



Job Description  
Job Code: 603  
Range: 12

## TRANSPORTATION DRIVER

**DEFINITION:** Under general supervision of the Transportation Manager, provides door-to-door transportation to the public from home to shopping, doctor's appointment, work, school, day care, etc. in a safe and timely manner; operates a city bus in accordance with city, state, and federal regulations; and performs related duties as assigned.

**CLASSIFICATION:** This is a non-exempt, full-time, classified position with full benefits.

**ESSENTIAL FUNCTIONS:** Essential functions, as defined under the Americans with Disabilities Act, may include the following tasks, knowledge, skills and other characteristics. This list is ILLUSTRATIVE ONLY, and is not a comprehensive listing of all functions and tasks performed by incumbents of this classification.

### TASKS:

Receives calls from dispatcher to schedule passengers for rides. Accepts additional passengers; informs transit operators of cancellations, traffic conditions causing delays, receipt of additional passengers, etc.; operates a vehicle in a safe manner; obeys all traffic rules. Maintains courteous attitude toward other drivers and passengers; completes safety checks of vehicle daily watching for fluid levels, tire pressure, lights, lift operation, etc; refuel each day.

Receives radio transmissions from dispatcher allowing the continuity among drivers. Dispatches to drivers of other passengers to pick up, accept passengers, or cancel other passengers; informs transit operators of cancellations, traffic conditions causing delays, receipt of additional passengers, etc.; operates a vehicle in a safe manner; obeys all traffic rules; maintains courteous attitude toward other drivers

Coordinates the transportation program efficiently to assure the maximum number of passengers are served with a minimum time period; interacts with transit operators in performing radio dispatch/customer scheduling; provides office clerical support; performs secretarial functions for the department; completes administrative functions for the department; schedules services for customers; completes safety checks of vehicle; watches fluid levels, tire pressure, lights, etc.

### KNOWLEDGE, SKILLS, AND OTHER CHARACTERISTICS:

Knowledge of proper radio communications practices.  
Knowledge of the various medical, dental, and social organizations in the Verde Valley.  
Knowledge of the practices and procedures of the Transportation Department.  
Knowledge of the traffic patterns in the Verde Valley.  
Knowledge of vehicular preventive maintenance.  
Skill in conducting two-way radio communications.  
Skill in developing and maintaining effective interpersonal relations.  
Skill in performing multiple tasks simultaneously.  
Skill in maintaining composure during crisis situations.  
Skill in interacting with the general public in scheduling transportation routes.  
Skill in routing drivers around the Verde Valley.

## Transportation Driver – (Continued)

**PHYSICAL REQUIREMENTS:** This classification involves light to heavy lifting and carrying due to passengers/parcels as required on and off the van/wheelchair lift. This classification involves work driving transportation vehicles around the Verde Valley.

**MINIMUM QUALIFICATIONS:** The equivalent of a high school diploma or GED and two (2) years driving multi-passenger commercial vehicles. The possession of a Commercial Drivers License (CDL) with passenger endorsement is required or the ability to obtain upon employment. Must have or be able to obtain a Level One Fingerprint Clearance card.

**SPECIAL CONDITIONS:** All new hires for the Cottonwood Area Transit System department are required to pass a post job offer, pre-employment physical and drug and alcohol test. All employees who work in the Cottonwood Area Transit system department will be subject to random drug and alcohol testing.



## Applicant Drug Testing Acknowledgment

I understand that as part of my application for employment I must successfully complete a USDOT drug test as required by 49 CFR parts 40 & 655. I understand that a negative test result is required before I will be able to perform a safety sensitive function. Participation in the federal drug and alcohol testing program is a condition of employment.

I also certify that I have not had a positive drug test result on a DOT pre-employment drug test in the past 2 years.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Previous Employer Drug and Alcohol Testing Release Form Required by the Dept. of Transportation (49CFR part 40.25)

Agency Requesting: City of Cottonwood, Fax Reply to: 928-634-3727, or email to: awilber@cottonwoodaz.gov

As a requirement of 49CFR part 40.25 it is necessary to obtain drug and alcohol testing information from applicants' previous covered employer(s). This information must be obtained from all DOT regulated employers from the preceding two years. The documentation **must** be obtained no later than 30 calendar days after the first time a covered employee performs a safety-sensitive function.

**Attention Personnel: New hires must fill out and sign this release form**

## **PART 1 – TO BE COMPLETED BY APPLICANT**

I, \_\_\_\_\_, hereby authorize the following companies (for which I worked) to furnish the information requested concerning my drug and alcohol test records:

**This information will be released to City of Cottonwood, AZ (company/agency)**

Previous DOT covered employers for the past 2 years:

**Print Clearly**

Company Name	Address, City and State	Phone	Fax

This Authorization is valid until withdrawn by me in writing.

**Dated this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_

**Name of applicant (print)** \_\_\_\_\_ **Signature of applicant** \_\_\_\_\_

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

## **PART 2. – TO BE COMPLETED BY PREVIOUS EMPLOYER**

1. Has this person received any positive results for controlled substance tests in the past 2 years? Yes, No

2. Has this person received Alcohol test results of 0.04 or greater in the past 2 years? Yes, No

3. Has this person refused to participate in the required testing program in the past two years? Yes, No

4. Has a Substance Abuse Professional evaluated this person? Yes, No

If yes, is he/she in compliance with SAP's recommendations?

If you answered, "Yes" to any of the previous questions please release all documentation relating to the SAP evaluation, assessment, recommendations, and follow up & return to duty testing records.

SAP Name \_\_\_\_\_ SAP Phone # \_\_\_\_\_

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Name of person releasing information \_\_\_\_\_ Signature \_\_\_\_\_

**Fax Completed form as soon as possible to 928-634-3727, or E-mail to [awilber@cottonwoodaz.gov](mailto:awilber@cottonwoodaz.gov),**

**or Mail to 816 N. Main St., Cottonwood, AZ 86326**