FARRALES Start Date 6-2-06

Location \_\_\_\_\_

Audit Review \_\_\_\_\_ Today's Date \_\_\_\_\_

Items in sections below that are bold must be included within each personnel file. Use this form as an auditing tool or checklist for each employee file to ensure you have the proper documentation in the correct folder(s) and location(s) BEFORE an Audit.

Remember: audited errors in Personnel Files will result in an FGA Internal Audit (IA) rating of "weak" (meaning - failure) rating for your location effective 07/01/2008.

## **PERSONNEL FILE FOLDER**

### **Personnel Section**

- Completed & Signed Original Employment Application**
- Conditional Offer Letter / Signed Acceptance
- Non-Compete/Confidentiality Agreements (Mgmt Only)
- Emergency Notification Information Sheet
- New Hire Documents Acknowledgement Sheet
- Company Property Acknowledgement Sheet
- Resignation Letter (when applicable)
- Termination Checklist & Exit Interview (when applicable)
- Meal Waiver

### **Performance Section**

- Performance Appraisals, Reviews, Commendations
- Disciplinary Action Form / Union Grievances
- Moving Violations / Tickets
- Career Development Policy documents

### **Payroll Section**

- Profiles (new hire, transfer, promotion, term, changes)**
- Tax Forms - Federal, State & Local**
- Direct Deposit Form / Waiver
- Union Dues Authorization
- Any other deduction authorization form(s)

### **Attendance Section**

- Leave of Absence Requests & Approval Dates of Leave
- Return to work documentation
- Paid Time off (PTO) Requests -- (Vacation, sick, etc.)
- Other attendance information / documents

#### **Items that Should be Included be in Personnel File folder:**

- I-9 Information
- Emergency Notification Sheet
- EEO Applicant and signed documents
- EEO Complaint Information Sheet
- Work Opportunities
- Tax and Social Security Forms
- Other pertinent forms
- Any other deduction authorization form(s)

#### **I-9 BINDERS (2) - (Active & Inactive)**

I-9 completed accurately and properly on file

Separate from their Personnel File

#### **EEO APPLICANT QUESTIONNAIRE FILE**

EEO Applicant completed accurately and properly on file

Applications received, but not hired

Separate from their Personnel File

# Laidlaw

## TRANSIT SERVICES

## APPLICATION FOR EMPLOYMENT

As an **EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**, Laidlaw does not discriminate against applicants or employees because of their age, race, color, religion, sex, sexual orientation, physical or mental disability, medical condition, pregnancy, marital status, national origin, or on any other basis prohibited by applicable law. Please contact the Human Resources Department of Laidlaw Transit Services, Inc. if you have any questions or complaints regarding this policy.

### PERSONAL INFORMATION

PLEASE TYPE OR PRINT IN INK					Date <u>MAY 22, 2006</u>
NAME (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER		
<u>FARRACES</u>	<u>JAY</u>	<u>RIVERA</u>	[REDACTED]		
CURRENT ADDRESS (Street) (City) (State) (Zip Code)					PHONE NUMBER
[REDACTED]					[REDACTED]
RESIDENT ADDRESS (Street) (City) (State) (Zip Code) (if different from above)					PHONE NUMBER Area Code ( ) -
[REDACTED]					[REDACTED]
ARE YOU OVER THE AGE OF 18? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					

### TYPE OF POSITION DESIRED

POSITION APPLIED FOR: <u>DRIVER</u>		<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Salary Expected
WILL YOU RELOCATE? IF "YES," ANY RESTRICTIONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE AVAILABLE TO WORK WITH LAIDLAW <u>ASAP</u>	
HAVE YOU EVER WORKED FOR ANY LAIDLAW COMPANY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND WHERE?	
HAVE YOU EVER APPLIED WITH ANY LAIDLAW COMPANY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND WHERE?	
DO YOU HAVE ANY RELATIVES WHO CURRENTLY WORK FOR LAIDLAW OR ANY OF ITS SUBSIDIARIES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, PLEASE DESCRIBE WHO, WHERE AND NATURE OF RELATIONSHIP?	
HOW WERE YOU REFERRED TO LAIDLAW? <u>BY A FRIEND</u>			
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF HIRED, COULD YOU PROVIDE PROOF OF SUCH AUTHORIZATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Can you perform all essential job functions listed on the Job Description of the position for which you are applying, with or without reasonable accommodation? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Have you ever been incarcerated in a State or Federal correctional institution for a felony conviction? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Have you ever had a criminal conviction for any of the following:	
Crimes of Violence <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Possession, Sale or Use of Drugs* <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Sexual Misconduct <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Child Pornography <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Civil Disorder <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Crimes Against the State <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Please explain any "YES" answers. (WHERE) (WHEN) (CHARGE) (SENTENCE)	
[REDACTED]	

Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job for which you are applying.

\*California Only - Misdemeanor marijuana-related convictions over 2 years old need not be disclosed.

Revised 6/05

00A10-00003

# WORK EXPERIENCE

Provide complete information as required below for the past 10 years, starting with your most recent employment. If not continually employed, indicate periods of unemployment. Attach additional sheets if necessary. May we contact your present employer? ☐ YES ☐ NO ☐ Not currently employed

1	COMPANY NAME	FROM	STARTING
	Unemployed	3   98	
	ADDRESS	MONTH YEAR	
		STARTING SALARY	
	CITY, STATE, ZIP	\$	ENDING
		PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR	
	NAME OF SUPERVISOR	TO	
		6   98	
	TITLE OF SUPERVISOR	MONTH YEAR	REASON FOR LEAVING
		ENDING SALARY	
	PHONE NUMBER (Area Code) - (Extension)	\$	
		PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR	

2	COMPANY NAME	FROM	STARTING
	Unemployed	3   06	
	ADDRESS	MONTH YEAR	
		STARTING SALARY	
	CITY, STATE, ZIP	\$	ENDING
		PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR	
	NAME OF SUPERVISOR	TO	
		6   06	
	TITLE OF SUPERVISOR	MONTH YEAR	REASON FOR LEAVING
		ENDING SALARY	
	PHONE NUMBER (Area Code) - (Extension)	\$	
		PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR	

3	COMPANY NAME	FROM	STARTING
	ADDRESS	MONTH YEAR	
		STARTING SALARY	
	CITY, STATE, ZIP	\$	ENDING
		PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR	
	NAME OF SUPERVISOR	TO	
	TITLE OF SUPERVISOR	MONTH YEAR	REASON FOR LEAVING
		ENDING SALARY	
	PHONE NUMBER (Area Code) - (Extension)	\$	
		PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR	

4	COMPANY NAME	FROM	STARTING
	ADDRESS	MONTH YEAR	
		STARTING SALARY	
	CITY, STATE, ZIP	\$	ENDING
		PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR	
	NAME OF SUPERVISOR	TO	
	TITLE OF SUPERVISOR	MONTH YEAR	REASON FOR LEAVING
		ENDING SALARY	
	PHONE NUMBER (Area Code) - (Extension)	\$	
		PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR	

FARRALES EMPLOYEE FILE 00004

00A10-00004

# WORK EXPERIENCE

Provide complete information as required below for the past 10 years, starting with your most recent employment. If not continually employed, indicate periods of unemployment. Attach additional sheets if necessary. May we contact your present employer? ☒ YES ☐ NO ☐ Not currently employed

PREVIOUS EMPLOYER and SUPERVISOR		PERIOD OF EMPLOYMENT		JOB RESPONSIBILITIES and DUTIES	
1	<b>COMPANY NAME</b> <b>HENDERSON CAB COMPANY</b> <b>ADDRESS</b> <b>1910 INDUSTRIAL RD</b> <b>CITY, STATE, ZIP</b> <b>LAS VEGAS NV</b> <b>NAME OF SUPERVISOR</b> <b>STACY</b> <b>TITLE OF SUPERVISOR</b> <b>PHONE NUMBER</b> ( ) - ( ) <small>Area Code Extension</small>	<b>FROM</b> <b>09</b> <b>02</b> <small>MONTH YEAR</small> <b>STARTING SALARY</b> <b>\$800/2 WKS</b> <small>PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR</small> <b>TO</b> <b>03</b> <b>06</b> <small>MONTH YEAR</small> <b>ENDING SALARY</b> <b>\$ BY COMMISSION</b> <small>PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR</small>	<b>STARTING</b> <b>DRIVING</b> <b>ENDING</b> <b>DRIVING</b> <b>REASON FOR LEAVING</b> <b>TRY NEW OPPORTUNITIES</b> <b>&amp; BETTER &amp; STABLE JOB</b>		
2	<b>COMPANY NAME</b> <b>W H SMITH</b> <b>ADDRESS</b> <b>3700 W FLAMINGO RD</b> <b>CITY, STATE, ZIP</b> <b>LV NV</b> <b>NAME OF SUPERVISOR</b> <b>JULIET</b> <b>TITLE OF SUPERVISOR</b> <b>PHONE NUMBER</b> ( ) - ( ) <small>Area Code Extension</small>	<b>FROM</b> <b>07</b> <b>00</b> <small>MONTH YEAR</small> <b>STARTING SALARY</b> <b>\$8.00/hr</b> <small>PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR</small> <b>TO</b> <b>09</b> <b>02</b> <small>MONTH YEAR</small> <b>ENDING SALARY</b> <b>\$8.20/hr</b> <small>PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR</small>	<b>STARTING</b> <b>SALES ASSOCIATE</b> <b>ENDING</b> <b>SALES ASSOCIATE</b> <b>REASON FOR LEAVING</b> <b>TRY NEW OPPORTUNITIES</b>		
3	<b>COMPANY NAME</b> <b>CBE</b> <b>ADDRESS</b> <b>8000</b> <b>CITY, STATE, ZIP</b> <b>NVA-VIR. PHIL</b> <b>NAME OF SUPERVISOR</b> <b>TITLE OF SUPERVISOR</b> <b>PHONE NUMBER</b> ( ) - ( ) <small>Area Code Extension</small>	<b>FROM</b> <b>05</b> <b>98</b> <small>MONTH YEAR</small> <b>STARTING SALARY</b> <b>\$</b> <small>PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR</small> <b>TO</b> <b>06</b> <b>2000</b> <small>MONTH YEAR</small> <b>ENDING SALARY</b> <b>\$</b> <small>PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR</small>	<b>STARTING</b> <b>MANAGER</b> <b>ENDING</b> <b>MANAGER</b> <b>REASON FOR LEAVING</b> <b>RELOCATION</b>		
4	<b>COMPANY NAME</b> <b>DITANI'S DENTAL LAB</b> <b>ADDRESS</b> <b>MARIANA</b> <b>CITY, STATE, ZIP</b> <b>METRO MANICA, PAIC.</b> <b>NAME OF SUPERVISOR</b> <b>SOMY DITANI</b> <b>TITLE OF SUPERVISOR</b> <b>PHONE NUMBER</b> ( ) - ( ) <small>Area Code Extension</small>	<b>FROM</b> <b>04</b> <b>96</b> <small>MONTH YEAR</small> <b>STARTING SALARY</b> <b>\$</b> <small>PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR</small> <b>TO</b> <b>03</b> <b>98</b> <small>MONTH YEAR</small> <b>ENDING SALARY</b> <b>\$</b> <small>PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR</small>	<b>STARTING</b> <b>DENTAL TECHNICIAN</b> <b>ENDING</b> <b>DENTAL TECHNICIAN</b> <b>REASON FOR LEAVING</b> <b>RELOCATION</b> <b>FARRALES EMPLOYEE FILE 00005</b>		

00A10-00005

## Emergency Contact

### Current Employee Contact Information

Name:

JAY FARRALES

Street Address:

City, State, Zip:

Phone:

### Emergency Contact Information #1

Name:

Relationship:

Street Address:

City, State, Zip:

Phone:

### Emergency Contact Information #2

Name:

Relationship:

Street Address:

City, State, Zip:

Phone:

FARRALES EMPLOYEE FILE 00006

00A10-00006

# LIDLAW

TRANSIT SERVICES, INC.

3214 CITIZEN AVENUE • LAS VEGAS • NV • 89032  
TEL: 702-636-6790 • FAX: 702-646-6834

021982

Name: JAY R. FARRALES Male: ☒ Female: ☐

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Phone: [REDACTED] Alt Phone: [REDACTED]

SSN: [REDACTED] Birth date: [REDACTED]

Race: Amer. Ind. ☐ Asian: ☒ Black: ☐ Hispanic: ☐ White: ☐ Other: ☐

(Circle One) Military: Yes ☐ No ☒ Vietnam Vet: Yes ☐ No ☒ Other Vet: ☐

Disabled: Yes ☐ No ☒ Disabled Vet: Yes ☐ No ☒

Marital Status: MARRIED (Single, Married, Separated, Divorced, or Widowed)

Have you ever applied for or worked for Laidlaw Transit Services? NO When? NA

Where? NA Did you have Insurance with Laidlaw? Medical, Vision, Dental -- or NO INS  
(Please circle all that apply)

## Emergency Contact

Name: [REDACTED] Relationship to Employee: [REDACTED]

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Phone: [REDACTED] Alt Phone: [REDACTED]

## FOR OFFICE USE ONLY

Date of Hire: 6-2-06 Department: Driver Pay rate: 11.49

SSN Verification: B Kelly Time: 1250 FARRALES EMPLOYER FILE 00007  
Date: 6/9/16

00A10-00007





## EMPLOYEE HANDBOOK ACKNOWLEDGMENT

This is to acknowledge that I have received a copy of the **First Transit Employee Handbook** and understand that it contains important information on the Company's general policies and on my privileges and obligations as an employee. **I acknowledge that I am expected to read, understand and adhere to the Company policies and will familiarize myself with the material in the Employee Handbook.**

I understand that the Company may change, rescind, or add to any policies, programs or procedures described in the Employee Handbook from time to time at its sole and absolute discretion with or without prior notice.

**I understand that employment with First Transit is considered to be "At-Will" employment (except for employees covered by a Collective Bargaining Agreement).** As such, I understand that my employment with the Company is not for a specified term and is at the mutual consent of myself and the Company. Accordingly, either I or the Company may terminate that employment relationship "at-will," with or without cause, at any time, with or without notice.

If the terms and conditions of my employment are covered by a Collective Bargaining Agreement, any term or condition contained in the Collective Bargaining Agreement supersedes the terms and conditions contained in this Employee Handbook, in the event that they conflict.

I further understand that only the President of First Transit has the authority to modify the at-will nature of the employment relationship and may do so only in a written agreement executed by the President and the employee.

Name (Please Print):

JAY FARRALES

Location:

55842

Position:

BUS OPERATOR

Signature:

[Handwritten Signature]

Date:

08-21-10

(This form is to be signed, removed, and included in your personnel file.) FARRALES EMPLOYEE FILE 00008

00A10-00008

## HANDBOOK ACKNOWLEDGEMENT FORM

This is to acknowledge that I have received a copy of the Laidlaw Transit Services, Inc. Employee Handbook and understand that it contains important information on the Company's general personnel policies and on my privileges and obligations as an employee. I acknowledge that I am expected to read, understand, and adhere to Company policies and will familiarize myself with the material in the handbook. I understand the Company may change, rescind, or add to any policies, programs, or practices described in the handbook from time to time at its sole and absolute discretion with or without prior notice.

I understand that employment with Laidlaw Transit Services, Inc. is considered to be "At-Will" employment. As such, I understand that my employment with the Company is not for a specified term and is at the mutual consent of myself and the Company. Accordingly, either I or the Company may terminate the employment relationship at will, with or without cause, at any time, with or without notice.

I further understand that only the President of Laidlaw Transit Services, Inc. has the authority to modify the at-will nature of the employment relationship and may do so only in a written agreement executed by the President and the employee.

JAY R. FARRALES 2/9068

Employee's Name Typed or Printed

Location

*Jay R. Farrales* 09/21-06

Date

Employee's Signature

FARRALES EMPLOYEE FILE 00009

00A10-00009

# Human Resources

---

Employee Handbook - Revised July 1998

## HANDBOOK ACKNOWLEDGEMENT FORM

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I understand that employment with Laidlaw Transit Services is considered to be "At-Will" employment. As such, I understand that my employment with the company is not for a specified term and is at the mutual consent of myself and the company. Accordingly, either I or the company may terminate the employment relationship at will, with or without cause, at any time, with or without notice.

In the event there is any dispute concerning the legality of my termination, I agree to submit the dispute to binding arbitration in accordance with the rules and regulations of the American Arbitration Association.

JAY R. FARRALES 9068

Employee's Name (Typed or Printed) and Location

Jay Farrales 06-05-06

Employee's Signature and Date

(Copy for Personnel File)

Previous Section | Table of Contents

FARRALES EMPLOYEE FILE 00010

<https://secure.laidlawtransit.com/hr/handbook/hback2.html>

11/4/2005

00A10-00010



## EMPLOYEE HANDBOOK ACKNOWLEDGMENT

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If the terms and conditions of my employment are covered by a Collective Bargaining Agreement, any term or condition contained in the Collective Bargaining Agreement supersedes the terms and conditions contained in this Employee Handbook, in the event that they conflict.

I further understand that only the President of First Transit has the authority to modify the at-will nature of the employment relationship and may do so only in a written agreement executed by the President and the employee.

Name (Please Print):

JAY FARRALES

Location:

55842

Position:

PARA TRANSIT BUS OPERATOR

Signature:

*Jay Farrales*

Date:

03-19-09

(This form is to be signed, removed, and included in your personnel file.)

FARRALES EMPLOYEE FILE 00011

00A10-00011

# LIDLAW

TRANSIT SERVICES, INC.

Lay Farrales  
EMPLOYEE NAME

10430  
ID BADGE NUMBER

81  
MAILBOX KEY NUMBER

I have received a Permanent Identification and a Mailbox Key from Laidlaw Transit Services, Inc. Should I lose or destroy this badge or key, I will replace it at the cost of \$5.00 each. I will return this badge and key at the end of my term of employment.

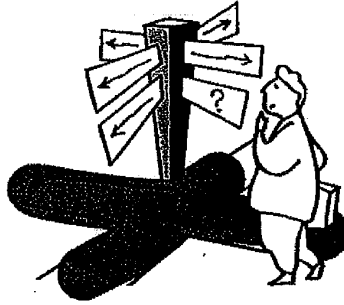
[Signature]  
EMPLOYEE SIGNATURE

06-21-06  
DATE

FARRALES EMPLOYEE FILE 00012

00A10-00012

## MAP BOOK SIGNATURE FORM



I have received a Thomas Guide Map Book from Laidlaw Transit Services, Inc at no obligation to me. If I should lose it or leave my employment with Laidlaw, I agree to turn in my map book or I agree to pay \$15.00.

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

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

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

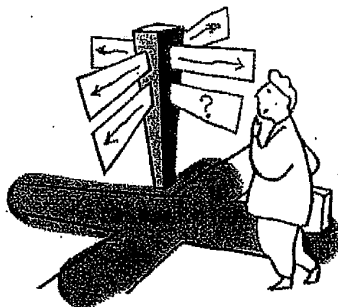
Date: \_\_\_\_\_

Jay Farrales.

FARRALES EMPLOYEE FILE 00013

00A10-00013

## MAP BOOK SIGNATURE FORM



I have received a Thomas Guide Map Book from Laidlaw Transit Services, Inc at no obligation to me. If I should lose it or leave my employment with Laidlaw, I agree to turn in my map book or I agree to pay \$15.00.

Employee Signature: Jayfornah Date: 06-06-06

Supervisor Signature: [Signature] Date: 6-6-06

FARRALES EMPLOYEE FILE 00014

00A10-00014

# ***Laidlaw***

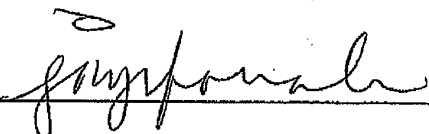
Transit Services, Inc.

I have received a fare box key.

I understand the key is my responsibility.

In the event the key is lost, I will be charged a replacement fee of \$20.00.

Date: 06-21-06

Signature: 

Issued by: JR

FARRALES EMPLOYEE FILE 00015

00A10-00015



# Laidlaw

Transit Services, Inc.

3214 Citizen Ave. Las Vegas, NV 89032  
Ph. (702) 648-3451 \* Fax (702)-648-6834

## Uniform Agreement

I, Jay Farrales, understand that I will be receiving:

Five (5) shirts long and/or short sleeve  
Three (3) bottoms pants and/or shorts  
One (1) jacket

Upon leaving Laidlaw Transit Services, I must return all uniforms given to me by the company. If they are not returned, I will be charged the following:

Shirts \$18.00 each  
Bottoms \$23.00 each  
Jacket \$28.00

If I lose any of these items, I will be charged the above amounts.

