### EMPLOYMENT OPPORTUNITY



### Transit Driver - Entry Level

Coupeville, WA

Wage Range - \$22.35 - \$31.32 hourly (after completion of training)

## Apply to be eligible for a \$2,000 sign-on incentive\*!

### **Benefits Include:**

- Regular COLA, pay increases, longevity pay
- Paid training opportunities
- CDL License allowance
- Uniform provided
- Paid Vacation/Holidays (FT starting at 23 pr/yr)
- Paid Sick Time (FT 8 hrs/month)
- Voluntary Flexible Spending plan
- Voluntary AFLAC coverage
- On-site quiet room, fitness room and showers

- Medical & Dental coverage
- Employer paid Vision plan
- Public Employees' Retirement Plan (PERS)
- Deferred Comp Plan with up to 6.2% match
- Basic Life Insurance
- Employee/Family Assistance Program
- Optional Short-Term Disability

**Career opportunity for advancement** 

Island Transit provides fare free transit service — our drivers do not collect a fare. No experience or CDL required to start! We will pay and train you to safely drive any vehicle.

- Training wage is \$20.65 hourly.
- Entry-Level Operators drive routes during the absence of the regular full-time Operators and are guaranteed a minimum 20 hours per week, and may work up to 40 hours in any given week.
- Full-time employment opportunities (guaranteed 40 hours) based on seniority as vacancies occur.

### **READY TO APPLY?**

Visit www.islandtransit.org/employment

A complete application is required for consideration. Applications can be sent by email to <a href="mailto:humanresources@islandtransit.org">humanresources@islandtransit.org</a> or mailed to: Island Transit, 19758 SR 20, Coupeville, WA. First consideration based upon date of application receipt. *Position will remain open until filled*.

Our preferred method of communication is email, so accurate email addresses are essential. If hired, union seniority is determined by date/time application was received.

Eligible candidates will be invited to take a video aptitude test, date tbd.

\*New Driver sign-on incentive payout is subject to qualifying milestones; \$500 after completion of 30 days employment, \$500 after successful completion of CDL test; \$1000 after completion of probation. Sign-on incentive is subject to applicable payroll taxes.

The use of marijuana and illegal drugs is prohibited at any time while employed by Island Transit.

Island Transit is an Equal Opportunity Employer and Drug Free Workplace



POSITION TITLE:TRANSIT OPERATORRepresentedREPORTS TO:Operations ManagerNon-Exempt

**TESTING STATUS:** Safety-Sensitive

### **POSITION SUMMARY:**

Island Transit's mission is to provide safe, accessible, convenient and friendly public transportation services to various destinations within the service area. Island Transit is fare free and our operators do not collect a fare.

New Operators receive a comprehensive 8-week training program provided by expert trainers who will ensure you gain hands-on experience and training for your Class B Commercial Driver's License (CDL), and thoroughly prepare you for a successful career.

Upon completion of training, you become an entry-level, part-time Operator relied on to drive routes during in the absence of the regular full-time Operators. Part-time Operators are eligible for benefits and guaranteed a minimum of 20 hours per week, but may work more depending on service needs in any given week. Full-time positions are guaranteed 40 hours per week and become available based on seniority as vacancies occur.

Many of our Operators choose to remain in this role, while others have pursued career opportunities with Island Transit such as supervisors and trainers.

Operating hours begin at 3:15 am and continue until 9:00 pm. Part-time Operators will be expected to drive any shift and any route Monday – Sunday during service hours. Schedules can change with little notice and will vary from day to day. Sunday service and later evening service expected to begin May, 2023.

This position is classified as safety-sensitive under Island Transit's Drug and Alcohol Policy and is subject to FTA/DOT random drug and alcohol testing. *The use of marijuana and illegal drugs is prohibited at any time while employed by Island Transit.* This position may have unsupervised access to children under the age of eighteen, a vulnerable adult as defined in chapter 74.34 RCW, or a vulnerable person as defined in RCW 9.96A.060.

