



## Driver Applications

Candidates must have excellent customer service skills and be able to lift 70 lbs. We currently have 8 driver shifts per day. We operate 7 days a week, 361 days a year. Each shift is about 6-7 hours long, which results in a typical five day work week of 35 hours. We have two to five day a week shifts, on-call shifts and Charters.

To apply for a driving position you must:

- Have a clean driving record for the past 5 years
- Provide us with a **copy of your driving record for the past 3 years** (you may receive a copy of this from the DOL/DMV)
- Be at least 25 years of age (due to insurance requirements)
- Provide us with a short resume (one page)
- Must have a CDL Class C or Higher with a Passenger Endorsement or be able to obtain it within 30 days of hiring
- Must obtain a DOT (department of transportation) Physical prior to starting training
- Complete the application form
- Complete a DOT Drug Test and Security Screening

Interested applicants should fill out an application, obtain a copy of your driving record (driving abstract) and attach your resume. Deliver this to our office at 1751 N.E. Goldie Street, Suite A in Oak Harbor.

Selected candidates will be called for interviews and initial driving evaluation.

There is a company dress code that must be followed by all staff.

## Application Instructions

- Date the application.
- Fill out the application completely, if a section does not apply to you then put "none" or "N/A" in the box or section. Do not leave any blank sections.
- Do not use terms like "see above" or "see resume", the application must be complete by itself.

**We are a DRUG FREE company and all employees are subject to pre-employment and random testing under DOT policies.**

PO BOX 2895  
Oak Harbor, WA 98277  
(360) 679-4003 Fax (360) 323-8894  
[www.seatacshuttle.com](http://www.seatacshuttle.com)

DATE: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT- Driver

*In addition to this application, please attach a driver abstract from your Department of Licensing obtained with in the last 30 days.*

APPLICANT'S NAME: \_\_\_\_\_  
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS: \_\_\_\_\_ HOW LONG?: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ (required by FMCSR391.21(2)) EMAIL: \_\_\_\_\_

HOME PHONE # (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE #(\_\_\_\_\_) \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ May we contact your current employer? \_\_\_\_\_

Are you looking for Full Time \_\_\_\_\_ or Part Time \_\_\_\_\_ When can you start? \_\_\_\_\_

Do you have any days of the week or hours that you are not available? \_\_\_\_\_ When? \_\_\_\_\_

Do you have any vacations or other time off requirements scheduled with in the next six months? \_\_\_\_\_

### **PAST ADDRESSES** (Three year minimum required by FMCSR391.21(3))

	STREET	CITY	STATE & ZIP CODE	HOW LONG?
1				
2				
3				
4				

During the past 5 years, have you ever been convicted of, pled guilty to or pled no contest to any crime, excluding misdemeanors and traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you or have you been a sex offender registered with any federal, state or local government agency, including any listing on a public website? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Have any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If The Answer yes to any question, Attach a Statement Giving Full Details. Answering yes will not necessarily bar you from employment. Applicants are not required to disclose sealed or expunged conviction records or the existence of such records.

**EXPERIENCE AND QUALIFICATIONS—DRIVER**

DRIVER'S LICENSE	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

**COMMERCIAL DRIVING EXPERIENCE** If none write "none"

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES:		APPROX # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/SEMI				
PASSENGER VEHICLE (CDL)				
PASSENGER VEHICLE (NON-CDL)				
OTHER				

**ACCIDENT RECORD FOR THE PAST 3 YEARS:**  
(ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED) If none write "none"

DATES	NATURE OF ACCIDENT (Head on, Rear end, Upset,etc)	FATALITIES	INJURIES

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS**  
(OTHER THAN PARKING VIOLATIONS) If none write "none"

LOCATION	DATE	CHARGE	PENALTY

Additional Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT RECORD**  
**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

**Note: DOT requires all that employment or gaps in employment for the last 3 years and/or Commercial Driving Experience for the past 10 years are shown. (any application that does not meet this field will be trashed)**

Employer Name: \_\_\_\_\_

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

Phone # (\_\_\_\_\_) \_\_\_\_\_ Position Held: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Equipment Driven: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

Phone # (\_\_\_\_\_) \_\_\_\_\_ Position Held: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Equipment Driven: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

Phone # (\_\_\_\_\_) \_\_\_\_\_ Position Held: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Type of Equipment Driven: \_\_\_\_\_

**Attach an additional sheet and answer the following questions:**

1. Please describe your previous work experience in dealing with the general public.
2. Please provide a specific example how you were able to demonstrate excellent customer service.

**U.S Military Service**

Branch of Service: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Highest Rank/Rate: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**EDUCATION HISTORY**  
**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Name and Location of last High School Attended: \_\_\_\_\_

Are you a High School Graduate? \_\_\_\_\_ Month and Year Graduated \_\_\_\_\_

Do you have a GED? \_\_\_\_\_ Highest grade completed if not \_\_\_\_\_

**College or University**

Name and address of school	Dates Attended	Type Degree and Major	Year of Degree

**Other Schools or Training**

Name and address of school	Dates Attended	Area of Study	Completed?