Signature

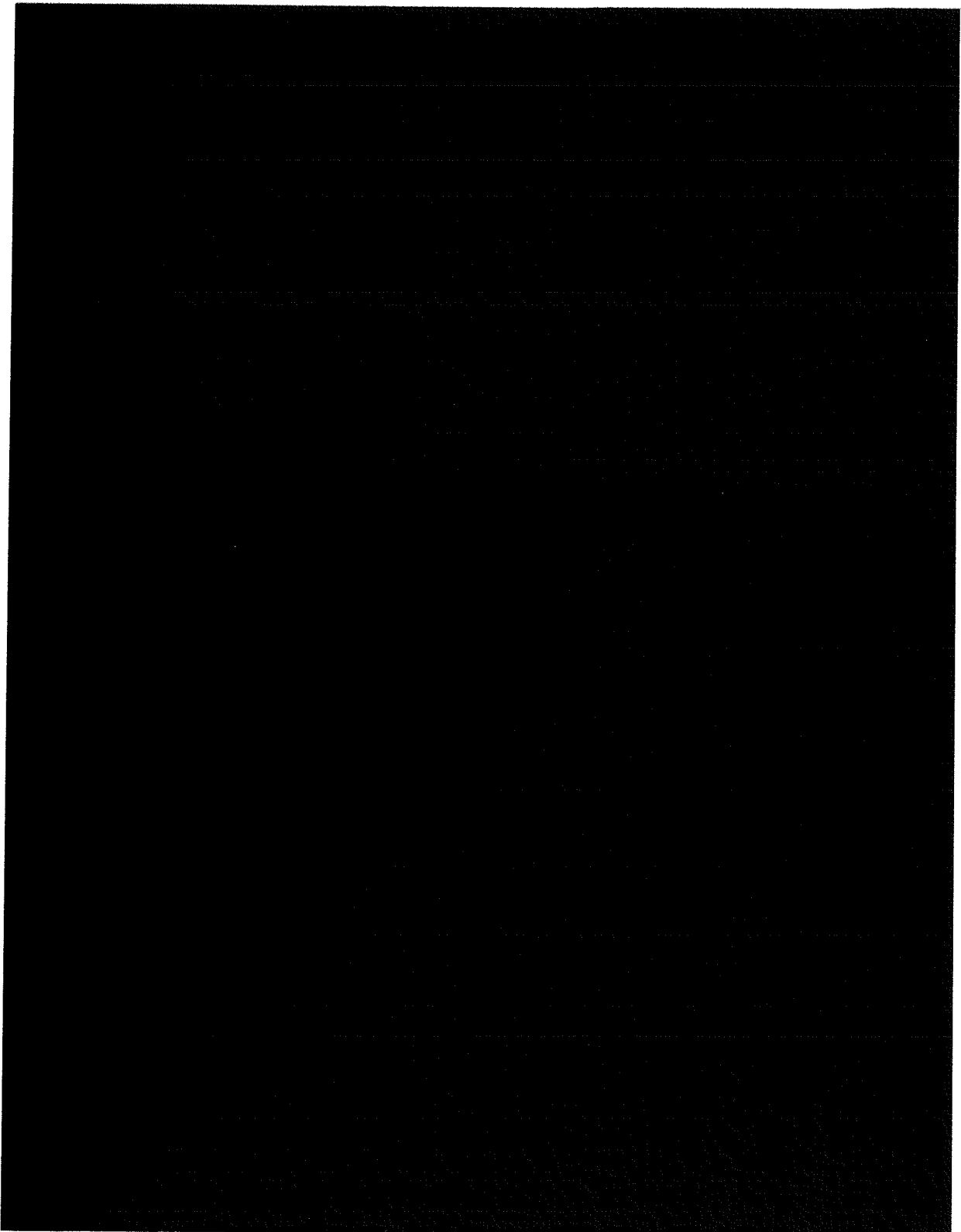
Jay Farrales

Date

06-21-06

B.Kelly  
FARRALES EMPLOYEE FILE 00016  
12/10/04

00A10-00016



18 FARRALES EMPLOYEE FILE 00017

00A10-00017

## Employee Notification of Garnishment

McKinzie, Rebecca

**Sent:** Friday, May 06, 2011 1:10 PM

**To:** Carreon, Elisa

**Attachments:** Jay Farrales.pdf (3 MB)

---

Elisa

Attachment is a garnishment. Please notify employee and give them a copy asap. Inform them that they should read it over and call the garnishment line at 513-419-3237 if they have any questions. If EE is terminated please print and keep a copy in their EE file.

If you are not the person (GM, HR or Payroll person) who this should go too, please forward it to the correct person and cc me so I know who to send future emails too. Thank you

Rebecca McKinzie  
Garnishment Representative  
Phone: 513-419-3391  
Fax: 513-685-4627  
E-mail: [Rebecca.McKinzie@firstgroup.com](mailto:Rebecca.McKinzie@firstgroup.com)

**First**  **America**

**\*\*For all garnishment (Garnishments, tax levies, child support, release) questions please call 513-419-3237\*\***

FARRALES EMPLOYEE FILE 00018

<https://mail.firstgroupamerica.com/CWA/?ae=Item&t=TPM Note&id=R0A A A A C6G0KT e3> 5/6/2011

00A10-00018



First America  
600 Vine Street #1400  
Cincinnati, OH 45202

#### EMPLOYEE NOTIFICATION OF GARNISHMENT

Dear Employee:

The attached creditor garnishment has been received by the payroll department. To comply with all federal and state regulations concerning the withholding and remittance of creditor garnishments, payroll will begin withholding on next payroll. The amount withheld will vary from pay day to pay date depending on the amount you have earned on that individual payroll check.

If you have any questions regarding the garnishment you will need to contact the creditor directly. However, please be aware that the payroll department has no control over the amount of the withholding to be deducted except to comply with legal federal and state limits under the Title III of the Consumer Credit Protection Act.

If you have any disputes as to the amount of the garnishment, the legality of the garnishment itself or any other legal matters please contact the issuing court listed on the attached copy of the garnishment. The payroll department cannot delay, suspend or in any way "alter" the garnishment.

You may want to consider resolving the garnishment, by working out a re-payment plan or paying the garnishment in full. If you do this, obtain a release or modification must be faxed to (513) 685-4627 immediately.

Garnishment Department Management  
Phone: (513) 419-3237

FARRALES EMPLOYEE FILE 00019

00A10-00019

2204  
1-A MAY  
5/6/11 PM

Justice Court, Las Vegas Township  
CLARK COUNTY, NEVADA

FILED

Name: CAPITAL ONE BANK (USA), N.A.

CASE NO. 08C-024987  
DEPT. NO. 13

APR 12 12 30 PM '11

Plaintiff,

MAY 05 2011

WRIT OF EXECUTION JUSTICE COURT  
LAS VEGAS NEVADA

- ☒ EARNINGS  
☐ BANK ACCOUNTS  
☐ OTHER PROPERTY

BY \_\_\_\_\_ DEPUTY

JA

--vs--

Name: JAY FARRALES  
DOES I through X and ROE  
CORPORATIONS I through X,  
inclusive,

Defendants.

THE PEOPLE OF THE STATE OF NEVADA, TO THE CONSTABLE, LAS VEGAS TOWNSHIP, CLARK COUNTY, GREETINGS:

On May 8, 2009 a judgment was entered by the above-entitled court in the above-entitled action in favor of  
CAPITAL ONE BANK (USA), N.A.  
JAY FARRALES as Judgment Creditor, and against  
as Judgment Debtor, for:

\$1,042.97 Principal,  
\$ 459.75 Pre-Judgment Interest,  
\$ 261.00 Attorney Fees, and  
\$ 100.00 Costs, making a total amount of

~~\$1,863.72~~ The judgment as entered, and

WHEREAS, according to an affidavit or a memorandum of costs after judgment, or both, filed herein, it appears that further sums have accrued since the entry of the judgment, to wit:

~~\$712.96~~ Accrued Interest, and  
~~\$ 82.00~~ Accrued Costs, together with  
~~\$ 6.00~~ fee, for the issuance of this writ, making a total of  
~~\$800.96~~ as accrued costs, accrued interest and fees.

Credit must be given for payments and partial satisfactions in the amount of  
which is to be first credited against the total accrued costs and accrued interest, with  
any excess credited against the judgment as entered, leaving a net balance of

~~\$2,039.20~~

~~\$ 625.48~~

actually due on the date of the issuance of this writ, of which \$ .00

bears interest at 27.6 percent per annum, in the amount of \$ .00 per day,

from the date of judgment to the date of levy, to which must be added the commissions and costs of the officer executing this writ.

FARRALES EMPLOYEE FILE 00020

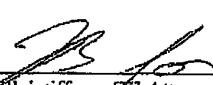
00A10-00020

NOW, THEREFORE, CONSTABLE, you are hereby commanded to satisfy this judgment with interest and costs as provided by law, out of the personal property of the judgment debtor, except that for any workweek, 75 percent of the disposable earnings of the debtor during that week or 50 times the minimum hourly wage prescribed by section 6(a)(1) of the federal Fair Labor Standards Act of 1938, 29 U.S.C. § 206 (a)(1), and in effect at the time the earnings are payable, whichever is greater, is exempt from any levy of execution pursuant to this writ, and if sufficient personal property cannot be found, then out of the real property belonging to the debtor in the aforesaid county, and make return to this writ within not less than 10 days or more than 60 days endorsed thereon with what you have done.

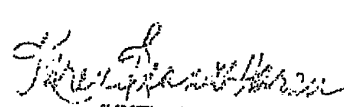
Please execute upon the wages and/or earnings of the Defendant, JAY FARRALES who is employed by the FIRSTGROUP AMERICA, 600 VINE ST. STE 1400, ATTN: PAYROLL DEPARTMENT, CINCINNATI, OH 45202

Dated: This 23 day of the month of March of the year 2011.

Issued at direction of:

  
[ ] Plaintiff [X] Attorney for Plaintiff  
JEFFREY G. SLOANE, ESQ.  
Nevada Bar No. 000784  
8985 S. Eastern Avenue #200  
Las Vegas, NV 89123

By: \_\_\_\_\_

  
JUNEL ARANTE  
Deputy Clerk

APR 12 2011

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

#### CONSTABLE INFORMATION

##### AMOUNTS TO BE COLLECTED BY LEVY:

NET BALANCE:	\$625.48
Advertising:	_____
Garnishment Fee:	\$5.00
Mileage:	_____
Levy Fee:	10
Sub-Total:	640.48
Commission:	12.97
TOTAL LEVY:	653.45

##### RETURN:

_____ not satisfied	\$ _____
_____ Satisfied in sum of	\$ _____
_____ Costs retained	\$ _____
_____ Commission retained	\$ _____
_____ Costs incurred	\$ _____
_____ Commission incurred	\$ _____
_____ Costs received	\$ _____

##### REMITTED TO JUDGMENT CREDITOR:

\$ \_\_\_\_\_

I hereby certify that I have this date returned the Foregoing Writ of Execution with the results of the levy endorsed thereon.

#### CONSTABLE'S CIVIL PROCESS SECTION, LAS VEGAS TOWNSHIP

By: \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

FARRALES EMPLOYEE FILE 00021

00A10-00021

Law Offices  
**KRAVITZ, SCHNITZER, SLOANE & JOHNSON**  
**CHARTERED**

A PROFESSIONAL CORPORATION

MARTIN J. KRAVITZ

GARY E. SCHNITZER

JEFFREY G. SLOANE

M. BRADLEY JOHNSON

MELANIE MORGAN

3955 S. EASTERN AVE., SUITE 200  
LAS VEGAS, NEVADA 89123

TELEPHONE  
(702) 362-6666

FACSIMILE  
(702) 468-9590

JENNIFER N. TAYLOR

JOSEPH L. BLEEKER

GINA MUSHMECHER-BURAS

MICHAEL D. LEE

TIMOTHY J. GESWEIN

TYLER J. WATSON

KRISTOPHER T. ZEPFENFELD

WRITERS DIRECT DIAL

(702) 222-4162

23 day of the month of March of the year 2011

RE: CAPITAL ONE BANK USA, NA  
vs: JAY FARRALES [REDACTED]  
LAS VEGAS TOWNSHIP Case No. 08C-024987

Dear Employer:

Please be advised that this office represents the above named creditor. These garnishment documents which you have received are to notify you that there is a Judgment against the above mentioned individual in your employ.

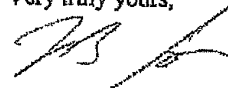
According to the instructions given to you, pursuant to NRS 31.295, you are required to garnish said employees' wages each and every pay period for 120 days. You will not receive any further garnishment papers from either this office or the Constable's office during this 120 day time frame. It is your obligation to make sure that the appropriate funds are withheld from your employee's paycheck and submitted on a timely basis to the office of the Constable. **FAILURE TO COMPLY WITHIN THE APPROPRIATE TIME COULD RESULT IN YOUR BEING HELD LIABLE FOR THE ENTIRE DEBT DUE AND OWING.**

Please return a copy of the completed Interrogatories to our offices **NO LATER THAN 20 DAYS FROM THE DATE OF SERVICE.**

For your time and effort regarding this garnishment, you are entitled to withhold \$3.00 from the employee's paycheck each pay period, not to exceed \$12.00 per month.

Please do not hesitate to contact my legal assistant, Maria Salas, should you have any questions. Your anticipated cooperation is greatly appreciated.

Very truly yours,



JEFFREY G. SLOANE, ESQ.

JGS:MS

\*Send all garnishment checks to the CONSTABLE-LAS VEGAS TOWNSHIP, JOHN BONAVENTURA, 302 E. CARSON AVE. 5TH FLOOR, LAS VEGAS, NV 89155

FARRALES EMPLOYEE FILE 00022

00A10-00022

**CONSTABLE'S OFFICE  
LAS VEGAS TOWNSHIP**

April 29, 2011

MAY 05 2011

FIRST GROUP AMERICA  
600 VINE ST STE 1400  
CINCINNATI, OH 45202

RE: Court Case Number: 08C24987 NAME: JAY FARRALES

In accordance with the Court's order, we are sending you a copy of the *Writ of Execution*, and the *Writ of Garnishment* for the above case. Additionally, we are enclosing a \$5.00 Notary Fee in order for the Writ of Garnishment to be notarized.

Please respond and return the notarized Writ of Garnishment to this office within twenty (20) working days. If you have any questions, please do not hesitate to call.

Sincerely,

Las Vegas Township Constable Office

3 enclosures

302 E. Carson Ave 5<sup>th</sup> Floor • Box 552110  
Las Vegas, NV 89155-2110  
(702) 455-4099 • Fax: (702) 355-2436  
FARRALES EMPLOYEE FILE 00023

00A10-00023



**Justice Court, Las Vegas Township**  
**CLARK COUNTY, NEVADA**

Name: CAPITAL ONE BANK (USA), N.A.

CASE NO. 08C-024987  
DEPT. NO. 13

Plaintiff,

**WRIT OF GARNISHMENT**

VS.

Name: JAY FARRALES  
DOES I through X and ROE  
CORPORATIONS I through X,  
inclusive,

Defendants.

This Writ of Garnishment  
signed and returned  
to Constable Las Vegas Township  
302 E. Carson Ave., 5th Floor  
Las Vegas, NV 89155

THE STATE OF NEVADA TO:

FIRSTGROUP AMERICA, 600 VINE ST. STE 1400, ATTN: PAYROLL DEPARTMENT, CINCINNATI, OH 45202, Garnishee.

You are hereby notified that you are attached as garnishee in the above entitled action and you are commanded not to pay any debt from yourself to **JAY FARRALES**. FOR ADDITIONAL INFORMATION SEE ATTACHED LETTER OR CALL (702)222-4162, Defendant(s) and that you must retain possession and control of all personal property, money, credits, debts, effects and choses in action of said Defendant(s) in order that the same may be dealt with according to law; where such property consists of wages, salaries, commissions or bonuses, the amount you shall retain shall be in accordance with 15 U.S. Code 1673 and Nevada Revised Statutes 31.295

Plaintiff believes that you have property, money, credits, debts, effects and choses in action in your hands and under your custody and control belonging to said Defendant(s), more particularly described as: wages/earnings.

**YOU ARE REQUIRED** within 20 days from the date of service of this Writ of Garnishment to answer the interrogatories set forth herein and forward such answers to the office of the Constable which issued the Writ of Garnishment. In case of your failure to answer the interrogatories within 20 days, a Judgment by Default will be entered against you for:

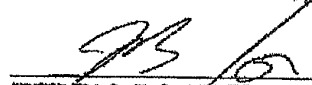
- (a) The amount demanded in the writ of garnishment or the value of the property described in the writ, as the case may be; or
- (b) If the garnishment is pursuant to NRS 31.291, the amount of the lien created pursuant to that section, which amount or property must be clearly set forth in the writ of garnishment.

**IF YOUR ANSWERS TO** the interrogatories indicate that you are the employer of the Defendant(s), this Writ of Garnishment shall be deemed to **CONTINUE FOR 120 DAYS** or until the amount demanded in the attached Writ of Execution is satisfied, whichever occurs earlier.

**YOU ARE FURTHER DIRECTED** to forward all funds due to the Defendant(s) each payday in the future, **UP TO 120 DAYS**, less any amount which is exempt and less \$3.00 per pay period (not to exceed \$12.00 per month) which you may retain as a fee for compliance. The \$3.00 fee does not apply to the first pay period covered by this Writ.

**YOU ARE FURTHER REQUIRED** to serve a copy of your answers to the interrogatories on Plaintiff's attorney, if an address for Plaintiff's attorney appears below.

Issued at direction of:

  
JEFFREY G. SLOANE, ESQ.  
Attorney for Plaintiff  
Nevada Bar No. 000784  
8985 S. Eastern Avenue #200  
Las Vegas, NV 89123

  
CONSTABLE LAS VEGAS TOWNSHIP

Title

Date

FARRALES EMPLOYEE FILE 00024

00A10-00024

STATE OF NEVADA )  
 ) ss:  
COUNTY OF CLARK )

The undersigned being duly sworn states that I received the within WRIT OF GARNISHMENT on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and personally served the same on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in the same manner as provided by rule of court or law of this state for the service of a summons in a civil action, and I tendered the statutory fee of \$5.00 to \_\_\_\_\_ at \_\_\_\_\_, City of \_\_\_\_\_, County of \_\_\_\_\_, State of Nevada.

BY: \_\_\_\_\_  
Title \_\_\_\_\_

INTERROGATORIES TO BE ANSWERED BY THE GARNISHEE AND SIGNED UNDER PENALTY OF PERJURY:

1. Are you in any manner indebted to the Defendant(s) JAY FARRALES \_\_\_\_\_, or either of them, either in property or money, and is the debt now due? If not due, when is the debt to become due? State full particulars.

Answer: yes wages only

2. Are you an employer of one or all of the Defendant(s)? If so, state the length of your pay period and the amount each Defendant presently earns during a pay period.

Answer: yes bi weekly 15.00/hr \$1200

3. Did you have in your possession, in your charge, or under your control, on the date the WRIT OF GARNISHMENT was served upon you, any money, property, effects, goods, chattels, right, credits, or choses in action of the Defendants, or either of them, in which Defendant(s) is/are interested? If so, state its value, and state fully all particulars.

Answer: NO

4. Do you know of any debts owing to the Defendant(s), whether due or not due, or any money, property, effects, goods, chattels, rights, credits or choses in action, belong to the Defendant(s) or in which Defendant(s) is/are interested, and now in the possession or under the control of others? If so, state particulars.

Answer: NO

5. State your correct name and address, or the name and address of your attorney upon whom written notice of further proceedings in this action may be served.

Answer: \_\_\_\_\_

I declare under penalty of perjury under the law of the State of Nevada that the answers to the foregoing interrogatories by me subscribed are true.

Executed on the 6 day of the month of May of the year 2011.

SUBSCRIBED and SWORN to before me this  
6 day of May, 2011.

Rebecca McKinzie  
(Signature of Garnishee)

Pam A. Dargatz  
NOTARY PUBLIC in and for said County  
and State



Pam A. Dargatz  
Notary Public, State of Ohio  
My Commission Expires 10-06-2014

My Commission Expires: 10-6-14

**NOTE:** Under NRS 31.297, if an employer, without legal justification, refuses to withhold the earnings of a Defendant demanded in a WRIT OF GARNISHMENT or knowingly misrepresents the earnings of the Defendant, the court may order the employer to appear and show cause why he should not be subject to the following penalties:

- (1) If the plaintiff has received a judgment against the defendant, an order to the employer to pay the plaintiff the amount of arrearages caused by the employer's refusal to withhold or his misrepresentation of the defendant's earnings.
- (2) In addition, the court may order the employer to pay the plaintiff punitive damages in an amount not to exceed \$1,000 for each pay period in which the employer has, without legal justification, refused to withhold the defendant's earnings or has misrepresented the earnings.

FARRALES EMPLOYEE FILE 00025

00A10-00025

FGA  
24179 Network Place  
Chicago, IL 60673

# Check to Be Deposited

FGA

Please Check The Department

Issuer

24179 Network Place

Date

5/6/11

Cathy

Chicago, IL 60673

Garnishment

X

Ext 8679

Employee Name :

JAY FARRALES

Employee File Number :

680229019

PayGroup:

M4Y

Location Number:

55842

General Ledger		Amount
	Code	
Medical		\$
Dental		\$
Vision		\$
Life/ADD		\$
Optional Life/ADD		\$
Optional Life/ADD		\$
(Check One)		\$
Garn Repay		\$
Setup Fee	99080-78626	\$ 5.00
Refunded EE		\$
Please Explain		
G/L A	6500-11127 or	99080-78626

KRAVITZ, SCHNITZER, SLOANE & JOHNSON, CHTD  
GENERAL ACCOUNT  
8985 SOUTH EASTERN AVENUE, SUITE 200  
LAS VEGAS, NV 89123



Las Vegas, Nevada

263724

NUMBER  
263724

84-177/1224

Five \*\*\*\*\* 00/100

DATE

AMOUNT

PAY  
TO THE  
ORDER First America  
OF

Mar/28/2011

\$5.00

VOID AFTER 90 DAYS

AUTHORIZED SIGNATURE

⑈ 263724 ⑈ ⑆ 122401778 ⑆ 0320000028 ⑈

FARRALES EMPLOYEE FILE 00026

00A10-00026

12 Confidential 6

Employee Name

Jay FARRALES

File Creation Date

Initials

JK

## PERFORMANCE

### SECTION TWO

	Initials	Date
Performance Appraisals	_____	_____
Disciplinary Action Form	_____	_____
Union Grievances	_____	_____
Moving Violations/Tickets	_____	_____
Career Development Policy Documents	_____	_____

FARRALES EMPLOYEE FILE 00027

00A10-00027

# Employee Files Audit Checklist

First Transit

Employee Name

JAY FARRALES

Start Date

6-02-06

Location

Audit Review

Today's Date

Items in sections below that are bold must be included within each personnel file. Use this form as an auditing tool or checklist for each employee file to ensure you have the proper documentation in the correct folder(s) and location(s) BEFORE an Audit.

