



Driver Applications

Candidates must have excellent customer service skills and be able to lift 70 lbs. We currently have multiple drivers shifts per day. We operate 7 days a week, 363 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. Most applicants start out on-call 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 and/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 639 Industrial Ave, Suite A, Oak Harbor, WA 98277.

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

There is a company dress code which 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 fully complete.

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

PO BOX 1097
Oak Harbor, WA 98277
(360) 679-4003 Fax (360) 323-8894
www.seatacshuttle.com

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.

DATE: _____

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)) Social Security # ____-____-____

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 within 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, 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 you 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

DRIVING EXPERIENCE If none, write "none"

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	START DATE	END DATE	APPROX # OF MILES TOTAL
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	CHEMICAL SPILLS	
				YES	NO
				YES	NO
				YES	NO
				YES	NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(OTHER THAN PARKING VIOLATIONS) If none, write "none"

DATE CONVICTED	VIOLATION	STATE OF VIOLATION/LOCATION	PENALTY

Additional Information: _____

EMPLOYMENT RECORD

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Note: DOT requires that all 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 requirement will be trashed)

Employer Name: _____

Address: _____

Phone # (_____) _____ Position Held: _____

From: _____ To: _____ Supervisor: _____

Reason for Leaving: _____ Type of Equipment Driven: _____

Were you subject the FMCSA regulations while employed by this employer? Yes No

Was this job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 48 CFR Part 40? Yes No

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES AND REASON: _____

Employer Name: _____

Address: _____

Phone # (_____) _____ Position Held: _____

From: _____ To: _____ Supervisor: _____

Reason for Leaving: _____ Type of Equipment Driven: _____

Were you subject the FMCSA regulations while employed by this employer? Yes No

Was this job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 48 CFR Part 40? Yes No

Employer Name: _____

Address: _____

Phone # (_____) _____ Position Held: _____

From: _____ To: _____ Supervisor: _____

Reason for Leaving: _____ Type of Equipment Driven: _____

Were you subject the FMCSA regulations while employed by this employer? Yes No

Was this job designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 48 CFR Part 40? Yes No

U.S Military Service

Branch of Service: _____ Date Entered: _____ Date of Discharge: _____

Highest Rank/Rate: _____ Type of Discharge: _____

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.

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? _____ If not, highest grade completed _____

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 authorize you to make sure investigations and inquiries to personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employer, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

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

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

(Date)

(Applicant’s Signature)

This certifies that this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge.

(Date)

(Applicant’s Signature)

We may require an applicant to provide information in addition to the information required by the FMCSA regulations.



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. If the results are positive you will reimburse Whidbey SeaTac Shuttle 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 which may affect cognition, motor skills, or that in 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. Your point of contact to answer any questions will be the general manager.

I have read and understand the above.

Signature

Print Name

Date



New Hire Program for Drivers The Interview, Evaluation, and 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.

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 driver's 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. 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 part of the interview process; 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, Four 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, 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 four weeks. Within the next four weeks after that you should be ready for your CDL driving test.. You will work with our training drivers to get you ready.

Step Nine: End of Probation Line Check. After your ninety days probation you can expect a line check and evaluation meeting.

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

Candidates Signature

Date