### Wage:

- Base Wage range after training is \$22.35 \$31.32 hourly.
- \$20.65 hourly during training period (you will work full-time hours during training).

### **Benefits Include:**

- Regular COLA, pay increases, longevity pay
- Paid training opportunities
- CDL License allowance
- Uniform provided
- Paid Vacation/Holidays
- Paid Sick Time
- Voluntary Flexible Spending plan
- Voluntary AFLAC coverage

- Medical & Dental coverage
- Employer paid Vision plan
- Public Employees' Retirement Plan (PERS)
- Deferred Comp Plan with up to 6.2% match
- Basic Life Insurance
- Employee/Family Assistance Program
- Optional Short-Term Disability

### **ESSENTIAL DUTIES:**

- 1. Operate all types of public transit vehicles on assigned route and schedules in accordance with safety procedures and in compliance with traffic regulations.
- 2. Operate public transit vehicles within a defined service area on a demand-response basis.
- 3. Assist passengers, including those using walkers and wheelchairs boarding and de-boarding.
- 4. Inspect vehicles before, during and after operation.
- 5. Operate wheelchair lifts, wheelchair securement devices, reader board, transit vehicle radio and other electronic communications devices.
- 6. Monitor the general interior appearance of the vehicle on a regular basis and reports issues/concerns.
- 7. Respond to all radio transmissions. Keep Dispatch advised of current road/traffic conditions.
- 8. May perform out of classification work as needed.
- 9. Promptly report any delays, accidents, equipment defect and other incidents that may affect operations.
- 10. Provide public transit information in a polite and courteous manner and maintain a positive relationship with the public and coworkers.
- 11. Secure all transit vehicles while in service or in transit yard to ensure safety of vehicles and riders.
- 12. Fuel transit vehicles, as needed.
- 13. Assist with the ride-share program of Operator trainees, as assigned.
- 14. Safely operate a variety of transit vehicles in all traffic, weather, and ridership conditions.
- 15. Perform other duties as assigned.

### **REQUIREMENTS/QUALIFICATIONS:**

- 1. Must possess a valid Washington State driver's license, and be able to obtain and maintain a valid Class "B" Commercial Driver's License with passenger endorsement and air brake restriction lifted. <u>Training & Testing provided by Island Transit.</u>
- 2. Must have an acceptable five (5) year driving record that meets the agency's hiring criteria and maintain acceptable driving record during employment.
- 3. Ability to obtain CPR and First Aid Certification. Classes provided through Island Transit.
- 4. Employment is contingent upon ability to meet strict physical requirements which will be determined by completion of a post-job-offer employment-related physical examination with drug screen, criminal background investigation, and reference check, the results of which must meet the agency's hiring criteria.
- 5. The position requires driving, the ability to maneuver a passenger in a wheelchair, and sitting for long periods of time. Must be able to physically perform the essential functions of the job and to safely operate transit vehicles with or without accommodation.
- 6. Physical or other testing will be required when such testing is reasonably necessary in determining job related abilities or reasonable expectation of successfully performing the job to the Employer's standards.
- 7. Wear Company provided uniform. Maintain good grooming standards while on duty. Uniform upkeep is the employee's responsibility.

### **REQUIRED SKILLS, AND ABILITIES:**

- 1. Ability to report to work on time and maintain a good attendance record.
- 2. Ability to understand and follow written and posted rules and procedures.

- 3. Ability to follow directions from a supervisor.
- 4. Ability and willingness to accept responsibility for personal decisions and actions.
- 5. Ability to communicate and to work effectively with co-workers and members of the public.
- 6. Ability to display and provide effective customer service.
- 7. Ability to use good judgment while working independently.
- 8. Ability to communicate effectively in English both orally and in writing.
- 9. Relate to and respect various personalities and possess an awareness of human needs and deal with stressful situations in a calm and professional manner.
- 10. Willingness to attend training courses as required.
- 11. Ability to work a flexible schedule.