Remember, audited errors in Personnel Files will result in an FGA Internal Audit (IA) rating of "weak" (meaning - failure) rating for your location effective 07/01/2008.

## MEDICAL FILE FOLDER

- ☐ All Physician notes indicating diagnosis / return to work
- ☐ All On-The-Job Injury (OJI) documentation and medical diagnoses should be in the OJI file.
- ☐ All FMLA / STD Approvals, Requests & Diagnoses
- ☐ Physical Exam Report

## SAFETY FILE FOLDER

Copy of Employment Application

Interview Guide / Candidate Impression Record

### Background Checking

USIS Background Release Authorization (Part 1 - CRC, MVR/Acc & Emp. History)

USIS Background Release Authorization (Part 2 - DOT D&A- if applicable)

### Complete & CLEAR CR Background Check

- ☐ Criminal Check clear, verified discrepancy's
- ☐ Expanded CDL check, if applicable
- ☐ DOT Accident History (if applicable)
- ☐ DOT Past Drug and Alcohol testing (if applicable)
- ☐ Employment History, verified discrepancy's
- ☐ Current DOT Medical Card or company required equivalent (current and past)
- ☐ Motor Vehicle Record
- ☐ Current Driver's License copy (properly endorsed)
- ☐ CDL Recertification / Special Certificate
- ☐ Certification of Road Test

### California Only

- ☐ Proficiency Report - DL170 / ETP
- ☐ Employer Pull Notice - Driver Copy, State Copy & Sign-off - (Annually or per client)

FARRALES EMPLOYEE FILE 00028

Page 2 of 6

Employee File Audit Checklist - Version - bv 07282009 DRAFT  
Last Revised 07/28/2009

00A10-00028

# First Transit

3214 CITIZEN AVENUE • NORTH LAS VEGAS • NV • 89032  
TEL 702-636-6790 FAX 702-648-6834

Notice Date: 1/23/08

To: Operators

From: Lamont Brewer, Operations Manager

**AN EXCESSIVE NUMBER OF OPERATORS ARE NOT LOGGING ONTO THE AMDT, THE COMPANY IS BEING ASSESSED LIQUIDATED DAMAGES DUE TO THIS PROBLEM. EVERY OPERATOR THAT HAS A WORKING AMDT MUST LOG ON.**

**WHEN THE AMDT FAILS TO BOOT/REBOOT, GOES DARK, WORKS INTERMITTENTLY, OR HAS ANY PROBLEM, THE OPERATOR MUST FILL OUT A CATCOM REPORT BEFORE LEAVING THE YARD, IF THE AMDT FAILS WHILE IN SERVICE, A CATCOM REPORT MUST BE FILLED OUT WHEN OPERATOR RETURNS TO THE YARD. NO EXCEPTIONS.**

**OPERATORS THAT FAIL TO FOLLOW THIS PROCEDURE WILL BE DISCIPLINED UP TO AND INCLUDING TERMINATION.**

Operator name:

Date:

Printed

Signed

FARRALES EMPLOYEE FILE 00029

00A10-00029

Driver Incident Report

Please Print in Black or Blue Ink only

Driver Name: JAY FARRALES Date: 11-19-07

Route: 64871 Vehicle #: 1411

Regarding: LIFT

Was Laidlaw Dispatch Notified (circle one)

☒ Yes

☐ No

I PICKED UP A CLIENT ON A  
WHEELCHAIR, I WENT UP TO PICK HER  
UP AND WHEN I WAS DONE PICKING HER  
UP I FORGOT I STILL HAD THE  
LIFT DOWN AND I WENT ON AND  
HIT A POLE. I COMPLETELY  
LOST MY ATTENTION ON IT.  
IT HAPPENED AT 2881 BUSINESS PARK  
COURT DAVITA DIALYSIS CT. CLIENTS  
ON BOARD NAMELY JEREMY HOLLAND &  
PHILLIS SWITER. THEY ARE OKAY & DID NOT  
NEED MEDICAL ATTENTION, THEY JUST  
WANTED TO GO HOME. IT HAPPENED AT 7:15.

Driver Signature: Jay Farrales

FARRALES EMPLOYEE FILE 00030

Continue on back if necessary

Continue on back if necessary

00A10-00030



## Recommended Retraining

Employee Name: FARRALES, JAY

Date of Accident: 11-19-07

Reason for Retraining: LIFT OAT, HIT POST

Recommended Retraining: DVD'S SMITH SYSTEM, SAFETY OVERVIEW, TOO CLOSE FOR COMFORT, 1HR DRIVING WITH BTW

### Actual Retraining Performed:

Date	Start Time	End Time	Detail
11-19-07	1900		DVD'S SMITH SYSTEM, SAFETY OVERVIEW,
		2000	TOO CLOSE FOR COMFORT
11-19-07	2000	2100	1HR DRIVING WITH BTW
TOTAL TIME		2 HR	

Classroom Trainer's Signature: William Smith

Date  
11-19-07

BTW Trainer's Signature: William Smith

11-19-07

DDS/Operations Mgr Signature: Margaret

11-29-07

Driver's Signature: Jay Farales

11-19-07

A copy of this retraining form will be placed in the employee's personnel file.

Project Manager Signature: Allen Fourn

11-29-07

FARRALES EMPLOYEE FILE 00031



Revised 1/11/06

00A10-00031



Date 11-19-07

00A10-00032

THE

## ROAD SUPERVISOR INCIDENT REPORT

DATE OF INCIDENT: 11-19-07

SUPERVISOR NAME: WILLIAM SMITH

REGARDING: DRIVER FARRALES, JAY

WHEN I ARRIVED CLIENTS WERE OFF BUS  
AND BOARDING THE BUS SHOW DRIVER WAS DRIVING.  
CLIENTS WERE OK, CLIENTS DID NOT WANT  
MEDICAL, MAINTENANCE WAS ON SCEN. THE LIFT  
WAS UP AND LIFT DOORS WERE STAMPED TOGETHER,  
OPEN ABOUT A FOOT. I WAS ON BUS WITH MAINT, WHEN  
THEY CHECKED THE INTERLOCK SYSTEM.  
INTERLOCK SYSTEM WORKED.

I THINK DRIVER TURNED OFF MASTER SWITCH  
AND NOT THE LIFT SWITCH.

THE LIFT HIT LARGE POLE, NO DAMAGE  
TO POLE, DAMAGE TO LIFT.

RETRAINING STARTED 1900, COMPLETED 2100

SUPERVISOR SIGNATURE: William Smith DATE: 11-19-07

FARRALES EMPLOYEE FILE 00033

Confidential

Employee Name JAY FARRALES

File Creation Date \_\_\_\_\_

Initials JA

## PAYROLL

### SECTION THREE

	Initial	Date
Profiles	<u>JA</u>	_____
Tax Forms	<u>JA</u>	_____
Direct Deposit Form	<u>JA</u>	_____
Union Dues Authorization	_____	_____
Misc. Deduction Authorization Form	_____	_____

FARRALES EMPLOYEE FILE 00034

00A10-00034

Employee Name Jay FARRALES Start Date 8-2-06  
 Location \_\_\_\_\_  
 Audit Review \_\_\_\_\_ Today's Date \_\_\_\_\_

Items in sections below that are bold must be included within each personnel file. Use this form as an auditing tool or checklist for each employee file to ensure you have the proper documentation in the correct folder(s) and location(s) BEFORE an Audit.

Remember: audited errors in Personnel Files will result in an FGA Internal Audit (IA) rating of 'weak' (meaning - failure) rating for your location effective 07/01/2008

## PERSONNEL FILE FOLDER

### Personnel Section

- Completed & Signed **Original** Employment Application
- Conditional Offer Letter / Signed Acceptance
- Non-Compete / Confidentiality Agreements (Mgmt Only)
- Emergency Notification Information Sheet
- New Hire Documents Acknowledgement Sheet
- Company Property Acknowledgement Sheet
- Resignation Letter (when applicable)
- Termination Checklist & Exit Interview (when applicable)
- Meal Waiver

### Performance Section

- Performance Appraisals, Reviews, Commendations
- Disciplinary Action Form / Union Grievances
- Moving Violations / Tickets
- Career Development Policy documents

### Payroll Section

- Profiles (new hire, transfer, promotion, term, changes)
- Tax Forms - Federal, State & Local
- Direct Deposit Form / Waiver
- Union Dues Authorization
- Any other deduction authorization form(s)

### Attendance Section

- Leave of Absence Requests & Approval, Dates of Leave
- Return to work documentation
- Paid Time off (PTO) Requests -- (Vacation, sick, etc.)
- Other attendance information / documents

#### Items that SHOULD BE in Personnel file folder:

- I-9 Information sheet
- Emergency Notification sheet
- EEO Application and Interview
- EEO Change Information sheet
- Equal Opportunity
- The Equal Opportunity Statement
- Union membership sheet
- Any other deduction authorization

### I-9 BINDERS (2) - (Active & Inactive)

- I-9 completed accurately and properly on file
- Separate from their Personnel File

### EEO APPLICANT QUESTIONNAIRE FILE

- EEO Applicant completed accurately and properly on file
- Applications received, but not hired
- Separate from their Personnel File

**EAN approval for LTS 9068**

LTS.Web@laidlawtransit.com [LTS.Web@laidlawtransit.com]

Sent: Friday, June 18, 2010 1:14 PM

To: Carreon, Elisa

---

**EAN Approval Notification**

The EAN below has been approved by all required parties, and it has been submitted to HR for processing

Action Type: Pay Rate Change

Name: Farrales, Jay R.

SSN: [REDACTED]

Location: 9068

Effective Date: 6/2/2010

ADP File No: 021922

Comments: 4 years rate increase

**Approvals:**

Approver Name	Position	Date
Ramos, Repelita D.	Project Manager	6/18/2010

---

FARRALES EMPLOYEE FILE 00037

LTS.Web@laidlawtransit.com [LTS.Web@laidlawtransit.com]

00A10-00037

**Elisa Carreon**

**From:** Stephanie Norman on behalf of FGA Transit\_Payroll  
**To:** Elisa Carreon  
**Sent:** Wed 11/12/2008 5:55 AM  
**Cc:**  
**Subject:** Re: Jay Farrales - ADP FILE ID # 021922 - M4Y/55482 - LV, NV  
**Attachments:**

will do.

**Elisa Carreon/LTS@LTS**

11/11/2008 05:31 PM

**To**

FGA Transit\_Payroll/FGA@firstgroup

**cc**

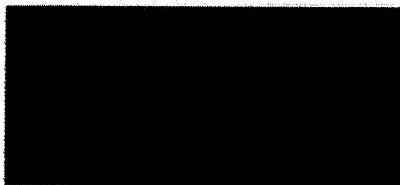
Repelita Ramos/LTS@LTS, Alba Cideos/LTS@LTS

**Subject**

Jay Farrales - ADP FILE ID # 021922 - M4Y/55482 - LV, NV

Hi There,

I submitted an EAN to change the address of Jay Farrales on 9/14/08. Please change his address on his PR  
ck to:



Thank you.

**FARRALES EMPLOYEE FILE 00038**

<https://mail.laidlawtransit.com/exchange/elisa.carreon/Inbox/Re:%20Jay%20Farrales%20...> 11/12/2008

00A10-00038

Home

Action Type: Pay Rate Change

Name: Farrales, Jay R.

SSN: [REDACTED]

Location: 9088

Effective Date: 6/2/2009

ADP File No: 021922

Comments: 3 years rate increase

Approvals:

Approver Name	Position	Date
Flores, Valerie	Project Manager	6/10/2009

Reason: SPG - Step Progression

Old Rate 1: \$13.70

Old Rate 2: \$0.00

Old Rate 3: \$0.00

New Rate 1: \$14.28

New Rate 2: \$0.00

New Rate 3: \$0.00

Driver Position: No

FARRALES EMPLOYEE FILE 00039

<https://webapps.laidlawtransit.com/hrjob/eanPages/EANLookup.aspx>

6/10/2009

00A10-00039

EAN approval for LTS 9068

**EAN approval for LTS 9068**

LTS.Web@laidlawtransit.com [LTS.Web@laidlawtransit.com]

Sent: Wednesday, June 10, 2009 7:34 AM

To: Carreon, Elisa

**EAN Approval Notification**

The EAN below has been approved by all required parties, and it has been submitted to HR for processing

Action Type: Pay Rate Change

Name: Farrales, Jay R.

SSN: [REDACTED]

Location: 9068

Effective Date: 6/2/2009

ADP File No: 021922

Comments: 3 years rate increase

Approvals:

Approver Name	Position	Date
Flores, Valerie	Project Manager	6/10/2009

FARRALES EMPLOYEE FILE 00040

<https://mail.firstgroupamerica.com/OWA/?ae=Item&t=IPM.Note&id=RgAAAAC6GgKLe...> 6/10/2009

00A10-00040



**Elisa Carreon**

**From:** Elisa Carreon  
**To:** FGA Transit\_Payroll  
**Cc:** Repelita Ramos; Alba Cideos  
**Subject:** Jay Farrales - ADP FILE ID # 021922 - M4Y/55482 - LV, NV  
**Attachments:**

**Sent:** Tue 11/11/2008 2:31 PM

Hi There,

I submitted an EAN to change the address of Jay Farrales on 9/14/08. Please change his address on his PR  
ck to:



Thank you.

Lisa P. Carreon  
Payroll Coordinator  
First Transit, Las Vegas  
Division #: M4Y/55842  
(702) 636-6790 x 110  
Fax #: 702-648-6834

FARRALES EMPLOYEE FILE 00041

<https://mail.laidlawtransit.com/exchange/elisa.carreon/Sent%20Items/Jay%20Farrales%20...> 11/11/2008

00A10-00041

# DIRECT DEPOSIT AUTHORIZATION

Mail or fax form to:  
 HRIS ADMINISTRATOR/FGA  
 FirstGroup America, Inc.  
 15 Central Avenue  
 Cincinnati, OH 45202-5755  
 Fax (513) 419-3308



## EMPLOYEE INSTRUCTIONS

- 1 Complete and sign this form and return it to your supervisor.
- 2 Make certain you attach a voided check or letter from your financial institution containing information described in section 5, below.
- 3 It is very important that you are certain the information on this form is correct before submitting it.
- 4 Direct Deposits will start within three pay periods of the date this form is received by HRIS/FGA.

## SUPERVISOR INSTRUCTIONS

- 1 Assure all necessary information is completed.
- 2 Assure the employee has signed the form.
- 3 Assure the employee has attached a check with the word "VOID" written across the front of the check, or, that the employee has attached necessary information from his/her financial institution.
- 4 Make a copy of this form for employee's file.

<b>1. PERSONAL INFORMATION</b>			
EMPLOYEE LAST NAME <b>FARRALES</b>	FIRST NAME <b>JAY</b>	MI <b>[REDACTED]</b>	SOCIAL SECURITY NUMBER <b>[REDACTED]</b>
		DAY TIME TELEPHONE NUMBER <b>[REDACTED]</b>	

<b>2. EMPLOYEE'S PLACE OF WORK</b>		<b>3. TYPE OF EMPLOYEE</b> (Check one only)	<b>4. ACTION</b>
LOCATION #: <b>M4Y/55842</b>	LOCATION NAME <b>FIRST TRANSIT - LAS VEGAS, NV</b>	<input checked="" type="checkbox"/> HOURLY <input type="checkbox"/> SALARY	<input checked="" type="checkbox"/> START
NAME OF PAYROLL CONTACT <b>LISA CARREON</b>	PHONE NO. OF PAYROLL CONTACT <b>702-636-6790 X 110</b>		<input type="checkbox"/> CHANGE BANK/ACCOUNT (Print OLD account number on line, below)
FAX NO. OF PAYROLL CONTACT <b>702-648-6834</b>			<input type="checkbox"/> CHANGE AMOUNT <input type="checkbox"/> STOP

<b>5. DIRECT DEPOSIT ELECTIONS</b>			
<b>Account ONE:</b>			
BANK NAME <b>WELLS FARGO</b>		ABA ROUTING NUMBER <b>[REDACTED]</b>	
Type of Account <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT NUMBER <b>[REDACTED]</b>	AMOUNT <b>[REDACTED]</b>	OR, BALANCE (Print "BALANCE") <b>BALANCE</b>

<b>Account TWO:</b>			
BANK NAME <b>[REDACTED]</b>		ABA ROUTING NUMBER <b>096</b>	
Type of Account <input type="checkbox"/> CHECK <input type="checkbox"/> SAVINGS	ACCOUNT NUMBER <b>[REDACTED]</b>	AMOUNT <b>[REDACTED]</b>	OR, BALANCE (Print "BALANCE") <b>[REDACTED]</b>

<b>6. REQUIREMENTS</b>	
IMPC	
financial	
check	letter from your slips for

<b>7. EMPLOYEE AUTHORIZATION</b>	
By affixing your signature in this section, you attest that the information on this form is true and accurate. You further authorize FirstGroup America, Inc. to execute the actions indicated on this form and to make debit entries and other adjustments it deems necessary for any credit entries to your account at the financial institutions identified above. You also authorize FirstGroup America, Inc. to keep this election in full force and effect until you provide written notification to terminate this election in such time as to afford FirstGroup America, Inc. a period of time it determines it needs to act on it.	
Signature 	FARRALES EMPLOYEE ID# 00042 25-78

00A10-00042

Home

Action Type:New Hire

Name:Farrales, Jay

SSN: [REDACTED]

Location:9068

Effective Date:6/2/2006

ADP File No:021922

Comments:

## Approvals:

Approver Name

Position

Date

Last Name:Farrales

First Name:Jay

MI:R

Street Line 1: [REDACTED]

Street Line 2:

City:Las Vegas

State:NV

Zip: [REDACTED]

Country:USA

Phone: [REDACTED]

Gender:male

Marital Status:married

Birth Date: [REDACTED]

Ethnic Group:Asian/Pacific Islander

Military Status:None

Disabled:no

Disabled Veteran:no

Rate 1:11.49

Rate 2:0

Rate 3:0

Job Title:Driver

Salary Type:Full Time Hourly

Marital Tax Status:Married

Federal:0

Extra Federal:0

State:0

Extra State:0

City:NA

Claim Federal Exempt:No

Claim State Exempt:No

FARRALES EMPLOYEE FILE 00043

Home  
 Action Type: Pay Rate Change  
 Name: Farrales, Jay R.  
 Location: 0068  
 Effective Date: 12/2/2006  
 ADP File No: 21922  
 Comments:

Approvals:

Approver Name	Position	Date
Flores, Valerie	Project Manager	12/6/2006

Reason: SPG - Step Progression  
 Old Rate 1: \$11.49  
 Old Rate 2: \$0.00  
 Old Rate 3: \$0.00  
 New Rate 1: \$12.23  
 New Rate 2: \$0.00  
 New Rate 3: \$0.00  
 Driver Position: No

FARRALES EMPLOYEE FILE 00044

# Form W-4 (2006)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2006 expires February 16, 2007. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$550 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s), or other qualifying individuals. See line E below.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

**Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2006. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$160,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b> Enter "1" for yourself if no one else can claim you as a dependent.	<b>A</b> <u>1</u>
<b>B</b> Enter "1" if: <ul style="list-style-type: none"> <li>You are single and have only one job; or</li> <li>You are married, have only one job, and your spouse does not work; or</li> <li>Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.</li> </ul>	<b>B</b> _____
<b>C</b> Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	<b>C</b> <u>1</u>
<b>D</b> Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.	<b>D</b> _____
<b>E</b> Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).	<b>E</b> _____
<b>F</b> Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit. (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b> _____
<b>G</b> Child Tax Credit (including additional child tax credit): <ul style="list-style-type: none"> <li>If your total income will be less than \$55,000 (\$82,000 if married), enter "2" for each eligible child.</li> <li>If your total income will be between \$55,000 and \$84,000 (\$82,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.</li> </ul>	<b>G</b> _____
<b>H</b> Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	<b>H</b> _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2006</b>
<b>1</b> Type or print your first name and middle initial. JAY R.		<b>Last name</b> FARRALES		<b>2</b> Your social security number [REDACTED]
<b>Home address (number and street or rural route)</b> [REDACTED]		<b>3</b> <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
<b>City or town, state, and ZIP code</b> [REDACTED]		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>		
<b>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		<b>5</b> <u>10</u>		
<b>6</b> Additional amount, if any, you want withheld from each paycheck		<b>6</b> \$ [REDACTED]		
<b>7</b> I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here. <b>7</b> <u>Exempt</u>				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
<b>Employee's signature</b> (Form is not valid unless you sign it.)		<b>Date</b> <u>MAY 22, 2006</u>		
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)		<b>10</b> Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

FARRALES EMPLOYEE FILE W00045

00A10-00045

SONS  
ANOR

**STATE OF NEVADA**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF WELFARE AND SUPPORTIVE SERVICES**

MICHAEL J. WILLDEN  
DIRECTOR  
ROMAINE GILLILAND  
ADMINISTRATOR

FLAMINGO DISTRICT OFFICE  
DIV OF WELFARE & SUPPORTIVE SVCS  
3330 E FLAMINGO STE 55  
LAS VEGAS NV 89121-4397  
702 486-9400

ATTENTION: Payroll Department  
LAIDLAW TRANSIT SERVICES  
3214 CITIZENS AVE  
N LAS VEGAS NV 89032

*FIRST TRANSIT*

Date: 01/15/2010  
Case Name: KAREN FARRALES  
SSN: [REDACTED]  
Worker: WATKINS MELINDA

AUTHORIZATION: I authorize you to release to the NEVADA STATE WELFARE DIVISION the required information.