**TO BE READ AND SIGNED BY APPLICANT**

I certify that I have read this application and the information on it is complete and correct. I understand that any omissions or misrepresentation of information is grounds for dismissal. I authorize that persons, employers, schools, and organizations listed on this application to give you any information concerning my employment and other pertinent information they may have, personal and otherwise, and release all parties from all liability and damages that may result from furnishing this to you. I acknowledge that Whidbey Sea-Tac Shuttle reserves the right to amend or modify any of its handbooks or policies at any time and without prior notice. These policies do not create any promises or contractual rights between this employer and its employees. Employment is at will, this means an employee is free to terminate his/her employment at any time, without any reason, with or without cause, and we retain the same rights. Whidbey Sea-Tac Shuttle is an Equal Opportunity Employer. Various federal, state, and local laws prohibit discrimination on account of race, color, sex, age, national origin, disability or veterans status, or other categories protected by law. It is our policy to comply fully with these laws, as applicable and information requested on this application will not be used for any prohibited by law. I understand that as a part of the procedure for my employment application an investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living. Upon written request, additional disclosure concerning the complete nature and scope of the investigation will be provided. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and the address of the reporting agency that supplies the information.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Signature)



## Drugs and Alcohol Policy

Whidbey SeaTac Shuttle is a drug and alcohol free workplace. All applicants selected for hire will be subject to pre-employment drug testing. You will be required to pay for the test at the time of testing. If the results are negative (no drugs present) you will be reimbursed for the cost of the test. All employees are subject to random, post accident, and reasonable suspicion drug and alcohol testing. If at any time you use prescribed medications or over-the-counter drugs that may affect cognition, motor skills or in that any way may affect your ability to operate safely, you must report it to dispatch or operations. Complete details of Whidbey-SeaTac Shuttle's drug and alcohol policy are available at the Whidbey-SeaTac Shuttle office in Oak Harbor.

I have read and understand the above.

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Signature

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Print Name

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Date



## New Hire Program for Drivers The Interview, Evaluation, & Training.

The program for candidates involves an intensive, multi-step process. If hired and trained, you are obligated to make a commitment to remain with the company for a minimum of 6 months, unless terminated for any reason. The training that we provide is valuable and very time consuming for all parties concerned. We make a significant investment in you, if you leave the company before six months from the date of completion of training you agree to a fee of \$250.00, which will be held from your final pay check. If your pay check is insufficient to cover the \$250.00, you agree to pay the difference within seven days.

**Step one: The interview:** At the interview you will need a resume, current driving record and completed application (must be filled out in full, state requirement). In addition we will need a copy of your drivers' license and DOT medical card, if you have one. We will discuss your background, the work schedule and pay. The application process and training will be explained in detail.

**Step two: The evaluation ride:** A short 15-30 minute drive in one of our vans to check your driving skills.

**Step three: Ride-a-long:** To be sure that this job is for you, you will be required to ride along to and from the airport in one of our shuttles on one of our regularly scheduled trips. This is your chance to evaluate us and determine if this job is for you. This is on your own time, it is not paid.

**Step four: Drug test & Security Clearance:** Turn in form packet and take a pre-employment drug test. This is on your time and is a prerequisite of being hired. By this time you will need your DOT physical in hand.

**Step five: Training:** Three trips to and from the airport as a trainee driver. Our training driver will accompany you and guide you in all facets of company procedures, safety, and customer service.

**Step six: Evaluation Ride:** After your initial training you will have an evaluation ride and sign off. During this ride you are expected to handle all aspects of the run.

**Step seven: Policy and Procedures:** A two hour session explaining our rules and regulations, at that time you will receive a key and computer access.

**Step eight: Probation & CDL Training:** During the next sixty days you have a chance to evaluate us and we you. Your rate of pay increases to \$\_\_\_\_\_ per hour. IF you are hired without your CDL with Passenger endorsement, you are expected to take the CDL written test for Class C with a passenger endorsement within the first two weeks. Two weeks after that you should be ready for your CDL driving test, this is at your expense. You will work with our training drivers to get you ready. Upon successful completion of probation and acquiring your CDL you will be paid at a base rate of \$\_\_\_\_\_ per hour.

I have read and understand the above procedures and plan to commit to work for Whidbey SeaTac Shuttle at least six months.

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Candidates Signature

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Date

# OFFICE USE ONLY

Date Reviewed: \_\_\_\_\_ by: \_\_\_\_\_ Continue: Yes / No

Called for interview: \_\_\_\_\_  
Date Time by Results

Interview scheduled: \_\_\_\_\_  
Date Time with

Cleared to continue: Yes / No by: \_\_\_\_\_

Background check completed: \_\_\_\_\_  
Date by

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Include your name after comments)

OK to Hire: Yes / No by: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Training completed: \_\_\_\_\_ Signed off by: \_\_\_\_\_  
Date

Policy and Procedures: \_\_\_\_\_ By: \_\_\_\_\_  
Date

Drug test results reviewed by: \_\_\_\_\_  
Date

Medical certificate reviewed by: \_\_\_\_\_  
Date

Base ID recorded by: \_\_\_\_\_  
Date

Personnel file completed and reviewed: \_\_\_\_\_ by: \_\_\_\_\_ Date

Probation Complete Interview: \_\_\_\_\_ by: \_\_\_\_\_  
Date

Probation Line Check Complete: \_\_\_\_\_ by: \_\_\_\_\_  
Date

Probation Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Include your name after comments)