### **SPECIAL REQUIREMENTS:**

The Transit Operator position is non-exempt from the Fair Labor Standards Act (FLSA).

This Summary Job Description does not constitute an employment agreement between the employer and employee, and is subject to change as the needs of the employer and requirements of the job change.

The statements contained herein reflect general details as necessary to describe the principal functions of this job, the level of knowledge, and skill typically required and the scope of responsibility, but should not be considered an all-inclusive listing of work requirements. Individuals may perform other duties as assigned including work in other functional areas to cover absences or relief, to equalize peak work periods, or otherwise to balance the workload.

| Signature                                                                  |                               | Date |  |
|----------------------------------------------------------------------------|-------------------------------|------|--|
| Approved:                                                                  |                               |      |  |
| Administrative & HR Manager Operations Manager Executive Director/Designee | 10/2023<br>10/2023<br>10/2023 |      |  |



# EMPLOYMENT APPLICATION Operations

19758 SR 20, Coupeville, WA 98239 Phone: (360) 678-7771

### **INSTRUCTIONS**

An incomplete application may disqualify you from further consideration. "SEE RESUME" will not be accepted.

Island Transit is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. Island Transit follows the requirements of the "Fair Change Act," under RCW 49.94. Island Transit will not inquire about prior arrests and convictions until after we determine an applicant is otherwise qualified for the position for which the applicant applied, except as allowed under RCW 49. There are specific exemptions for applicants who may have unsupervised access to children, vulnerable adults, or vulnerable persons, certain financial institutions, law enforcement, and volunteers. A conviction record will not automatically disqualify you for employment unless such record would reasonably affect your fitness for the job for which you are applying.

| APPLICANT INFORMATION                                                                                                                                                    |                                      |           |               |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------|---------------|----------|--|
| POSITION APPLIED FOR:                                                                                                                                                    |                                      | APPLICATI | ON DATE:      |          |  |
| NAME:                                                                                                                                                                    |                                      |           |               |          |  |
| Last                                                                                                                                                                     | First                                |           | Middle Initia |          |  |
| MAILING ADDRESS:                                                                                                                                                         |                                      |           |               |          |  |
| Street/PO Box                                                                                                                                                            | City                                 |           | State         | Zip Code |  |
| TELEPHONE:                                                                                                                                                               | EMAIL ADDRESS:                       |           |               |          |  |
| PHYSICAL ADDRESS (if different than above):                                                                                                                              |                                      |           |               |          |  |
| Stre                                                                                                                                                                     | et                                   | City      | State         | Zip Code |  |
| Are you related to any current Island Transit employee?  If yes: Name: Relationship:                                                                                     |                                      |           |               | No       |  |
| Have you previously applied for a position with Isla                                                                                                                     |                                      |           | Yes           | No       |  |
| If yes: What Position:                                                                                                                                                   | Approximate Date:                    |           |               |          |  |
| Have you previously interviewed for a position with Island Transit?                                                                                                      |                                      |           | Yes           | No       |  |
| If yes: What Position:                                                                                                                                                   | es: What Position: Approximate Date: |           |               |          |  |
| Have you previously been employed by Island Transit?                                                                                                                     |                                      |           | Yes           | No       |  |
| If yes: Job Title: Dates:                                                                                                                                                |                                      |           |               |          |  |
| Are you legally authorized to work in the United States?                                                                                                                 |                                      |           | Yes           | No       |  |
| Have you ever been fired or asked to resign?                                                                                                                             |                                      |           | Yes           | No       |  |
| Have you been convicted of a felony or released from prison within the last seven (7) years? If yes, provide date and nature of the offense, and sentencing information: |                                      |           | Yes           | No       |  |
| Have you ever been cited or convicted of a DUI?  If yes, provide date:                                                                                                   |                                      |           | Yes           | No       |  |