*[Signature]* 01-25-10  
Client Signature Date

**EARNINGS VERIFICATION**

Please provide the information for each of the items checked below and return to the above address. Your cooperation will help insure integrity and maintain accountability in the administration of public funds in Nevada. The information provided us will be used only in conjunction with the official duties of this department and will be considered confidential.

If our identifying information (name, Social Security number or address) does not agree with your records, please indicate the change.

RE: JAY FARRALES

Name

Social Security Number

Employee's Address: [REDACTED]

- ☒ 1. Date started to work: 6/2/06 Number of hours employee is scheduled to work per week: 40  
☒ 2. If this person is NOT working for you at this time, complete the following information:

DATE

Fired \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Quit \_\_\_\_\_  
Leave of absence \_\_\_\_\_ Expected date of return: \_\_\_\_\_  
Applied for SIIS \_\_\_\_\_ Date of final check: \_\_\_\_\_ Gross amount: \_\_\_\_\_

- ☒ 3. Hourly wage paid \$ 14.28  
☒ 4. Average hours worked per week: 40  
☒ 5. Date of first paycheck: \_\_\_\_\_  
☒ 6. How often is/was paycheck issued: ☐ weekly ☒ bi-weekly ☐ semi-monthly ☐ monthly  
What are regular paydays? FRIDAYS  
☒ 7. Will "tips" be received? ☐ YES ☒ NO Estimated amount \$ \_\_\_\_\_ per \_\_\_\_\_  
☒ 8. Are/were wages funded in whole or in part by Job Training Partnership Act (JTPA) Programs? ☐ YES ☒ NO  
☐ Work experience ☐ On-the-job training  
☒ 9. Medical insurance? ☒ YES ☐ NO Company: HPN Policy No. \_\_\_\_\_  
Company address: \_\_\_\_\_ Effective date: \_\_\_\_\_ Coverage ceases: \_\_\_\_\_  
Names of dependents covered: \_\_\_\_\_

- ☒ 10. Please list below all monies (earnings, sick pay, vacation pay, disability, etc.) PAID or ANTICIPATED TO BE PAID (regardless of when earned) to client IN THE MONTH(S) OF: December, January

PAY PERIOD ENDING	HOURS WORKED PER PAY PERIOD	ACTUAL DATES PAID	GROSS WAGED PAID (Include special allowances such as meals, uniforms, etc. and show a break-out of such amounts)	FICA	FITW
1/16/10	91.92	1/22/10	1340.61		
1/2-110	86.75	1/2/10	1238.79		
12/19/09	80.0	12/25/09	1033.60		
12/5/09	90.80	12/11/09	1450.55		

- ☒ 11. Do you expect any change in number of hours, rate of pay or pay period in the next month? NO

Signature of Employer

Title

Telephone

Date

FA2074 - EGN (10/96)

00A10-00046

FARRALES EMP

47

00A10-00047

6 Confidential EV

Employee Name JAY FARRALES

File Creation Date \_\_\_\_\_

Initials GH

### ATTENDANCE

Section Four	Initial	Date
Release-to-Operations	_____	_____
LOA Requests/Approval	_____	_____
Return to Work Documents	_____	_____
Attendance Violations	_____	_____
All Time Off Request	_____	_____
Customer Comments	_____	_____
RTC Monitored Incidents	_____	_____
Incident Report	<u>GH</u>	_____
Miscellaneous Attendance Information	_____	_____

FARRALES EMPLOYEE FILE 00048

00A10-00048



Employee Name JAY FARRALES Start Date 6-2-06  
Location \_\_\_\_\_  
Audit Review \_\_\_\_\_ Today's Date \_\_\_\_\_

Items in sections below that are bold must be included within each personnel file. Use this form as an auditing tool or checklist for each employee file to ensure you have the proper documentation in the correct folder(s) and location(s) BEFORE an Audit

Remember: audited errors in Personnel Files will result in an FGA Internal Audit (IA) rating of "weak" (meaning - failure) rating for your location effective 07/01/2008

## **PERSONNEL FILE FOLDER**

### **Personnel Section**

Completed & Signed **Original** Employment Application  
Conditional Offer Letter / Signed Acceptance  
Non-Compete / Confidentiality Agreements (Mgmt Only)  
Emergency Notification Information Sheet  
New Hire Documents Acknowledgement Sheet  
Company Property Acknowledgement Sheet  
Resignation Letter (when applicable)  
Termination Checklist & Exit Interview (when applicable)  
Meal Waiver

### **Performance Section**

Performance Appraisals, Reviews, Commendations  
Disciplinary Action Form / Union Grievances  
Moving Violations / Tickets  
Career Development Policy documents

### **Payroll Section**

Profiles (new hire, transfer, promotion, term, changes)  
Tax Forms - Federal, State & Local  
Direct Deposit Form / Waiver  
Union Dues Authorization  
Any other deduction authorization form(s)

### **Attendance Section**

Leave of Absence Requests & Approval Dates of Leave  
Return to work documentation  
Paid Time off (PTO) Requests - (Vacation, sick, etc.)  
Other attendance information / documents

#### **Items that SHOULD be in be in Personnel file folder:**

- I-9 Information
- Emergency Information
- EEO Application Documents
- EEO Change Information
- Other Applications
- Time-off Request Form(s)
- Union Dues Form
- Other deduction authorization form(s)

#### **I-9 BINDERS (2) - (Active & Inactive)**

I-9 completed accurately and properly on file  
Separate from their Personnel File

#### **EEO APPLICANT QUESTIONNAIRE FILE**

EEO Applicant completed accurately and properly on file  
Applications received, but not hired  
Separate from their Personnel File

**Confidential**

Employee Name JAT FARRALES

File Creation Date \_\_\_\_\_

Initials JH

**CLASSROOM TRAINING**

**SECTION ONE**

INITIALS

DATE

Classroom Content

JH

\_\_\_\_\_

FARRALES EMPLOYEE FILE 00050

00A10-00050

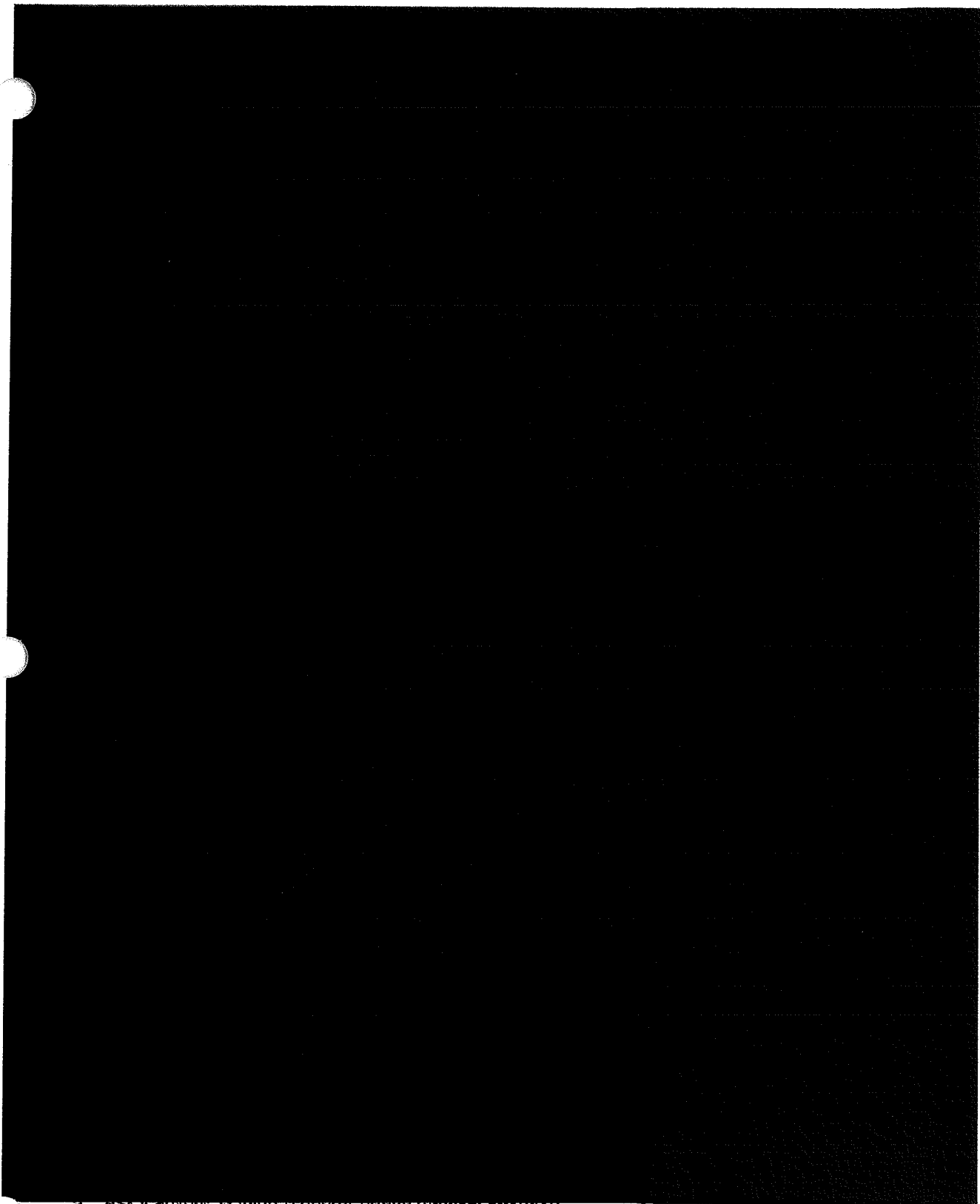
**Laidlaw Transit Services, Inc.**  
**Classroom Training**  
**Contract Specific / Other Local Training**

<u>List Topics Covered (Please Print)</u>	<u>Hours Completed</u>	<u>Date Completed</u>
CPR	4.0	
First Aid	4.0	
CDL Training	8.0	
Farebox Training		
(V-4 Safety Overview)		
Code of Conduct	0.5	6.5.06
+ Hazard Communication/Bloodborne	2	6.5.06
Sexual Harassment	1	6.5.06
Basics of Safety	1	6.7.06
HDT	4	6.8.06
<b>Total Hours</b>	<b>8.5</b>	

Trainee Signature: [Signature]

Trainer Signature: [Signature]

FARRALES EMPLOYEE FILE 00051



ASK IF ANYONE IS INTERESTED TO SEE THE NEW EDITION  
OF THE NEW EDITION OF THE NEW EDITION OF THE NEW EDITION  
OF THE NEW EDITION OF THE NEW EDITION OF THE NEW EDITION

FINANCIAL EMPLOYMENT FILE 00052

# MANIFEST/MDT TEST

Way F

1. What times should be exactly the same on your manifest?  
☒ a. Depot Out and Depart Time  
☐ b. Arrival (end run) and Depot In  
☐ c. Clock In and Depot In  
☒ d. Both A and B  
☐ e. All of the above
2. What do you mark in the OB box when the client rides the bus?  
 1
3. What do you mark in the OB box when the client does not ride the bus?  
 0
4. Can you transport a PCA or a Companion if the Client does not ride the bus?  
☐ a. Yes  
☒ b. No
5. Can you transport a Client if a PCA or a Companion does not ride the bus?  
☒ a. Yes  
☐ b. No
6. What is the step by step procedure that you follow with the MDT if an additional passenger (companion, PCA, child, etc.) does not ride the bus?  
 PUSH ARRIVE  
 GO BACK AND NEXT  
 ENTER (PERFORM) NEXT & ZERO OUT  
 ENTER in L&G
7. If you manifest states that a client is supposed to pay \$0.00, what box do you mark (ex: RR, NS, MP, etc)? Do you give the client a No Pay Coupon?  
 NO  
 NO
8. What color ink are you supposed to be using on your manifest?  
 BLUE
9. How long do you wait for a Client before you can mark him/her a No Show? What is the proper step by step procedure that you follow when you have a No Show?  
 5 minutes (Call the dispatch)  
 Knock on the door leave door hanger  
 go back to the bus, no show mdt  
 & after 5 minute and leave

FARRALES EMPLOYEE FILE 00053

00A10-00053

10. If a Client pays you with a monthly pass (or a supplemental ☐) , does that cover the cost of a shopping cart? Does it cover the cost of a Companion?

NO NO

11. Explain the difference between a Cancel at the Door and a No Show.

~~REPEATS~~ STATUS OF THE CLIENT

12. If you are scheduled to pick up a Client and someone at the pick up location states that the Client is not there, is that a no show or a cancel at the door?

NO SHOW

13. When you have multiple passengers at the same pick up or drop off location, explain how to use the MDT for each passenger.

PUSH ARRIVE BUTTON FOR EACH CLIENT AT THE TIME  
+ PERFORM FOR EACH CLIENT BEFORE  
DEPARTURE

14. When the Client pays with a punch card or a monthly pass, what do you do on the MDT?

~~ARRIVE~~ change  
(ARRIVE) 1 to 3 ENTER 1 2 3

15. When a Client does not pay his/her fare, what do you do on the MDT?

~~ZERO OUT AMOUNT~~ change 1 to 3  
next enter

16. How far can you travel from your last drop off location to take your lunch break? Can you go home?

1 mile - NO

FARRALES EMPLOYEE FILE 00054

00A10-00054

17. Can you begin traveling to your next pick up location while lunch break?  
NO - (YES BUT MAKE SURE)

(CALL DISPATCH)

18. What do you put in the fare collected space for each client that you pick up?

- a. the amount of money you were supposed to collect
- b. the amount of money that the client paid you
- c. the word 'cash'
- d. the word 'paid'

19. What amount goes in the Farebox Revenue space on your reconciliation sheet?

TOTAL AMOUNT OF MONEY YOU COLLECTED

20. If the Client is supposed to pay you \$2.50 and he/she only pays you \$1.00, how do you handle the situation? What do you do on the MDT? What box do you mark on the manifest?

NO PAY TICKET/RECEIPT \$1.50  
NP BOX

21. What is a 10-99? What should your manifest look like for this particular pick up?

MISSED TRIP / MARK 10-99  
BOX

22. How early can you arrive at a pick up locations?

5 minutes before your estimated time

23. How late can you arrive at a pick up location?

25 minute after negotiated time

24. What is the best time for you to arrive at a pick up location?

Estimated time

25. Explain, in full detail, the 30 minute window of service. Please include why it is provided.

5 minute before estimated time to 25 minutes after negotiated time. Provided for drivers

FARRALES EMPLOYEE FILE 00055

00A10-00055

PAGE 1 of 1

Break: \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_

Lunch Break: 1930 to 20:00 = 30

Break: \_\_\_\_\_ 10 \_\_\_\_\_

TIME IN: 14:00 OUT: 24:00  
sm/pm?

(Write in detail about subject matter)

SUBJECT: BTW Training Road Work Day 2

INSTRUCTOR (S): Teresa Dias William Perez Print Name (1) Print Name (2) Print Name (3) Print Name (4)

NOTE TO INSTRUCTOR: Log hours for each individual in the appropriate column next to his or her name. Record should be accurate for each individual. Complete the Subject Box on each additional page. Log sheet is property of Laidlaw Transit, Inc.

\*\*\*PLEASE READ BEFORE SIGNING\*\*\* DRIVER SIGNATURE VERIFIES THAT ALL REPORTED INSTRUCTION OR TRAINING FOR THE DATE, TIME (S), AND SUBJECT (S) LISTED IS A TRUE RECORD OF TRAINING

PRINT NAME	BIRTH MONTH	SIGNATURE	TOE	HIKE

~~ADJUTANT GENERAL'S~~ 11  
RADU G. MARCHIS 03      Ensign Radu Marchis

2

[illegible]

1. The first part of the document is a list of names and their corresponding dates. The names are: "John Doe", "Jane Smith", "Bob Johnson", "Alice Brown", "Charlie White", "David Green", "Eve Black", "Frank Gray", "Grace Pink", "Henry Blue", "Ivy Yellow", "Jack Purple", "Karen Red", "Leo Orange", "Mia Silver", "Noah Gold", "Olivia Bronze", "Peter Copper", "Quinn Iron", "Rory Steel", "Sam Tin", "Tina Lead", "Uma Zinc", "Victor Nickel", "Wendy Platinum", "Xavier Silver", "Yara Gold", "Zoe Bronze". The dates are: "1990-01-01", "1990-02-01", "1990-03-01", "1990-04-01", "1990-05-01", "1990-06-01", "1990-07-01", "1990-08-01", "1990-09-01", "1990-10-01", "1990-11-01", "1990-12-01", "1991-01-01", "1991-02-01", "1991-03-01", "1991-04-01", "1991-05-01", "1991-06-01", "1991-07-01", "1991-08-01", "1991-09-01", "1991-10-01", "1991-11-01", "1991-12-01", "1992-01-01", "1992-02-01", "1992-03-01", "1992-04-01", "1992-05-01", "1992-06-01", "1992-07-01", "1992-08-01", "1992-09-01", "1992-10-01", "1992-11-01", "1992-12-01".

[illegible]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[illegible][illegible][illegible][illegible]

15	FARRALES EMPLOYEE FILE 00056		
----	------------------------------	--	--

~~FARRALES EMPLOYEE FILE 00056~~



# SAFETY QUIZ

JAY FARRALES

(Choose only one response.)

1. There are approximately how many vehicle-train collisions each year. a) 500 b) 1000 c) 3000 ☒ d) 5000
2. There are approximately how many fatalities in vehicle-train collisions each year. a) 200 b) 400 ☒ c) 600 d) 800
3. Most vehicle-train collisions occur when.  
a) At night.  
☒ b) Within 25 miles from home.  
c) In rural areas.  
d) Within 100 miles from home.
4. It takes a freight train going 50 mph over a mile and a half to stop. This is equal to how many football fields.  
a) 2 b) 12 c) 18 ☒ d) 25
5. How do you determine if you have enough room for your bus to cross the tracks if there is a stop sign or traffic signal following the crossing:  
a) There's always room following the crossing.  
b) Get out of the bus and measure.  
☒ c) Gauge if your bus can fit. If not, wait before crossing.  
d) Trains rarely show up.
6. You may misjudge the amount of time you have to cross the track safely because:  
a) You misjudge the distance of the train's warning whistles.  
b) Trains change speeds unexpectedly.  
☒ c) Optical illusions fool the eye in judging the distance and speed of the train.

## True or False

7. F As a transit bus approaching a grade crossing, you always have the right of way.
8. I A crossbuck sign is the most common warning device at a grade crossing.
9. T A stop sign at a grade crossing means the same as a stop sign at a regular intersection.
10. F The number posted below a crossbuck sign shows how many trains cross there.
11. T Lowered gates and flashing lights mean a train is approaching, and you must stop.
12. F Over a single straight track with no obstructions, you can proceed without stopping or slowing your bus.
13. T If there is more than one set of tracks, and the gates remain down, it is not a malfunction; it means a second train is approaching from another direction.
14. F If your bus stalls on a track, as long as there is no train in sight, keep trying to start it with the passengers on board.
15. F If the gates begin to descend, you still have time to get your bus through them.
16. F A train can stop if it has enough time to see a vehicle stalled on the tracks.
17. I You should stop at least 15 feet and not more than 50 feet from the nearest rail at the crossing.
18. F If you have no passengers, you don't have to stop at railroad crossings.
19. F If signals are malfunctioning, ignore them and proceed across the tracks.
20. I Absolutely every collision with any vehicle and a train is preventable.

FARRALES EMPLOYEE FILE 00057

00A10-00057

# LAIDLAW TRANSIT, INC. CLASSROOM SIGN-IN SHEET

PAGE 1 of 1

Date: 6/12/06

Project Number: 9068

Project Name: Las Vegas

CLASS PURPOSE: BTW Training

Break: \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_

Lunch Break: 1930 to 2000 = 30

Break: \_\_\_\_\_ to \_\_\_\_\_ = 30

TIME IN: 14:00 OUT: 24:00  
am/pm?

(Write in detail about subject matter)

SUBJECT: BTW Road Work day 1

INSTRUCTOR (S): Teresa Dias William Perez  
Print Name (1) Print Name (2) Print Name (3) Print Name (4)

NOTE TO INSTRUCTOR: Log hours for each individual in the appropriate column next to his or her name. Record should be accurate for each individual. Complete the Subject Box on each additional page. Log sheet is property of Laidlaw Transit, Inc.

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(INSTRUCTORS USE ONLY)

PRINT NAME	BIRTH MONTH	SIGNATURE	CLASS TO:	NEW HIRE
<del>RAYC MARCHES</del>	11	Rayc Marches		
RADU G. MARCHES	03	Radu Marches		
3				
4				
5				
6				
7				
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9				
10				
11				
12				
13				
14				
15				

FARRALES EMPLOYEE FILE 00058

00A10-00058

JAY R. FARRALES



6/12/04

### TRANSMAN'S POP QUIZ NUMBER 1

Read each question carefully and mark an "X" on the line next to the correct answer.

- 1) When your bus makes a turn, centrifugal force pulls the bus, and everything in it, to the outside of the curve.

☒ True

☐ False

- 2) Speed, slippery road conditions and the weight of your bus all make an impact on how centrifugal force affects your bus.

☒ True

☐ False

- 3) Since the force of kinetic energy depends on your bus's weight and the speed you are traveling, the faster you go, the greater your bus' kinetic energy.

☒ True

☐ False

- 4) Inertia is how much your bus resists any change in the direction it's travelling.

☒ True

☐ False

- 5) In terms of driving a bus, friction and traction are the same thing.

☒ True

☒ False

FARRALES EMPLOYEE FILE 00059

00A10-00059

I sincerely hope you've caught on by now.

Read each question carefully and mark an "X" on the line next to the correct answer.

- 6) If your bus is traveling at 30 miles per hour, it takes you nearly 50 feet to come to a full stop.

  X   True

       False

- 7) Perception distance is how far your bus travels while you decide to stop.

  X   True

       False

- 8) Hard or fast braking can cause you to skid.

  X   True

       False

- 9) ABS braking systems were designed to reduce the chance of skidding.

  X   True

       False

- 10) Your following distance should allow you plenty of room to brake smoothly and safely.

  X   True

       False

The quiz is over. Don't keep turning the page over and over. There aren't any more questions. You don't have to keep reading this.

Are you still reading? Didn't I tell you the quiz was over?

Boyl Some people just can't seem to take a hint. The quiz is over. You're done. Just keep calm. Done.

FARRALES EMPLOYEE FILE 00060

00A10-00060

# LAIDLAW TRANSIT CLASSROOM SIGN-IN SHEET

PAGE \_\_\_\_\_ of \_\_\_\_\_

Date: 6/11/06

Project Number: 9065

Project Name: Las Vegas

Break: \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_

Lunch Break: \_\_\_\_\_ to \_\_\_\_\_ = 30

Break: \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_

TIME IN: 0600 OUT: 16:30  
am/pm?

CLASS PURPOSE: \_\_\_\_\_

(Write in detail about subject matter)

SUBJECT: BTW closed course / Road Work

INSTRUCTOR (S): Teresa Dias Veronese Day  
Print Name (1) Print Name (2) Print Name (3) Print Name (4)

NOTE TO INSTRUCTOR: Log hours for each individual in the appropriate column next to his or her name. Record should be accurate for each individual. Complete the Subject Box on each additional page. Log sheet is property of Laidlaw Transit, Inc.

\*\*\*PLEASE READ BEFORE SIGNING\*\*\* DRIVER SIGNATURE VERIFIES THAT ALL REPORTED INSTRUCTION OR TRAINING FOR THE DATE, TIME (S), AND SUBJECT (S) LISTED IS A TRUE RECORD OF TRAINING.

	PRINT NAME	BIRTH MONTH	SIGNATURE	(INSTRUCTOR'S USE ONLY)	
				CLASS T02	NEW HIRE
	Robert Hertel	02	Robert Hertel		
	<del>JAY FARRALES</del>	11	Jay Farrales		
3	KENNETH TUCKER	02	Kenneth Tucker		
4	RADU G. MARCHIS	03	Radu Marchis		
5					
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FARRALES EMPLOYEE FILE 00061

00A10-00061

# VEHICLE INSPECTION

BUS # 1442 CONTRACT # 1068 DATE: 06-11-06 R.O.#: 9.5  
 I indicate by my signature that I have reviewed the previous operator's vehicle inspection report.  
 Driver Name (print): JOHN E. FALKOWSKI Driver Signature: [Signature]  
 End Miles: 37859 Beginning Miles: 34829 Miles Driven: 3030  
 End Time: 11:30 Beginning Time: 06:00 Time Worked: 5.5  
 Inspect all items on DVL. Use "OK" if no defects found; use "X" if defect is found; use "N/A" if not applicable. Turn in daily.

## VEHICLE EXTERIOR CHECKS

OK All lights & lenses\*  
 OK Turn signals & 4-way flashers\*  
 OK Windshield wipers & washers  
 OK Door operation, seals intact/light  
 OK Emergency door/windows/alarm  
 OK Tires, wheels & lugnuts\*

## VEHICLE INTERIOR CHECKS

OK Speedometer/tachometer/instruments  
 OK Heaters, defroster & ventilation  
 OK All gauges\*  
 OK Horn/dashlights/hilo indicator\*  
 OK Interior lights  
 OK Driver seat operation & belts  
 OK Pass. seat securement & covering  
 OK Hand rails/modesty panels  
 OK All required emergency equipment  
 OK Exhaust noise

## BRAKE SYSTEM CHECKS

(HYD/VAC)  
 N/A Operating not less than 15" VAC  
 N/A Low VAC warning \_\_\_\_\_ inches  
 OK Brake pedal height (applied)

(AIR)  
 N/A Cut in pressure \_\_\_\_\_ PSI  
 N/A Cut out pressure \_\_\_\_\_ PSI  
 N/A Static press. loss P/B on \_\_\_\_\_ PSI  
 N/A Static press. loss P/B off \_\_\_\_\_ PSI  
 N/A Applied pressure loss \_\_\_\_\_ PSI  
 N/A Low pressure warning\* \_\_\_\_\_ PSI  
 N/A Auto pop out (park brake) \_\_\_\_\_ PSI  
 OK Park brake hold

Driver Comments: Left window won't open & close  
 \*Indicates items to be checked on a "Mini Pre-Trip" inspection.

Mechanic's Comments: \_\_\_\_\_

Mechanic's Signature: \_\_\_\_\_

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

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532732

# VEHICLE INSPECTION

BUS # 1509 CONTRACT # 9068 DATE: 06-11-06 R.O.#: 5.1  
 I indicate by my signature that I have reviewed the previous operator's vehicle inspection report.  
 Driver Name (print): JOHN E. FALKOWSKI Driver Signature: [Signature]  
 End Miles: 45119 Beginning Miles: 42909 Miles Driven: 2210  
 End Time: 16:30 Beginning Time: 06:00 Time Worked: 10.5  
 Inspect all items on DVL. Use "OK" if no defects found; use "X" if defect is found; use "N/A" if not applicable. Turn in daily.

## VEHICLE EXTERIOR CHECKS

OK All lights & lenses\*  
 OK Turn signals & 4-way flashers\*  
 OK Windshield wipers & washers  
 OK Door operation, seals intact/light  
 OK Emergency door/windows/alarm  
 OK Tires, wheels & lugnuts\*

## VEHICLE INTERIOR CHECKS

OK Speedometer/tachometer/instruments  
 OK Heaters, defroster & ventilation  
 OK All gauges\*  
 OK Horn/dashlights/hilo indicator\*  
 OK Interior lights  
 OK Driver seat operation & belts  
 OK Pass. seat securement & covering  
 OK Hand rails/modesty panels  
 OK All required emergency equipment  
 OK Exhaust noise

## BRAKE SYSTEM CHECKS

(HYD/VAC)  
 N/A Operating not less than 15" VAC  
 N/A Low VAC warning \_\_\_\_\_ inches  
 OK Brake pedal height (applied)

(AIR)  
 N/A Cut in pressure \_\_\_\_\_ PSI  
 N/A Cut out pressure \_\_\_\_\_ PSI  
 N/A Static press. loss P/B on \_\_\_\_\_ PSI  
 N/A Static press. loss P/B off \_\_\_\_\_ PSI  
 N/A Applied pressure loss \_\_\_\_\_ PSI  
 N/A Low pressure warning\* \_\_\_\_\_ PSI  
 N/A Auto pop out (park brake) \_\_\_\_\_ PSI  
 OK Park brake hold

Driver Comments: WIPERS WENT TO BE REPLACED  
 \*Indicates items to be checked on a "Mini Pre-Trip" inspection.

Mechanic's Comments: \_\_\_\_\_

Mechanic's Signature: \_\_\_\_\_

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

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5

00A10-00062

## DEFECT CARD

Date: 06-11-06 Time: 09:11Vehicle No.: 1442 Mileage: 77829

Do not record body damage on this card. Use this card for pre- and post trip defects.

1. BRAKES: \_\_\_\_\_

2. STEERING: \_\_\_\_\_

3. ENGINE: \_\_\_\_\_

4. TRANSMISSION: \_\_\_\_\_

5. A/C &amp; HEAT: \_\_\_\_\_

6. W/C LIFT: \_\_\_\_\_

7. LIGHTS &amp; MIRRORS: \_\_\_\_\_

8. WIPERS & DOORS: left window  
went open or close.9. MISC.: left window  
went open or close.

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

Please turn-in top copy to Dispatch and place carbon copy under wiper by driver's side. Thank you.

## MAINTENANCE SECTION

WORK ORDER NO.: \_\_\_\_\_

TECHNICIAN: \_\_\_\_\_

## DEFECT CARD

Date: 06-11-06 Time: 1000Vehicle No.: 1442 Mileage: 44966

Do not record body damage on this card. Use this for pre- and post trip defects.

1. BRAKES: \_\_\_\_\_

2. STEERING: \_\_\_\_\_

3. ENGINE: \_\_\_\_\_

4. TRANSMISSION: \_\_\_\_\_

5. A/C &amp; HEAT: \_\_\_\_\_

6. W/C LIFT: \_\_\_\_\_

7. LIGHTS &amp; MIRRORS: \_\_\_\_\_

8. WIPERS & DOORS: wipers need replacement.

9. MISC.: \_\_\_\_\_

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

Please turn-in top copy to Dispatch and place copy under wiper by driver's side. Thank you.

## MAINTENANCE SECTION

WORK ORDER NO.: \_\_\_\_\_

FARRALES EMPLOYEE FILE 00063  
TECHNICIAN: \_\_\_\_\_

00A10-00063

# CLASSROOM SIGN-IN SHEET

Date: 6.9.06

Project Number: 9068

Project Name: Las Vegas

CLASS PURPOSE: NEW HIRE

Break: 1000 to 1045 = 0.25

Lunch Break: 1200 to 1230 = 0.50

Break: 1430 to 1445 = 0.25

TIME IN:

0800

OUT:

1630

(Write in detail about subject matter)

SUBJECT: Fundamental Safety Test / Assistance Guidelines For Elderly & Disabled Passenger / ADA

INSTRUCTOR (S):

J. Ray  
Print Name (1)

J. McGibbins  
Print Name (2)

Print Name (3)

Print Name (4)

NOTE TO INSTRUCTOR: Log hours for each individual in the appropriate column next to his or her name. Record should be accurate for each individual. Complete the Subject Box on each additional page. Log sheet is property of Laidlaw Transit, Inc.

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(INSTRUCTORS USE ONLY)

	PRINT NAME	BIRTH MONTH	SIGNATURE	CLASS TIME	NEW HIRE
1	<u>[REDACTED]</u>	<u>11</u>	<u>[REDACTED]</u>		
2	<u>[REDACTED]</u>	<u>2</u>	<u>[REDACTED]</u>		
3	<u>[REDACTED]</u>	<u>03</u>	<u>[REDACTED]</u>		
4	<u>[REDACTED]</u>	<u>02</u>	<u>[REDACTED]</u>		
5					
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FARRALES EMPLOYEE FILE 00064

00A10-00064



# CLASSROOM SIGN-IN SHEET

Date: 6.8.06

Project Number: 9068

Project Name: Las Vegas

CLASS PURPOSE: NEW HIRE

Break: 1000 to 1015 = 0.25

Lunch Break: 1200 to 1230 = 0.50

Break: 1430 to 1445 = 0.25

TIME IN: 0800 OUT: 1630  
am/pm?

SUBJECT: Passenger Relations / NOT / Required Paperwork  
(Write in detail about subject matter)

INSTRUCTOR (S): J. Ray J. McKinnis  
Print Name (1) Print Name (2) Print Name (3) Print Name (4)

NOTE TO INSTRUCTOR: Log hours for each individual in the appropriate column next to his or her name. Record should be accurate for each individual. Complete the Subject Box on each additional page. Log sheet is property of Laidlaw Transit, Inc.

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(INSTRUCTORS USE ONLY)

	PRINT NAME	BIRTH MONTH	SIGNATURE	CLASS TO2	NEW HIRE
1	[REDACTED]	02	[REDACTED]		
2	[REDACTED]	03	[REDACTED]		
3	[REDACTED]	02	[REDACTED]		
4	[REDACTED]	1	<u>guyferab</u>		
5					
6					
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13					
14					
15					

FARRALES EMPLOYEE FILE 00065

00A10-00065

Good JAYR + ARRALES

**ASSISTANCE GUIDELINES FOR ELDERLY &  
DISABLED PASSENGERS  
EMPATHY TRAINING**

**FINAL TEST**

Please check the following statements as "True" or "False"

TRUE FALSE

☒ ☐

People with mobility impairments often need more time to get around than other people do.

☒ ☐

It is all right to ask a person in a wheelchair if he or she needs help.

☐ ☒

Feel free to lean on a person's wheelchair or to hang your coat on the handle without asking permission first.

☒ ☐

People using canes or other mobility devices may need extra time to be seated before the vehicle is moved.

☐ ☒

All people who have had strokes have exactly the same kind and level of disability.

☒ ☐

Many people with mental retardation are able to use public transportation on their own.

☐ ☒

People with mental retardation are able to use public transportation on their own.

☒ ☐

Autism often affects a person's ability to communicate through talking.

☐ ☒

Visually impaired people will be able to understand you better if you talk to them very loudly.

☒ ☐

Do not pet or distract a dog guide without the owner's permission.

FARRALES EMPLOYEE FILE 00066

00A10-00066

JAY R. FARRALES

2

**Mobility Device Written Test**  
(Trainee must achieve a score of 30 or more to pass)

1. Communication enables us to obtain INFORMATION to assist the passenger without violating independence.
2. When transporting passengers in mobility devices, you should speak directly to:
  - a) The Passenger
  - b) The Caregiver
  - c) Dispatch
3. One of the objectives for mobility device training is to "provide sensitivity training" for all Vehicle Operators who transport passengers using mobility devices.  
☒ T or F
4. One of the objectives for mobility device training is to "provide sensitivity training" for all Vehicle Operators who transport passengers using mobility devices.  
☒ T or F
5. Is one of the Vehicle Operator's responsibility or Laidlaw's to ensure all necessary steps are taken to ensure passenger safety?
  - a) Vehicle Operator's responsibility
  - b) Laidlaw's responsibility
  - c) Both
  - d) Neither
6. Is there any room for creativity on a Vehicle Operators part when it comes to maneuvering and transporting a mobility device?  
Y or ☒ N
7. The focus of the Americans with Disabilities Act is safety and not individual freedom.  
T or ☒ F
8. When faced with a passenger who refuses to comply with safety procedures the Vehicle Operator should:
  - a) Go ahead and give the passenger a ride to prevent further incident.
  - b) Radio dispatch for supervisor instructions.
  - c) Refuse the passenger a ride and leave.

FARRALES EMPLOYEE FILE 00067

00A10-00067

17. Lap restraints must be used:

- a) From the time we take control of the wheelchair until the time we relinquish control of the wheelchair.
- ☒ b) When riding on the lift.
- c) When on-board the vehicle.

18. When securing a lap restraint on a passenger it is not necessary to first notify the passenger.

T or ☒ F

19. It is the responsibility of the passenger to ensure the lap restraint is secured properly.

T or ☒ F

20. You should be directly in front of the wheelchair when trying to maneuver it.

T or ☒ F

21. When securing a mobility device, the straps should be secured to the chair:

- ☒ a) As high as practical.
- ☒ b) As low as practical.
- c) Through the wheel spokes.

22. Passengers may not transfer out of their mobility device unless they can do so without assistance from the Vehicle Operator.

☒ T or F

23. Empty mobility devices do not need to be secured.

T or ☒ F

24. Which direction should ambulatory passengers face when riding the lift?

- ☒ a) Front of the Vehicle
- b) Back of the Vehicle
- c) Away from the Vehicle

25. Passengers in mobility devices being loaded onto a wheelchair lift should face away from the vehicle.

☒ T or F

FARRALES EMPLOYEE FILE 00068

00A10-00068

# OUT OF HARM'S WAY™

## Viewer Work Sheet

JAY FARRALES

Please watch the following video carefully. You will be asked to evaluate the causes of three motor vehicle accidents. Listed below are Smith System's Five Keys to Space Cushion Driving. Each of the Keys could have been used, to varying degrees, in the prevention of some or all of the collisions you are about to witness. Rank the Keys in what you believe to be their order of importance (most to least important) or usefulness as they relate to each incident. Though this is not a test, you might be interested in seeing how your rankings compared to ours. The order is somewhat subjective. Our placement of the Keys represents our opinion and not necessarily the only correct order. Our selection order will be given at the end of each evaluation segment during the video.

### 1. Aim High In Steering

- ☒ Whenever possible, look at least 15 seconds ahead of the vehicle.
- ☒ Scan at least two blocks ahead at city speeds and a quarter mile beyond your vehicle at highway speeds.

### 2. Get The Big Picture

- ☒ Establish a safe following distance allowing for vehicle type, driver condition, weather and road conditions.
- ☒ Check your mirrors every 5 to 8 seconds when moving or if important information could change while you are stopped. Monitor your blind areas closely.

### 3. Keep Your Eyes Moving

- ☒ Move your eyes at least every two seconds.
- ☒ Don't allow your peripheral vision or awareness of other important objects to diminish because of eye holding distractions.

### 4. Leave Yourself An Out

- ☒ Manage the space cushion around your vehicle when you are moving and when you stop.
- ☒ When you lose your space cushion, adjust your speed or position to quickly regain it.

### 5. Make Sure They See You

- ☒ Use your warning devices to obtain eye contact as early as possible whenever danger is detected.
- ☒ When possible, avoid riding in the blind areas of other drivers.

		Key numbers				
		Most Important ⇒			Least Important	
Incident #1	Your Order	<u>2</u>	<u>3</u>	<u>4</u>	<u>1</u>	<u>5</u>
	Our Order	<u>2</u>	<u>4</u>	<u>3</u>	<u>5</u>	<u>1</u>
Incident #2	Your Order	<u>1</u>	<u>2</u>	<u>4</u>	<u>3</u>	<u>5</u>
	Our Order	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Incident #3	Your Order	<u>4</u>	<u>5</u>	<u>3</u>	<u>2</u>	<u>1</u>
	Our Order	<u>5</u>	<u>3</u>	<u>4</u>	<u>2</u>	<u>1</u>



FARRALES EMPLOYEE FILE 00069

Form SSF-50T

00A10-00069

# CLASSROOM SIGN-IN SHEET

Date: 6-7-06

Project Number: 9008

Project Name: Las Vegas

CLASS PURPOSE: New Hire

Break: 1000 to 1050 = 0.25

Lunch Break: 1200 to 1230 = 0.50

Break: 1400 to 1415 = 0.25

TIME IN: 0800 OUT: 1630  
am/pm?

(Write in detail about subject matter)

SUBJECT: Smith System: Basics of Safety;  
Required Paperwork

INSTRUCTOR (S): M. Robbins J. Ray  
Print Name (1) Print Name (2) Print Name (3) Print Name (4)

NOTE TO INSTRUCTOR: Log hours for each individual in the appropriate column next to his or her name. Record should be accurate for each individual. Complete the Subject Box on each additional page. Log sheet is property of Laidlaw Transit, Inc.

\*\*\*PLEASE READ BEFORE SIGNING\*\*\* DRIVER SIGNATURE VERIFIES THAT ALL REPORTED INSTRUCTION OR TRAINING FOR THE DATE, TIME (S), AND SUBJECT (S) LISTED IS A TRUE RECORD OF TRAINING.

(INSTRUCTORS USE ONLY)

	PRINT NAME	BIRTH MONTH	SIGNATURE	CLASS TO2	NEW HIRE
1	<u>RAY R. FARRALES</u>	<u>11</u>	<u>[Signature]</u>		
2	[Redacted]	<u>2</u>	[Redacted]		
3	[Redacted]	<u>3</u>	[Redacted]		
4	[Redacted]	<u>02</u>	[Redacted]		
5					
6					
7					
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14					
15					

FARRALES EMPLOYEE FILE 00070

00A10-00070

*Manifest Homework Jay Farrales*

PLEASE READ AND ENTER THE INFORMATION BELOW ONTO  
THE MANIFEST. AS IF YOU WERE DRIVING THE ROUTE. ALL CLIENTS THAT  
RIDE THE BUS MUST BE DROPPED OFF. YOU WILL NEED TO USE YOUR 10 CODES.

YOUR RUN # IS 54099

YOUR STARTING ODOMETER IS 54321

YOUR CLOCK IN TIME IS 0740

YOUR DEPOT OUT TIME 0800

YOUR BOX # IS 131

YOUR BUS # 1400

Dora Explorer Rides the bus and pays cash.

Mickey Mouse IS A 10-17

Princess Fiona IS A 10-99 -

Spider Man Rides the bus and pays cash.

Strawberry Shortcake Rides the bus and pays cash.

Bob Sponge Rides the bus and pays \$0.00 as indicated. —

Your lunch is 30 minutes long.

Snow White IS A 10-18. - 10-18

Donald Duck IS A 10-11

Minnie Mouse Rides the bus and pays cash.

Dora Explorer IS A 10-12

Spider Man Rides the bus but only pays \$1.00.

YOU HAVE A 10-5

CLIENT'S NAME IS MICKEY MOUSE

HE HAS 1 PCA AND PAYS HIS FARE OF \$2.00

PU ADDRESS IS 3100 W. CHARLESTON BLVD.

DO ADDRESS IS 3055 S. NELLIS BLVD.

PU TIME IS 1300 WITH NO APPOINTMENT TIME

YOU NEED TO TELL ME WHAT CITY THE PU/DO IS.

YOUR DEPOT IN TIME IS 1745

YOUR ENDING ODOMETER IS 54518

YOUR CLOCK OUT TIME IS 1830

FARRALES EMPLOYEE FILE 00071

00A10-00071

Driver: JAY K FARRALES

05/25/2006

Mileage: 248.3

Bus Number: 1400

\*\*\* Run #: 54099

Starting Odometer: 54384 Clock In: 7:40 Depot Out: 6:06  
Ending Odometer: 54588 Clock Out: 7:50 Depot In: 1:45  
Operator: JAY K. FARRALES Box#: 121 Bus #: 1800

SEAT BELT EXTENSION  
REQUIRED ON THIS RUN

Out of Service 1 Start Time: 6 End Time: 0 Odometer 0 2 Start Time: 0 End Time: 0 Odometer 0

ID Name Address Early EST/Reg time Late Appt Type Codes Eq Fare Amount

Start Run 08:00 2751 SIMMONS ST  
PARATRANSIT GARAGE LAS VEGAS

Odometer: 54821 Depart [ 8:00 ]

Driver's Notes:

PU 32599 EXPLORER DORA 2101 TEXAS STAR LA 8:02 08:07 / 08:07 08:32 S CAN \$2.  
TEXAS STATION GAMBLING HALL NORTH LAS VEGAS  
TEXAS STATION PTS 37  
Map Coordinate: 863 J5  
Driver's Notes:

Arrival [ 7: ] Depart [ 0: ]  
Odometer: 00 Fare Collected: \$2.00

PASS	SP	FC	FARE	OB
CL	AM	PF	\$2.00	/

DO 32599 EXPLORER DORA 4500 N RANCHO DR 08:29 / 4500 N RANCHO DR  
KMART N RANCHO LAS VEGAS  
KMART AT CRAIG  
Map Coordinate: 833 C5  
Driver's Notes:

Arrival [ 7: ] Depart [ 0: ]  
Odometer: 00

PU 19783 MOUSE, MICKEY 4949 N RANCHO DR 8:29 08:34 / 08:34 08:59 O CAN \$2.  
SANTA FE STATION LAS VEGAS  
PU DO HOTEL CASINO SHUTTLE BUS STOP  
Map Coordinate: 833 C4  
Driver's Notes:

Arrival [ 0: ] Depart [ 0: ]  
Odometer: 0 Fare Collected: 0

PASS	SP	FC	FARE	OB
CL	WH	PF	\$2.00	0
PCA	AM	G	\$0.00	0

DO 19783 MOUSE, MICKEY 7075 W ANN RD 08:53 /  
ALBERTSONS ANN US95 LAS VEGAS  
ALBERTSONS AT US 95  
Map Coordinate: 833 B3  
Driver's Notes:

Arrival [ 0: ] Depart [ 0: ]  
Odometer: 0



ID Name Address  
PU 32600 FIONA, PRINCESS 8060 W TROPICAL PKWY  
WALMART SUPER TROPICAL PKWY LAS VEGAS  
WALMART PTS 261 PU DO SOUTH ENTRANCE AT PTS  
Map Coordinate: 832 H2  
Driver's Notes:

Early EST/Net time Late Appl Type Codes  
9:10 09:10 / 09:15 09:40 O ANI

Arrival [T] : ] Depart [D] : ]  
Odometer: 0 Fare Collected: 0

PASS	SP	FC	FARE	OB
CU	LI	F	\$1.50	0

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☒ PC ☐ MP ☐ SP ☐ NP ☐ PD ☐ OT

SALES EMPLOYEE FILE

DO 32600 FIONA, PRINCESS 3150 N TENAYA WY  
MOUNTAIN VIEW MED CTR MAIN LAS VEGAS  
MOUNTAIN VIEW MED CNTR PTS 107 SIGN 1  
Map Coordinate: 863 B2  
Driver's Notes:

09:31 /

Arrival [T] : ] Depart [D] : ]  
Odometer: 0

PASS	SP	FC	FARE	OB
CU	SC	F	\$4.00	1
COM	ES	F	\$4.00	1

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☒ OT

PU 19782 MAN, SPIDER 3535 S LAS VEGAS BLVD  
IMPERIAL PALACE PTS 16 LAS VEGAS  
AT THE SHUTTLE BUS ENT, NEAR THE KOVAL AV. EX  
Map Coordinate: 924 B1  
Driver's Notes:

9:59 09:59 / 10:04 10:29 S SBX

Arrival [T] : ] Depart [D] : ]  
Odometer: 00 Fare Collected: \$ 8.00

PASS	SP	FC	FARE	OB
CU	SC	F	\$4.00	1
COM	ES	F	\$4.00	1

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☒ OT

DO 19782 MAN, SPIDER 5111 BOULDER HWY  
SAMS TOWN LAS VEGAS  
SAMS TOWN ENT PERRY/SO 2 TOURBUS ENTR SE CRNR NO PT  
Map Coordinate: 925 F1  
Driver's Notes:

10:30 /

Arrival [T] : ] Depart [D] : ]  
Odometer: 00

PASS	SP	FC	FARE	OB
CU	AM	F	\$1.50	1
KRT	SA	K	\$0.50	1

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☒ OT

DO 32598 SHORTCAKE, STRAWBERRY 5160 GENERAL MILES WY  
CAROL HAYNES APT LAS VEGAS  
CAROL HAYNES APTS OFF FLAMINGO BEHIND SAMS TOWN  
Map Coordinate: 925 F1  
Driver's Notes:

10:33 10:33 / 10:38 11:03 C

Arrival [T] : ] Depart [D] : ]  
Odometer: 00 Fare Collected: \$ 2.00

PASS	SP	FC	FARE	OB
CU	AM	F	\$1.50	1
KRT	SA	K	\$0.50	1

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☒ OT

DO 32598 SHORTCAKE, STRAWBERRY 1300 W SUNSET RD  
GALLERIA MALL FOODCOURT HENDERSON  
GALLERIA MALL PTS 252 FOOD COURT  
Map Coordinate: 955 H1  
Driver's Notes:

10:54 /

Arrival [T] : ] Depart [D] : ]  
Odometer: 00

PASS	SP	FC	FARE	OB
CU	AM	F	\$1.50	1
KRT	SA	K	\$0.50	1

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☒ OT

ID: Name Address Early EST/Reg time Late Appl Type Eq Codes Fare Amount

PU 25803 SPONGE, BOB 1301 W SUNSET RD HENDERSON 10:54 10:54 / 10:59 11:24 OXY \$0.1

SUNSET STATION CASINO  
SUNSET STATION PTS 36  
Map Coordinate: 955 H1

Driver's Notes:

Arrival [ 7 : ]	Depart [ 0 : ]
Odometer: 89	Fare Collected: 0

PASS	SP	FC	FARE	OB
CLI	AM	MP	\$0.00	0
PCA	WH	C	\$0.00	0

DO 25803 SPONGE, BOB 1500 W WARM SPRINGS RD HENDERSON 11:11 /

TLC CONV HOME  
TLC CONVELESCENT HOME XST STEPHANIE  
Map Coordinate: 955 G2

Driver's Notes:

Arrival [ 7 : ]	Depart [ 0 : ]
Odometer: 80	

PASS	SP	FC	FARE	OB
CLI	LI	F	\$1.50	0
PCA	AM	C	\$0.00	0

Break BREAK, 30 MINUTES

Driver's Notes:

Arrival [ 7 : ]	Depart [ 0 : ]
Odometer: 80	

PU 32601 WHITE, SNOW 451 E LAKE MEAD PKWY HENDERSON 11:58 11:58 / 12:03 12:28 D OXY \$1

OV LAKE MEAD (OV PRIDE)  
PU DO MAIN ENT PTS 167  
Map Coordinate: 956 G3

Driver's Notes:

Arrival [ 7 : ]	Depart [ 0 : ]
Odometer: 89	Fare Collected: 0

PASS	SP	FC	FARE	OB
CLI	LI	F	\$1.50	0
PCA	AM	C	\$0.00	0

PU 2601 WHITE, SNOW 1001 ARIZONA ST BOULDER CITY 12:44 /

BOULDER CITY SR CTR  
BC SENIOR CNTR MAIN ENTRANCE  
Map Coordinate: 988 E4

Driver's Notes:

Arrival [ 0 : ]	Depart [ 0 : ]
Odometer: 0	

PASS	SP	FC	FARE	OB
CLI	AM	PF	\$2.00	0
COM	AM	PF	\$2.00	0

PU 20593 DUCK, DONALD 9725 S EASTERN AV LAS VEGAS 13:25 13:29 / 13:30 13:55

TARGET EASTERN SILVERADO RANCH  
TARGET MAIN ENTRANCE  
Map Coordinate: 984 J1

Driver's Notes:

Arrival [ 0 : ]	Depart [ 0 : ]
Odometer: 0	Fare Collected: 0

PASS	SP	FC	FARE	OB
CLI	AM	PF	\$2.00	0
COM	AM	PF	\$2.00	0

FARRALES EMPLOYEE FILE

00A10-00074

ID Name Address Early EST/Reg time Late Appt Type Codes Bq Fare Amount

DO 20593 DUCK, DONALD 4691 RICKENBACKER RD 14:23/

NELLIS AFB BASE EXCHANGE

NELLIS AFB

NELLIS AFB PTS 153 BASE EXCHANGE

Map Coordinate: 835 G5

Driver's Notes:

Arrival [T] : ] Depart [D] : ]

Odometer: 0

FILE 00075

PU 32597 MOUSE, MINNIE 1905 MCDANIEL ST 14:35 14:48 / 14:40 15:05 U WLK \$5.0

NORTH LAS VEGAS

THIS IS A TEST CLIENT DO NOT TRVL TO PICK UP OR DO

Map Coordinate: 864 G4

Driver's Notes:

Arrival [T] : ] Depart [D] : ]

Odometer: 0D Fare Collected: \$5.00

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☒ OT

PASS	SP	FC	FARE	OB
CL	AM	PF	\$5.00	/
KID	AM	C	\$0.00	/

FARRALES EM

DO 32597 MOUSE, MINNIE 7875 NORTH RAINBOW 15:35/

LAS VEGAS

NEW VISTA RANCH

Map Coordinate: 803 B4

Driver's Notes:

Arrival [T] : ] Depart [D] : ]

Odometer: 0D

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☐ OT

PASS	SP	FC	FARE	OB
CL	AM	F	\$1.50	/

FARRALES EM

PU 32599 EXPLORER, DORA 6480 SKY POINTE DR 16:00 16:05 / 16:05 16:30 S \$1.

LAS VEGAS

TARGET SKY POINT CENTENIAL

TARGET XST CENTENIAL

Map Coordinate: 802 J7

Driver's Notes:

Arrival [T] : ] Depart [D] : ]

Odometer: 0D Fare Collected: 0

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☒ MP ☐ SP ☐ NP ☐ PD ☐ OT

PASS	SP	FC	FARE	OB
CL	AM	F	\$1.50	/

PU 2599 EXPLORER, DORA 6700 N DURANGO DR 16:16/

LAS VEGAS

KOHL'S

XST 215 FREEWAY

Map Coordinate: 802 F7

Driver's Notes:

Arrival [T] : ] Depart [D] : ]

Odometer: 0D

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☐ OT

PASS	SP	FC	FARE	OB
CL	AM	F	\$1.50	/
KID	IS	C	\$0.00	/

PU 19782 MAN, SPIDER 8500 W CHEYENNE AV 17:00 17:05 / 17:05 17:30 S INF \$1

LAS VEGAS

WALGREENS CHEYENNE DURANGO

WALGREENS AT DURANGO

Map Coordinate: 862 G2

Driver's Notes:

Arrival [T] : ] Depart [D] : ]

Odometer: 0D Fare Collected: \$1.00

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☒ PD ☒ OT

PASS	SP	FC	FARE	OB
CL	AM	F	\$1.50	/
KID	IS	C	\$0.00	/

ID	Name	Address	Early	EST/Neg time	Late	Appt	Type	Eq	Codes	Fare	Amount
----	------	---------	-------	--------------	------	------	------	----	-------	------	--------

DO 19782	MAN, SPIDER	3260 FOUNTAIN FALLS WAY #2140 NORTH LAS VEGAS		17:30 /							
CHEYENNE VILLAS - ENTER OFF SIMMONS GC #1234 Map Coordinate: 863 J1 Driver's Notes:											
			Arrival	17	:	1	Depart	18	:	1	
			Odometer:	010							

End Run	18:30	2751 SIMMONS ST LAS VEGAS	Arrival	18	:	30	1	Odometer:	54518			
PARATRANSIT GARAGE												

Driver's Notes:

FARRALES EMPLOYEE FILE 00076

00A10-00076

Run #: 54099

INSERTIONS

Bus Number: 1400

1

CLIENT NAME: Mickey Mowse CLIENT ID #: 19783  
CLIENT: 1 PCA: 1 COMP: CH CHILD: 0 EQUIP CODE: 1300 FARE AMOUNT: 6.200 FARE COLLECTED: 6.200  
PU ADDRESS: 3100 W. CHAMBERLAIN BLVD CITY: CHICAGO ARRIVE: T DEPART: D MILEAGE: 00  
D/O ADDRESS: 3055 S. WELLS BLVD CITY: CHICAGO ARRIVE: T DEPART: D MILEAGE: 10  
COMMENTS: RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☒ OT

2

CLIENT NAME: \_\_\_\_\_ CLIENT ID #: \_\_\_\_\_  
CLIENT: \_\_\_\_\_ PCA: \_\_\_\_\_ COMP: \_\_\_\_\_ CHILD: \_\_\_\_\_ EQUIP CODE: \_\_\_\_\_ FARE AMOUNT: \_\_\_\_\_ FARE COLLECTED: \_\_\_\_\_  
PU ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ DEPART: \_\_\_\_\_ MILEAGE: \_\_\_\_\_  
D/O ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ DEPART: \_\_\_\_\_ MILEAGE: \_\_\_\_\_  
COMMENTS: RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☐ OT

3

CLIENT NAME: \_\_\_\_\_ CLIENT ID #: \_\_\_\_\_  
CLIENT: \_\_\_\_\_ PCA: \_\_\_\_\_ COMP: \_\_\_\_\_ CHILD: \_\_\_\_\_ EQUIP CODE: \_\_\_\_\_ FARE AMOUNT: \_\_\_\_\_ FARE COLLECTED: \_\_\_\_\_  
PU ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ DEPART: \_\_\_\_\_ MILEAGE: \_\_\_\_\_  
D/O ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ DEPART: \_\_\_\_\_ MILEAGE: \_\_\_\_\_  
COMMENTS: RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☐ OT

4

CLIENT NAME: \_\_\_\_\_ CLIENT ID #: \_\_\_\_\_  
CLIENT: \_\_\_\_\_ PCA: \_\_\_\_\_ COMP: \_\_\_\_\_ CHILD: \_\_\_\_\_ EQUIP CODE: \_\_\_\_\_ FARE AMOUNT: \_\_\_\_\_ FARE COLLECTED: \_\_\_\_\_  
PU ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ DEPART: \_\_\_\_\_ MILEAGE: \_\_\_\_\_  
D/O ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ DEPART: \_\_\_\_\_ MILEAGE: \_\_\_\_\_  
COMMENTS: RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☐ OT

5

CLIENT NAME: \_\_\_\_\_ CLIENT ID #: \_\_\_\_\_  
CLIENT: \_\_\_\_\_ PCA: \_\_\_\_\_ COMP: \_\_\_\_\_ CHILD: \_\_\_\_\_ EQUIP CODE: \_\_\_\_\_ FARE AMOUNT: \_\_\_\_\_ FARE COLLECTED: \_\_\_\_\_  
PU ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ DEPART: \_\_\_\_\_ MILEAGE: \_\_\_\_\_  
D/O ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ DEPART: \_\_\_\_\_ MILEAGE: \_\_\_\_\_  
COMMENTS: RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☐ OT

FARRALES EMPLOYEE FILE 00077

00A10-00077

# MANIFEST RECONCILIATION SHEET

OPERATOR NAME:

VAY K. FARRALES

DATE:

05-25-06

ROUTE#: 54099

BUS#: 1400

LE 00078

TOTAL		LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME
1	# NO PAYS	MAN \$ .50					
2	# NO-SHOWS	WHITE \$ 1.50					
1	# CANCELS	MUSSE \$ 2.00					
1	# RE-ROUTES	PICK \$ 4.00					
1	# PUNCH CARDS	EXPLORE \$ 1.50					
0	# MONTHLY PASS						
0	# SUPPLEMENTAL PASS						
0	# FREE PASS						
0	# MISSED TRIPS (10-99)	F10M \$ 1.50					
0	# OTHER						

MANIFEST REVENUE: \$ 29.00

FAREBOX REVENUE (\$ COLLECTED): \$ 18.00

DOES THE \$ COLLECTED MATCH MANIFEST REVENUE AFTER RECONCILIATION (CIRCLE ONE):

(YES) NO

OPERATOR SIGNATURE:

TRIP EDIT MONEY TO COLLECT: \$

TRIP EDIT AMOUNT SHORT/OVER: \$

FARRALES EMPLOYEE

00A10-00078

Driver: JOY FARRALES

06/09/2006

Mileage: 49.7

Bus Number: 9993

SEAT BELT EXTENSION  
REQUIRED ON THIS BUS

Starting Odometer: 1234  
Ending Odometer: 1240  
Operator: JOY FARRALES  
Clock In: 12:40  
Clock Out: 12:45  
Box #: 131  
Depot In: 12:38  
Depot Out: 12:38  
Bus #: 9993

Out of Service 1 Start Time: 0 End Time: 0 Odometer: 0 2 Start Time: 0 End Time: 0 Odometer: 0

ID Name Address Early Start/Neg time Late Appt Type Codes Bq Fare Amount

Start Run 13:00 2751 SIMMONS ST  
PARATRANSIT GARAGE LAS VEGAS

Odometer: 1234 Depart 13:00

Driver's Notes:

PU 32601 WHITE, SNOW 2101 TEXAS STAR LA  
TEXAS STATION GAMBLING HALL NORTH LAS VEGAS  
TEXAS STATION PTS 37 WORK  
Map Coordinate: 863 J5

13:02 13:02 / 13:07 13:32 D OXY PASS SP FC FARE OB \$2.  
CL AM PF \$2.00 /

Driver's Notes:

DO 32601 WHITE, SNOW 4331 N RANCHO DR  
UMC QUICK CARE RANCHO LAS VEGAS  
UMC QUICK CARE MAIN ENTRANCE  
Map Coordinate: 833 D6

13:25 /

Arrival 13:23 Depart 13:25  
Odometer: 1237 Fare Collected: \$2.00

Driver's Notes:

DO 20593 DUCK, DONALD 4500 N RANCHO DR  
KIMART N RANCHO LAS VEGAS  
KIMART AT CRAIG  
Map Coordinate: 833 C5

13:27 13:27 / 13:32 13:57 CAN

Arrival 13:26 Depart 13:34  
Odometer: 1238 Fare Collected: 0

Driver's Notes:

DO 20593 DUCK, DONALD 7075 W ANN RD  
ALBERTSONS ANN US95 LAS VEGAS  
ALBERTSONS AT US 95  
Map Coordinate: 833 B3

13:50 /

Arrival 13:36 Depart 13:37  
Odometer: 1241

Driver's Notes:

DL 2001

DATE: 06/09/2006

1 of 4

Printed: 6/9/2006 9:03:4

00A10-00079

ID Name Address Early EST/Net time Late Appt Type Codes Eq Fare Amount

PU 32597 MOUSE, MINNIE 8060 W TROPICAL PKWY 13:58 13:59 / 14:03 14:28 U INF \$2.1

WALMART SUPER TROPICAL PKWY LAS VEGAS  
WALMART PTS 261 PU DO SOUTH ENTRANCE AT PTS  
Map Coordinate: 832 H2  
Driver's Notes:

ARRIVAL 13:39 DEPART 13:44  
ODOMETER 1243 FARE COLLECTED 0

PASS	SP	FC	FARE	OB
CL	AM	PF	\$2.00	1
KID	AM	C	\$0.00	1

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☒ MP ☐ SP ☐ NP ☐ PD ☐ OT ☐

DO 32597 MOUSE, MINNIE 6480 SKY POINTE DR 14:13 /

TARGET SKY POINT CENTENIAL LAS VEGAS  
TARGET XST CENTENIAL  
Map Coordinate: 802 J7  
Driver's Notes:

ARRIVAL 13:55 DEPART 13:46  
ODOMETER 1247

SALES EMPLOYEE FILE

PU 25803 SPONGE, BOB 7170 N DECATUR BLVD 14:25 14:30 / 14:30 14:55 OXY \$5.

DMV N DECATUR LAS VEGAS  
XST ELKHORN DMV SUPP AREA  
Map Coordinate: 803 F6  
Driver's Notes:

ARRIVAL 14:25 DEPART 14:30  
ODOMETER 1251 FARE COLLECTED \$5.50

PASS	SP	FC	FARE	OB
CL	U	PF	\$5.00	1
KRT	SA	K	\$0.50	1

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☒ OT ☐

DO 25803 SPONGE, BOB 4854 W LONE MOUNTAIN RD 14:49 /

VONS LONE MTN DECATUR LAS VEGAS  
VONS AT DECATUR  
Map Coordinate: 833 F5  
Driver's Notes:

ARRIVAL 14:00 DEPART 14:01  
ODOMETER 1254

DO 32600 FIONA, PRINCESS 2875 N DECATUR BLVD 15:01 15:06 / 15:06 15:31 0 ANI \$4

POST OFFICE N DECATUR LAS VEGAS  
XST RANCHO  
Map Coordinate: 863 G3  
Driver's Notes:

ARRIVAL 14:01 DEPART 14:03  
ODOMETER 1259 FARE COLLECTED 4.00

PASS	SP	FC	FARE	OB
CL	AM	PF	\$2.00	1
COM	AM	PF	\$2.00	1

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☒ OT ☐

DO 32600 FIONA, PRINCESS 3013 W CRAIG RD 15:26 / 15:30

FOOD 4 LESS W CRAIG NORTH LAS VEGAS  
FOOD 4 LESS XST SIMMONS  
Map Coordinate: 833 J5  
Driver's Notes:

ARRIVAL 14:53 DEPART 14:04  
ODOMETER 1262



ID Name Address

PU 32598 SHORTCAKE, STRAWBERRY 2189 W CRAIG RD NORTH LAS VEGAS

TARGET CRAIG CLAYTON

TARGET AT CLAYTON

Map Coordinate: 834 A5

Driver's Notes:

Early EST/Reg time Late Appt Type Bq Codes

15:54 15:59 / 15:59 16:24 C SBX

Arrival 14:08 Depart 14:10

Odometer: 1265 Fare Collected: 0

PASS	SP	FC	FAR	OB
CL	ES	MP	\$0.00	7

Fare Amount \$0.00

00A10-00081

DO 32598 SHORTCAKE, STRAWBERRY 2151 CITRUS HILLS AV LAS VEGAS

LAKE TONOPAH APTS PTS 204

LAKE TONOPAH APTS PTS 204 SIGN 2

Map Coordinate: 864 B4

Driver's Notes:

16:15 / 16:15

Arrival 14:17 Depart 14:18

Odometer: 1266

End Run 16:30 2751 SIMMONS ST LAS VEGAS

PARATRANSIT GARAGE

Arrival 14:38

Odometer: 1270

Driver's Notes:

FARRALES EMPLOYEE FILE

Run #: 6801

INSERTIONS

Bus Number:

00A10-00082

FARRALES EMPLOYEE FILE 00082

<b>1</b>	CLIENT NAME: _____	CLIENT ID #: _____	PCA: _____	COMP: _____	CHILD: _____	EQUIP CODE: _____	FARE AMOUNT: _____	FARE COLLECTED: _____	MILEAGE: _____	TI
	CLIENT: _____		PU ADDRESS: _____	PU TIME: _____	CITY: _____	ARRIVE: _____	DEPART: _____			TI
	D/O ADDRESS: _____		APPT TIME: _____	CITY: _____	ARRIVE: _____	DEPART: _____	MILEAGE: _____			TI
	COMMENTS: _____		RR <input type="checkbox"/> NS <input type="checkbox"/> CD <input type="checkbox"/> CX <input type="checkbox"/> 99 <input type="checkbox"/> PC <input type="checkbox"/> MP <input type="checkbox"/> SP <input type="checkbox"/> NP <input type="checkbox"/> PD <input type="checkbox"/> OT _____							
<b>2</b>	CLIENT NAME: _____	CLIENT ID #: _____	PCA: _____	COMP: _____	CHILD: _____	EQUIP CODE: _____	FARE AMOUNT: _____	FARE COLLECTED: _____	MILEAGE: _____	TI
	CLIENT: _____		PU ADDRESS: _____	PU TIME: _____	CITY: _____	ARRIVE: _____	DEPART: _____			TI
	D/O ADDRESS: _____		APPT TIME: _____	CITY: _____	ARRIVE: _____	DEPART: _____	MILEAGE: _____			TI
	COMMENTS: _____		RR <input type="checkbox"/> NS <input type="checkbox"/> CD <input type="checkbox"/> CX <input type="checkbox"/> 99 <input type="checkbox"/> PC <input type="checkbox"/> MP <input type="checkbox"/> SP <input type="checkbox"/> NP <input type="checkbox"/> PD <input type="checkbox"/> OT _____							
<b>3</b>	CLIENT NAME: _____	CLIENT ID #: _____	PCA: _____	COMP: _____	CHILD: _____	EQUIP CODE: _____	FARE AMOUNT: _____	FARE COLLECTED: _____	MILEAGE: _____	TI
	CLIENT: _____		PU ADDRESS: _____	PU TIME: _____	CITY: _____	ARRIVE: _____	DEPART: _____			TI
	D/O ADDRESS: _____		APPT TIME: _____	CITY: _____	ARRIVE: _____	DEPART: _____	MILEAGE: _____			TI
	COMMENTS: _____		RR <input type="checkbox"/> NS <input type="checkbox"/> CD <input type="checkbox"/> CX <input type="checkbox"/> 99 <input type="checkbox"/> PC <input type="checkbox"/> MP <input type="checkbox"/> SP <input type="checkbox"/> NP <input type="checkbox"/> PD <input type="checkbox"/> OT _____							
<b>4</b>	CLIENT NAME: _____	CLIENT ID #: _____	PCA: _____	COMP: _____	CHILD: _____	EQUIP CODE: _____	FARE AMOUNT: _____	FARE COLLECTED: _____	MILEAGE: _____	TI
	CLIENT: _____		PU ADDRESS: _____	PU TIME: _____	CITY: _____	ARRIVE: _____	DEPART: _____			TI
	D/O ADDRESS: _____		APPT TIME: _____	CITY: _____	ARRIVE: _____	DEPART: _____	MILEAGE: _____			TI
	COMMENTS: _____		RR <input type="checkbox"/> NS <input type="checkbox"/> CD <input type="checkbox"/> CX <input type="checkbox"/> 99 <input type="checkbox"/> PC <input type="checkbox"/> MP <input type="checkbox"/> SP <input type="checkbox"/> NP <input type="checkbox"/> PD <input type="checkbox"/> OT _____							
<b>5</b>	CLIENT NAME: _____	CLIENT ID #: _____	PCA: _____	COMP: _____	CHILD: _____	EQUIP CODE: _____	FARE AMOUNT: _____	FARE COLLECTED: _____	MILEAGE: _____	TI
	CLIENT: _____		PU ADDRESS: _____	PU TIME: _____	CITY: _____	ARRIVE: _____	DEPART: _____			TI
	D/O ADDRESS: _____		APPT TIME: _____	CITY: _____	ARRIVE: _____	DEPART: _____	MILEAGE: _____			TI
	COMMENTS: _____		RR <input type="checkbox"/> NS <input type="checkbox"/> CD <input type="checkbox"/> CX <input type="checkbox"/> 99 <input type="checkbox"/> PC <input type="checkbox"/> MP <input type="checkbox"/> SP <input type="checkbox"/> NP <input type="checkbox"/> PD <input type="checkbox"/> OT _____							

DATE: 06/09/2006

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Printed: 6/9/2006 9:03:4

**MANIFEST RECONCILIATION SHEET**

**OPERATOR NAME:**

*Jay Farrales*

**DATE:**

*06-09-06*

**ROUTE#:**

*6801*

**BUS#:**

*9993*

**TOTAL**

	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME
0	# NO PAYS					
0	# NO-SHOWS					
0	# CANCELS					
0	# RE-ROUTES					
1	# PUNCH CARDS	<i>make 2.00</i>				
0	# MONTHLY PASS	<i>back 2.00</i>				
0	# SUPPLEMENTAL PASS					
0	# FREE PASS					
0	# MISSED TRIPS (10-99)					
0	# OTHER					

**MANIFEST REVENUE: \$**

*15.50*

**FAREBOX REVENUE (\$ COLLECTED): \$**

*11.50*

**DOES THE \$ COLLECTED MATCH MANIFEST REVENUE AFTER RECONCILIATION (CIRCLE ONE):**

☒ YES

☐ NO

**OPERATOR SIGNATURE:**

*Jay Farrales*

**TRIP EDIT MONEY TO COLLECT: \$**

**TRIP EDIT AMOUNT SHORT/OVER: \$**

FARRALES EMPLOYEE FILE 00083

*Manifest Assignment Gay Farrales*

PLEASE READ AND ENTER THE INFORMATION BELOW ONTO THE MANIFEST. AS IF YOU WERE DRIVING THE ROUTE. ALL CLIENTS THAT RIDE THE BUS MUST BE DROPPED OFF. YOU WILL NEED TO USE YOUR 10 CODES.

YOUR RUN # IS 54099

YOUR STARTING ODOMETER IS 12345

YOUR CLOCK IN TIME IS 0740

YOUR DEPOT OUT TIME 0800

YOUR BOX # IS 131

YOUR BUS # 1400

Dora Explorer Rides the bus and pays cash.

Mickey Mouse IS A 10-18

Princess Fiona Rides the bus and pays cash.

Spider Man Rides the bus and pays cash.

Strawberry Shortcake Rides the bus and pays cash.

Bob Sponge Rides the bus and pays \$0.00 as indicated.

Your lunch is 30 minutes long.

Snow White IS A 10-17 *all 0*

Donald Duck Rides the bus and pays cash.

Minnie Mouse IS A 10-28 *NP*

Dora Explorer Rides the bus and pays cash.

Spider Man IS A 10-12. *10*

YOUR DEPOT IN TIME IS 1745

YOUR ENDING ODOMETER IS 12580

YOUR CLOCK OUT TIME IS 1830

FARRALES EMPLOYEE FILE 00084

00A10-00084

Driver: VAY R FARRALES

05/25/2006

Mileage: 248.3

Bus Number: 1400

Run #: 54099

Starting Odometer: 12345 Clock In: 07:40 Depot Out: 08:00  
Ending Odometer: 12580 Clock Out: 18:30 Depot In: 17:45  
Operator: VAY R. FARRALES Box#: 131 Bus #: 1400

SEAT BELT EXTENSION  
REQUIRED ON THIS RUN

Out of Service	1	Start Time: <u>0</u>	End Time: <u>0</u>	Odometer: <u>0</u>	2	Start Time: <u>0</u>	End Time: <u>0</u>	Odometer: <u>0</u>
----------------	---	----------------------	--------------------	--------------------	---	----------------------	--------------------	--------------------

ID Name

Address

Early - EST/Neg time

Late

Appl Type

Eg Codes

Fare Amount

Start Run 08:00

2751 SIMMONS ST  
LAS VEGAS

PARATRANSIT GARAGE

Odometer: 12345 Depart [ 08:00 ]

Driver's Notes:

PU 32599 EXPLORER, DORA

2101 TEXAS STAR LA  
NORTH LAS VEGAS

TEXAS STATION GAMBLING HALL  
TEXAS STATION PTS 37

Map Coordinate: 863 J5

Driver's Notes:

DO 32599 EXPLORER, DORA

4500 N RANCHO DR  
LAS VEGAS

KMART N RANCHO

KMART AT CRAIG

Map Coordinate: 833 C5

Driver's Notes:

08:29/

Arrival [ 7 ] : 1 Depart [ 0 ] : 1  
Odometer: 00

RR

☐ NS

☐ CD

☐ CX

☐ CX

☐ 99

☐ PC

☐ MP

☐ SP

☐ NP

☐ PD

☒ OT

Arrival [ <u>7</u> ] : <u>1</u>	Depart [ <u>0</u> ] : <u>1</u>
Odometer: <u>00</u>	Fare Collected: <u>\$2.00</u>

PASS	SP	FC	FARE	OB
CL	AM	PF	\$2.00	1

\$2.00

PU 19783 MOUSE, MICKEY

4949 N RANCHO DR  
LAS VEGAS

SANTA FE STATION

PU DO HOTEL CASINO SHUTTLE BUS STOP

Map Coordinate: 833 C4

Driver's Notes:

8:29 08:34/ 08:34 08:59

CAN

Arrival [ <u>7</u> ] : <u>1</u>	Depart [ <u>0</u> ] : <u>1</u>
Odometer: <u>00</u>	Fare Collected: <u>0</u>

RR

☐ NS

☒ CD

☐ CX

☐ CX

☐ 99

☐ PC

☐ MP

☐ SP

☐ NP

☐ PD

☐ OT

PASS	SP	FC	FARE	OB
CL	WH	PF	\$2.00	0
PCA	AM	C	\$0.00	0

\$2.00

DO 19783 MOUSE, MICKEY

7075 W ANN RD  
LAS VEGAS

ALBERTSONS ANN US95

ALBERTSONS AT US 95

Map Coordinate: 833 B3

Driver's Notes:

08:53/

Arrival [ 0 ] : 1 Depart [ 0 ] : 1  
Odometer: 0

ID Name Address

PU 32600 FIONA, PRINCESS 8060 W TROPICAL PKWY LAS VEGAS

WALMART SUPER TROPICAL PKWY  
WALMART PTS 261 PU DO SOUTH ENTRANCE AT PTS  
Map Coordinate: 832 H2

Driver's Notes:

Early EST/Neg time Late Appl Type Codes

9:10 09:10 / 09:15 09:40 O ANI

Arrival [T] : ] Depart [D] : ]  
Odometer: 00 Fare Collected: \$1.50

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☒ OT

PASS	SP	FC	FARE	OB
CLI	LI	F	\$1.50	/

SALES EMPLOYEE FILE 00086

Fare Amount \$1.1

DO 32600 FIONA, PRINCESS 3150 N TENAYA WY LAS VEGAS

MOUNTAIN VIEW MED CTR MAIN  
MOUNTAIN VIEW MED CNTR PTS 107 SIGN 1  
Map Coordinate: 863 B2

Driver's Notes:

09:31 /

Arrival [T] : ] Depart [D] : ]  
Odometer: 00

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☒ OT

PASS	SP	FC	FARE	OB
CLI	SC	F	\$4.00	/
COM	ES	F	\$4.00	/

SALES EMPLOYEE FILE 00086

Fare Amount \$8.

PU 19782 MAN, SPIDER 3535 S LAS VEGAS BLVD LAS VEGAS

IMPERIAL PALACE PTS 16  
AT THE SHUTTLE BUS ENT, NEAR THE KOVAL AV. EX  
Map Coordinate: 924 B1

Driver's Notes:

9:59 09:59 / 10:04 10:29 S SBX

Arrival [T] : ] Depart [D] : ]  
Odometer: 00 Fare Collected: \$8.00

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☒ OT

PASS	SP	FC	FARE	OB
CLI	SC	F	\$4.00	/
COM	ES	F	\$4.00	/

Fare Amount \$8.

DO 19782 MAN, SPIDER 5111 BOULDER HWY LAS VEGAS

SAMS TOWN  
SAMSTOWN ENT PERRY/SO 2 TOURBUS ENTR SE CRNR NO PT  
Map Coordinate: 925 F1

Driver's Notes:

10:30 /

Arrival [T] : ] Depart [D] : ]  
Odometer: 00

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☒ OT

PASS	SP	FC	FARE	OB
CLI	AM	F	\$1.50	/
KRT	SA	K	\$0.50	/

Fare Amount \$2.

DO 32598 SHORTCAKE, STRAWBERRY 5160 GENERAL MILES WY LAS VEGAS

CAROL HAYNES APT  
CAROL HAYNES APTS OFF FLAMINGO BEHIND SAMS TOWN  
Map Coordinate: 925 F1

Driver's Notes:

10:33 10:33 / 10:38 11:03 C

Arrival [T] : ] Depart [D] : ]  
Odometer: 00 Fare Collected: \$2.00

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☒ OT

PASS	SP	FC	FARE	OB
CLI	AM	F	\$1.50	/
KRT	SA	K	\$0.50	/

SHOPPING CART

Fare Amount \$2.

DO 32598 SHORTCAKE, STRAWBERRY 1300 W SUNSET RD HENDERSON

GALLERIA MALL FOODCOURT  
GALLERIA MALL PTS 252 FOOD COURT  
Map Coordinate: 955 H1

Driver's Notes:

10:54 /

Arrival [T] : ] Depart [D] : ]  
Odometer: 00

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☒ OT

Fare Amount \$2.

ID: Name Address Early EST/Reg time Late Appt Type Egt Codes Fare Amount

PU 25803 SPONGE, BOB 1301 W SUNSET RD HENDERSON 10:54 10:54 / 10:59 11:24 OXY

SUNSET STATION CASINO PTS 36  
SUNSET STATION  
Map Coordinate: 955 H1

Driver's Notes:

ARRIVAL [T : ]	DEPART [P : ]	FARE COLLECTED: \$0
ODOMETER: 00		

PASS	SP	FC	FARE	OB
CLI	AM	MP	\$0.00	/
PCA	WH	C	\$0.00	/

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☐ OT

DO 25803 SPONGE, BOB 1500 W WARM SPRINGS RD HENDERSON 11:11 /

TLC CONV HOME  
TLC CONVELESCENT HOME XST STEPHANIE  
Map Coordinate: 955 G2

Driver's Notes:

ARRIVAL [T : ]	DEPART [P : ]	FARE COLLECTED: \$0
ODOMETER: 00		

PASS	SP	FC	FARE	OB
CLI	LI	F	\$1.50	0
PCA	AM	C	\$0.00	0

RR ☐ NS ☐ CD ☐ CX ☒ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☐ OT

BREAK 30 MINUTES

Driver's Notes:

ARRIVAL [T : ]	DEPART [P : ]	FARE COLLECTED: \$0
ODOMETER: 00		

PU 32601 WHITE, SNOW 451 E LAKE MEAD PKWY HENDERSON 11:58 11:58 / 12:03 12:28 D OXY

OV LAKE MEAD (OV PRIDE)  
PU DO MAIN ENT PTS 167  
Map Coordinate: 956 G3

Driver's Notes:

ARRIVAL [T : ]	DEPART [P : ]	FARE COLLECTED: \$0
ODOMETER: 0		

PASS	SP	FC	FARE	OB
CLI	LI	F	\$1.50	0
PCA	AM	C	\$0.00	0

RR ☐ NS ☐ CD ☐ CX ☒ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☐ OT

D 2601 WHITE, SNOW 1001 ARIZONA ST BOULDER CITY 12:44 /

BOULDER CITY SR CTR  
BC SENIOR CNTR MAIN ENTRANCE  
Map Coordinate: 988 E4

Driver's Notes:

ARRIVAL [T : ]	DEPART [P : ]	FARE COLLECTED: \$0
ODOMETER: 0		

PU 20593 DUCK, DONALD 9725 S EASTERN AV LAS VEGAS 13:25 13:29 / 13:30 13:55

TARGET EASTERN SILVERADO RANCH  
TARGET MAIN ENTRANCE  
Map Coordinate: 984 J1

Driver's Notes:

ARRIVAL [T : ]	DEPART [P : ]	FARE COLLECTED: \$400
ODOMETER: 00		

PASS	SP	FC	FARE	OB
CLI	AM	PF	\$2.00	1
COM	AM	PF	\$2.00	1

RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☒ OT

FARRALES EMPLOYEE FILE

00A10-00087

ID Name Address Early EST/NG time Late Appl Type Codes E9  
 DO 20593 DUCK, DONALD 4691 RICKENBACKER RD 14:23/  
 NELLIS AFB BASE EXCHANGE NELLIS AFB  
 NELLIS AFB PTS 153 BASE EXCHANGE  
 Map Coordinate: 835 G5  
 Driver's Notes:

FILE 00088

00A10-00088

PU 32597 MOUSE, MINNIE 1905 MCDANIEL ST NORTH LAS VEGAS  
 THIS IS A TEST CLIENT DO NOT TRVL TO PICK UP OR DO  
 Map Coordinate: 864 G4  
 Driver's Notes:

14:35 14:48 / 14:40 15:05 U WLK  
 SUPPLEMENTAL FARE  
 Arrival [T] : ] Depart [D] : ]  
 Odometer: 00 Fare Collected: 0  
 RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☒ PD ☐ OT

PASS	SP	FC	FARE	OB
CL	AM	PF	\$5.00	/
KID	AM	C	\$0.00	/

FARRALES

DO 32597 MOUSE, MINNIE 7875 NORTH RAINBOW LAS VEGAS  
 NEW VISTA RANCH  
 Map Coordinate: 803 B4  
 Driver's Notes:

15:35/  
 Arrival [T] : ] Depart [D] : ]  
 Odometer: 00

PU 32599 EXPLORER, DORA 6480 SKY POINTE DR LAS VEGAS  
 TARGET SKY POINT CENTINIAL  
 TARGET XST CENTINIAL  
 Map Coordinate: 802 J7  
 Driver's Notes:

16:00 16:05 / 16:05 16:30 S  
 Arrival [T] : ] Depart [D] : ]  
 Odometer: 00 Fare Collected: \$1.50  
 RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☒ PD ☐ OT

PASS	SP	FC	FARE	OB
CL	AM	F	\$1.50	/

2599 EXPLORER, DORA 6700 N DURANGO DR LAS VEGAS  
 KOHLS  
 XST 215 FREEWAY  
 Map Coordinate: 802 F7  
 Driver's Notes:

16:16 / 16:30  
 Arrival [T] : ] Depart [D] : ]  
 Odometer: 00

PU 19782 MAN, SPIDER 8500 W CHEYENNE AV LAS VEGAS  
 WALGREENS CHEYENNE DURANGO  
 WALGREENS AT DURANGO  
 Map Coordinate: 862 G2  
 Driver's Notes:

17:00 17:05 / 17:05 17:30 S INF  
 Arrival [T] : ] Depart [D] : ]  
 Odometer: 00 Fare Collected: 0  
 RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☒ MP ☐ SP ☐ NP ☐ PD ☐ OT

PASS	SP	FC	FARE	OB
CL	AM	F	\$1.50	/
KID	IS	C	\$0.00	/

4.66

Printed: 5/25/2006 7:57



ID	Name	Address	Early	EST/Neg time	Late	Appt	Type	Bq	Fare
								Codes	Amount

DO 19782	MAN, SPIDER	3260 FOUNTAIN FALLS WAY #2140		17:30/					
		NORTH LAS VEGAS							
		CHEYENNE VILLAS - ENTER OFF SIMMONS GC #1234							
		Map Coordinate: 863 J1							
Driver's Notes:			Arrival [ 7 : ]		Depart [ 0 : ]				
			Odometer: 00						

End Run	18:30	2751 SIMMONS ST							
		LAS VEGAS							
		PARATRANSIT GARAGE							
Driver's Notes:			Arrival [ 18 : 30 ]						
			Odometer: 12580						

FARRALES EMPLOYEE FILE 00089

00A10-00089

0 21000

NATP. AC/727100K

15 of 6

Printed: 5/25/2006 7:57

Run #: 54099

## INSERTIONS

Bus Number: 1400

1

CLIENT NAME: \_\_\_\_\_ CLIENT ID #: \_\_\_\_\_  
CLIENT: \_\_\_\_\_ PCA: \_\_\_\_\_ COMP: \_\_\_\_\_ CHILD: \_\_\_\_\_ EQUIP CODE: \_\_\_\_\_ FARE AMOUNT: \_\_\_\_\_ FARE COLLECTED: \_\_\_\_\_  
PU ADDRESS: \_\_\_\_\_ PU TIME: \_\_\_\_\_ CITY: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ DEPART: \_\_\_\_\_ MILEAGE: \_\_\_\_\_ TT  
D/O ADDRESS: \_\_\_\_\_ APT TIME: \_\_\_\_\_ CITY: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ DEPART: \_\_\_\_\_ MILEAGE: \_\_\_\_\_ TT  
COMMENTS: \_\_\_\_\_ RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☐ OT

2

CLIENT NAME: \_\_\_\_\_ CLIENT ID #: \_\_\_\_\_  
CLIENT: \_\_\_\_\_ PCA: \_\_\_\_\_ COMP: \_\_\_\_\_ CHILD: \_\_\_\_\_ EQUIP CODE: \_\_\_\_\_ FARE AMOUNT: \_\_\_\_\_ FARE COLLECTED: \_\_\_\_\_  
PU ADDRESS: \_\_\_\_\_ PU TIME: \_\_\_\_\_ CITY: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ DEPART: \_\_\_\_\_ MILEAGE: \_\_\_\_\_ TT  
D/O ADDRESS: \_\_\_\_\_ APT TIME: \_\_\_\_\_ CITY: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ DEPART: \_\_\_\_\_ MILEAGE: \_\_\_\_\_ TT  
COMMENTS: \_\_\_\_\_ RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☐ OT

3

CLIENT NAME: \_\_\_\_\_ CLIENT ID #: \_\_\_\_\_  
CLIENT: \_\_\_\_\_ PCA: \_\_\_\_\_ COMP: \_\_\_\_\_ CHILD: \_\_\_\_\_ EQUIP CODE: \_\_\_\_\_ FARE AMOUNT: \_\_\_\_\_ FARE COLLECTED: \_\_\_\_\_  
PU ADDRESS: \_\_\_\_\_ PU TIME: \_\_\_\_\_ CITY: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ DEPART: \_\_\_\_\_ MILEAGE: \_\_\_\_\_ TT  
D/O ADDRESS: \_\_\_\_\_ APT TIME: \_\_\_\_\_ CITY: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ DEPART: \_\_\_\_\_ MILEAGE: \_\_\_\_\_ TT  
COMMENTS: \_\_\_\_\_ RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☐ OT

4

CLIENT NAME: \_\_\_\_\_ CLIENT ID #: \_\_\_\_\_  
CLIENT: \_\_\_\_\_ PCA: \_\_\_\_\_ COMP: \_\_\_\_\_ CHILD: \_\_\_\_\_ EQUIP CODE: \_\_\_\_\_ FARE AMOUNT: \_\_\_\_\_ FARE COLLECTED: \_\_\_\_\_  
PU ADDRESS: \_\_\_\_\_ PU TIME: \_\_\_\_\_ CITY: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ DEPART: \_\_\_\_\_ MILEAGE: \_\_\_\_\_ TT  
D/O ADDRESS: \_\_\_\_\_ APT TIME: \_\_\_\_\_ CITY: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ DEPART: \_\_\_\_\_ MILEAGE: \_\_\_\_\_ TT  
COMMENTS: \_\_\_\_\_ RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☐ OT

5

CLIENT NAME: \_\_\_\_\_ CLIENT ID #: \_\_\_\_\_  
CLIENT: \_\_\_\_\_ PCA: \_\_\_\_\_ COMP: \_\_\_\_\_ CHILD: \_\_\_\_\_ EQUIP CODE: \_\_\_\_\_ FARE AMOUNT: \_\_\_\_\_ FARE COLLECTED: \_\_\_\_\_  
PU ADDRESS: \_\_\_\_\_ PU TIME: \_\_\_\_\_ CITY: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ DEPART: \_\_\_\_\_ MILEAGE: \_\_\_\_\_ TT  
D/O ADDRESS: \_\_\_\_\_ APT TIME: \_\_\_\_\_ CITY: \_\_\_\_\_ ARRIVE: \_\_\_\_\_ DEPART: \_\_\_\_\_ MILEAGE: \_\_\_\_\_ TT  
COMMENTS: \_\_\_\_\_ RR ☐ NS ☐ CD ☐ CX ☐ 99 ☐ PC ☐ MP ☐ SP ☐ NP ☐ PD ☐ OT

FARRALES EMPLOYEE FILE 00090

00A10-00090

00A10-00091

DATE: 05-25-06

**BUS#:** 1400

[illegible]FARRALES EMPLOYEE

FAREBOX REVENUE (\$ COLLECTED): \$ 19.00

**YES**  
**NO**

California

2

---

JAY R. FARRALES  
Passenger Relations

Units 1&2 Quiz

This quiz is designed to discover whether the material on basic passenger relations has been covered adequately.

Fill in the blanks or circle the letter next to the one correct answer. Do not worry about exact wording of answers.

1. The three passenger relations skills are:
  - 1.) PROVIDES RELIABLE, EXPERT SERVICE
  - 2.) IS ALWAYS COURTEOUS & PATIENT
  - 3.) AVOIDS ARGUMENTS AT ANY COST
2. Who has the daily responsibility for passenger relations on the bus?
  - A. Your general manager.
  - B. Your supervisor.
  - ☒ C. You.
3. The quality of a service station depends mainly on its
  - A. Gas.
  - ☒ B. Attendants.
  - C. Appearance.
4. A passenger presents you with a transfer for a bus going in the wrong direction. She insists it is valid "because the other operator said it was". What should you do?
  - ☒ A. Give her the benefit of the doubt and accept the transfer?
  - B. Refuse to accept the transfer because it is invalid?
  - C. Argue until you convince her she is wrong?
5. Which of the following is not characteristic of professional bus operator?
  - ☒ A. A diploma.
  - B. Special training.
  - C. The need to continually upgrade skills.
  - D. Pride in his or her work.

FARRALES EMPLOYEE FILE 00092

00A10-00092

# CLASSROOM SIGN-IN SHEET

Date: 10-6-06

Project Number: 9068

Project Name: Las Vegas

CLASS PURPOSE: NEW HIRE

Break: 1000 to 1015 = 0.25

Lunch Break: 1200 to 1230 = 0.50

Break: 1400 to 1415 = 0.25

TIME IN: 0800 OUT: 1630  
am/pm?

(Write in detail about subject matter)

SUBJECT: Mapping / Manifest / Required Paperwork / Accident  
- Emergency Procedures

INSTRUCTOR (S): J. Kay J. McLikins  
Print Name (1) Print Name (2) Print Name (3) Print Name (4)

NOTE TO INSTRUCTOR: Log hours for each individual in the appropriate column next to his or her name. Record should be accurate for each individual. Complete the Subject Box on each additional page. Log sheet is property of Laidlaw Transit, Inc.

\*\*\*PLEASE READ BEFORE SIGNING\*\*\* DRIVER SIGNATURE VERIFIES THAT ALL REPORTED INSTRUCTION OR TRAINING FOR THE DATE, TIME (S), AND SUBJECT (S) LISTED IS A TRUE RECORD OF TRAINING. (INSTRUCTORS USE ONLY)

	PRINT NAME	BIRTH MONTH	SIGNATURE	CLASS TOC	NEW HIRE
1	[REDACTED]	11	[REDACTED]		
2	[REDACTED]	03	[REDACTED]		
3	[REDACTED]	03	[REDACTED]		
4	[REDACTED]	02	[REDACTED]		
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

FARRALES EMPLOYEE FILE 00093

00A10-00093

# CLASSROOM SIGN-IN SHEET

Date: 6.5.06

Project Number: 9008

Project Name: Las Vegas

CLASS PURPOSE: New Hire

Break: 1000 to 165 - 0.25

Lunch Break: 1200 to 1230 - 0.50

Break: 1400 to 1415 - 0.25

TIME IN: 0800 OUT: 1630  
am/pm?

(Write in detail about subject matter)

SUBJECT: Intro, Company Policy; Substance Abuse; Right to Know; OSHA; Right to Work; Sexual Harassment; Security; Discipline; Code of Conduct

INSTRUCTOR (S): J. L. Robbins Print Name (1) Print Name (2) Print Name (3) Print Name (4)

NOTE TO INSTRUCTOR: Log hours for each individual in the appropriate column next to his or her name. Record should be accurate for each individual. Complete the Subject Box on each additional page. Log sheet is property of Laidlaw Transit, Inc.

\*\*\*PLEASE READ BEFORE SIGNING\*\*\* DRIVER SIGNATURE VERIFIES THAT ALL REPORTED INSTRUCTION OR TRAINING FOR THE DATE, TIME (S), AND SUBJECT (S) LISTED IS A TRUE RECORD OF TRAINING. (INSTRUCTORS USE ONLY)

	PRINT NAME	BIRTH MONTH	SIGNATURE	CLASS Y02	NEW HIRE
1	[REDACTED]	[REDACTED]	[REDACTED]		✓
2	<u>JAY R. FARRALES</u>	[REDACTED]	<u>[Signature]</u>		✓
3	[REDACTED]	[REDACTED]	[REDACTED]		✓
4	[REDACTED]	<u>02</u>	[REDACTED]		✓
5	[REDACTED]				
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

FARRALES EMPLOYEE FILE 00094

00A10-00094

TELL US ABOUT YOURSELF AND HOW YOU CAME TO LAIDLAW:

When I was a kid; I always, wanted to become a: A DOCTOR

But, when I had to pay the rent, I became a: rental technician, a manager & a driver

So, when I retire, I'm finally going to: RETIRE BACK TO THE PHILIPPINES

Nickname/AKA:

Favorite Book/Magazine

SCIENCE BOOKS, SPORTS

Favorite Show/Film/Movie

DISCOVERY, HISTORY CHANNEL MOVIES

Favorite TV Program:

DISCOVERY, HISTORY CHANNEL, ESPN

Favorite Leisure-Time Activity/Hobby:

PLAYING BASKETBALL, COOKING

Most Famous Person I Ever Met:

Reasons for Wanting to Join Laidlaw Transit:

GOOD COMPANY & STABLE

What I Hope to Get Out Of My Laidlaw Job:

STABILITY ON AFTERJOB & MEET PEOPLE & FRIENDS

I have lived in Las Vegas This Long:

(5) ALMOST 6 YRS.

I Originally Came From:

PHILIPPINES

JAY R FARRALES

Please Print Your Name Legibly

Jay R Farralles

Your Signature

06-05-06

Today's Date

FARRALES EMPLOYEE FILE 00095

00A10-00095

remember, you must have a  
understanding of the material presented.

A copy of your answers will be maintained in the training program, another copy will be for you to keep.

### SECTION ONE - EMPLOYEE RIGHT TO KNOW LAW

1. In 1987, OSHA published the Hazard Communication Final Rule, this is more commonly known as the Employee Right to Know.

2. TRUE OR FALSE

THIS RULE MEANS:

- A. You have the right to know about the hazards you face on the job. TRUE
- B. You do not need to be trained on these hazards. FALSE
- C. You can be fired for asking for information on the use of the hazard. FALSE
- D. You are allowed to provide information to your physician. TRUE

### SECTION TWO - PRODUCT LABELS

1. A hazardous material is any material that could cause injury or death to a person, or could damage or pollute land, air, or water.

2. What are the three ways to determine if a material is hazardous?

- a. read the warning label & follow the instruction on container
- b. read the inventory roster in material safety data sheet located
- c. read the MSDS

3. Is the container warning label the easiest and quickest way to find information on a product?

yes

FARRALES EMPLOYEE FILE 00096

00A10-00096



# RETURN-TO-WORK PROCESS

## LAIDLAW RETURN-TO-WORK EVALUATION FORM

Instructions: Please circle the number that best describes your evaluation of the training session.

	Strongly Agree	Uncertain	Strongly Disagree	Agree	Disagree
This program clearly shows the connection between Return To Work and recovery.	(5)	4	3	2	1
This program helped me better understand the role I can play in Return To Work	(5)	4	3	2	1
This program provided useful information which I can use if I am ever injured on the job.	(4)	4	3	2	1
The session was well organized.	(5)	4	3	2	1

The best part of the program was: telling me know the importance of working + under circumstances showed me how company handle situations.

The program could be improved by: \_\_\_\_\_

Additional comments: \_\_\_\_\_

CHAPTER 3: EMPLOYEE ORIENTATION

3 - 17

FARRALES EMPLOYEE FILE 00097

00A10-00097

## Drug and Alcohol Quiz

1. What are the 5 drugs that are screened for in testing?  
marijuana, Cocaine, opiates, amphetamines  
& Phenylethylamine
2. What is B.A.C.? What does it mean?  
Blood Alcohol Concentration
3. What is S.A.P.?  
Substance Abuse Professional
4. How many hours must pass without alcohol consumption during pre-duty time before reporting to work?  
using alcohol within 8 hours prior performing
5. Within how many hours following a "serious accident" (with bodily injury and/or a towed vehicle) must the alcohol test be administered?  
2 hrs not more than 8 hrs
6. What range of B.A.C. disqualifies a driver from any safety-sensitive duty?  
inability to provide adequate urine specimen
7. "Refusal to submit" is what situation?  
constitute as positive
8. What is "Shy Bladder"? How does Laidlaw deal with it?  
medically unable to provide specimen for testing
9. Are drug and alcohol test results locked (secured) away?  
yes
10. What concentration level or positive prohibited drug test REQUIRES discharge from employment with Laidlaw?  
0.04 or greater

FARRALES EMPLOYEE FILE 00098

00A10-00098

## BASIC OF SAFETY QUIZ THREE

JAY FARRALES

1. WITHOUT exception, \_\_\_\_\_ are at the root cause of accidents.
  - a. vehicles
  - b. coincidences
  - ☒ c. people
2. It's just a matter of time before unsafe behaviors result in an accident.
  - ☒ a. True
  - b. False
3. While driving a bus, it's OK to perform a risky behavior once in a while if you DON'T think the risk will be very high.
  - a. True
  - ☒ b. False
4. An example of an unsafe behavior pattern is:
  - ☒ a. failing to perform a thorough pre-trip inspection every day.
  - b. parking in the same parking space every day.
  - c. driving the same route every day.
5. You reduce the risk of hitting a pedestrian during a left turn if you rock and roll.
  - ☒ a. True
  - b. False
6. Following too closely is an example of exceeding performance capabilities.
  - ☒ a. True
  - b. False
7. You should stop worrying about accidents ONLY AFTER you've identified the most common accidents at Laidlaw Transit and their related behaviors.
  - a. True
  - ☒ b. False
8. If you NEVER back up your bus, you're:
  - a. putting your passengers in danger.
  - b. avoiding a difficult but necessary part of the job.
  - ☒ c. completely free from the risk of a backing accident.
9. If you ALWAYS stay four seconds behind the vehicle in front of you, you will:
  - a. NEVER run the risk of having a preventable accident.
  - ☒ b. greatly reduce the chance of having a rear end collision.
  - c. have a hard time staying on schedule with your bus route.
10. When we say Safety is Number One, we really mean that we ALWAYS want to eliminate or reduce any risk.
  - ☒ a. True
  - b. False

FARRALES EMPLOYEE FILE 00099

JAY FARRALES

CAPPING EXERCISE #1

ADDRESS	MAP GRID	CROSS STREETS	DIRECTIONS
2751 Simmons St 901 N Jones Blvd	864-A2	Carney & Simmons	S. on Simmons S. on Carney S. Jones
6300 W Oakley Blvd	863-EC C4	Jones & Washington	S. Jones W. OAKLEY
3100 W Charleston	893 G3	<del>OAKLEY &amp; CHARLESTON</del> OAKLEY & CHARLESTON	OAKLEY N. O. VIEW E CHARLESTON
380 N Maryland Pkwy	894 F2	CHARLESTON & MARYLAND	E CHARLESTON N MARYLAND
3006 S Maryland Pkwy	894 FG	MARYLAND & <del>CHARLESTON</del> DESERT INN	S MARYLAND
1750 E Desert Inn Rd	894 FF	DI & <del>MARYLAND</del> MARYLAND	S MARYLAND E. DI.
2300 McDaniel NLV	864 HS	EASTERN & LAKE MEAD	E DI N EASTERN N CIVIC. W LAKE MEAD N MCDANIELS

FARRALES EMPLOYEE FILE 00100

00A10-00100

# JAY FARRALES

## MAPPING EXERCISE #2

ADDRESS	MAP GRID	CROSS STREETS	DIRECTIONS
2751 Simmons St	869 A2		
2151 Citrus Hills (PTS-204)	864 B4	LAKE MEAD & SIMMONS	S SIMMONS E LAKE MEAD S HEAVEN HILL TO CITRUS HILL
4336 Losee Road (PTS-157)	<del>884 G4</del> 864 G1	CRAG & LOSEE	E LAKE MEAD N LOSEE
2860 E Cheyenne Rd (PTS-215)	864 G1	LOSEE & CHEYENNE	S LOSEE E CHEYENNE
3528 S Maryland Pkwy (PTS-250)	894 F6	DJ & MARYLAND	E CHEYENNE SERVICE CENTER S. EASTERN MD MRS. MARYLAND
4505 S Maryland Pkwy (PTS-306)	924 F3	MARYLAND & HARMON	S MARYLAND
1330 W Sunset Rd Henderson (PTS-252)	<del>925 E7</del> 925 E7	EASTERN & SUNSET	S. MARYLAND E. RUSSEL S. EASTERN W SUNSET RD
830 E Lake Mead Pkwy Henderson (PTS-102)	<del>926 H5</del> <del>926 H2</del> 926-H7	WARM SPRING & LAKE MEAD PARKWAY	E SUNSET RD. S. BAY N LAKE MEAD PKWY

FARRALES EMPLOYEE FILE 00101

00A10-00101

**Confidential**

Employee Name JAY FARRALES

File Creation Date \_\_\_\_\_

Initials JH

**TRAINING**

**SECTION TWO**

	<b>Initial</b>	<b>Date</b>
Defensive Driving Test	_____	_____
Smith System Test	<u>JH</u>	_____
Customer Service Test	_____	_____
Emergency Management Test	_____	_____
FOS Test	<u>JH</u>	_____
FORM Process Sign Off	<u>JH</u>	_____
Safe Work Methods	_____	_____
OSHA Sign Off	<u>JH</u>	_____
Location Specific Sign Offs	<u>JH</u>	_____
Employee Handbook Sign Off	<u>JH</u>	_____
OPW	<u>JH</u>	_____

FARRALES EMPLOYEE FILE 00102

00A10-00102

## Operator Observation and Training Worksheet

Name: FARRALES, JAY Date: 10-23-10  
(Print - Last name, first name)

Location Number/Name: 55842 NEVADA LAS VEGAS RTC Date Last Observation: \_\_\_\_\_  
(55565 - Denver, Broadway)

Reason for Observation /Training: ( ) New Employee (x) Periodic Observation ( ) Post Injury

The employee has reviewed the following:	YES	NO	REMARKS
• First Transit's Injury Prevention Principles (FT Employee Handbook, p.1, 2009).	✓		
• First Transit's F.O.R.M. program.	✓		
• First Transit PPE program including requirements for appropriate <ul style="list-style-type: none"> <li>○ Safety eyewear</li> <li>○ Safety footwear</li> <li>○ Safety handwear</li> <li>● Hi-Vis vests</li> <li>○ Disposal contaminated materials</li> </ul>	✓		

**EMPLOYEE DEMONSTRATES HOW TO ASSESS RISKS AND MEASURES TO TAKE TO AVOID INJURIES FROM:**

Walking, Climbing			
• Surveys travel path, steps, stairs – scans left to right and up & down looking for obstacles, hazards, uneven surfaces, changes in elevations and dangers.	✓		
• Alert to changes in pathway caused by traffic, weather, spills, changes in lighting, pedestrians	✓		
• Identifies and avoids hazards.	✓		
• Walks never runs	✓		
• Uses 3 point contact (handrails, grab bars, etc) when using steps, stairs, ladders, etc.	✓		
• Place foot firmly and safely on each step or rung before moving to the next step and does not skip steps, etc.	✓		
• Does not carry excess loads or vision blocking loads.	✓		

Employee's Initials VRF  
Name: FARRALES, JAY

Trainers Initial's J.M  
Date: 10-23-10