| DRIVING INFORMATION                                                                       |                             |                                        |                           |                 |  |
|-------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|---------------------------|-----------------|--|
| Do you possess a valid and cu                                                             | <del>-</del>                |                                        | Yes                       | No              |  |
| List any CDL/Endorsements: Expiration Date: Age twenty-one (21) or older:                 |                             |                                        |                           | No              |  |
| Driver's License Restrictions:                                                            |                             |                                        |                           |                 |  |
| Have you had a driver's licens                                                            | e in another state in the p | past three (3) years?                  | Yes                       | No              |  |
| License Number:                                                                           |                             | State:                                 |                           |                 |  |
| Has your driver's license been                                                            | restricted, suspended, or   | r revoked?                             | Yes                       | No              |  |
| If yes, please explain:                                                                   |                             | Date:                                  |                           |                 |  |
| Have you had any moving violations within the last five (5) years?                        |                             |                                        | Yes                       | No              |  |
| If yes, please explain:                                                                   |                             | Date:                                  |                           |                 |  |
| Have you had any accidents within the last five (5) years?  If yes, please explain: Date: |                             |                                        |                           |                 |  |
|                                                                                           |                             |                                        |                           |                 |  |
|                                                                                           | US                          | MILITARY SERVICE                       |                           |                 |  |
| Branch:                                                                                   | From (MM/YY):               | To (MM/YY):                            | Rank at Dischar           | ge:             |  |
|                                                                                           | TRAINING/P                  | ROFESSIONAL CERTIFICATION              | ON                        |                 |  |
| List any training (including the position for which you are app                           |                             | e attended and any professional        | l certifications that are | relevant to the |  |
|                                                                                           |                             | EDUCATION                              |                           |                 |  |
|                                                                                           |                             |                                        |                           |                 |  |
| High School:  Did you graduate: Yes                                                       | No                          | City/State: If no, do you have a GED/e | Vos                       | No              |  |
| College:                                                                                  | 110                         | City/State:                            | equivalents res           | No              |  |
| Did you graduate? Yes No If yes, degree/certification earned:                             |                             |                                        | earned:                   | <del></del>     |  |
|                                                                                           |                             | If no, number of credits ea            |                           |                 |  |
| Other:                                                                                    |                             |                                        |                           |                 |  |
| Did you graduate? Yes                                                                     | No                          | City/State:                            |                           |                 |  |
|                                                                                           |                             | If yes, degree/certification earned:   |                           |                 |  |
|                                                                                           |                             | If no, number of credits ea            |                           |                 |  |

### **EMPLOYMENT HISTORY**

Provide your chronological work and relevant volunteer history for the past ten (10) years. List each position within a company separately. Explain any gaps in employment and attach additional sheets if needed. Do not use "SEE RESUME." It is the policy of Island Transit, as part of the selection process, to contact your former employers for verification of the information provided. We will not contact your current employer unless you authorize us to do so.

| Current or Most Recent Employer: Address:     |         |                   |
|-----------------------------------------------|---------|-------------------|
|                                               |         | isor Name/Title:  |
| Position Held: From (MM/YY):_                 |         |                   |
| Responsibilities:                             |         |                   |
| Reason for Leaving:                           |         |                   |
| Was reason for leaving voluntary?             | Yes     | No                |
| May we contact your employer for a reference? | Yes     | No                |
| If no, please explain:                        |         |                   |
| Previous Employer:                            |         |                   |
| Address:                                      |         |                   |
|                                               | -       | risor Name/Title: |
| Position Held: From (MM/YY):_                 |         |                   |
| Responsibilities:                             |         |                   |
| Reason for Leaving:                           |         |                   |
| Was reason for leaving voluntary?             | Yes     | No                |
| May we contact your employer for a reference? | Yes     | No                |
| If no, please explain:                        |         |                   |
| Previous Employer:                            |         |                   |
| Employer Phone:                               | Supervi | isor Name/Title:  |
| Position Held: From (MM/YY):_                 |         | _ To (MM/YY):     |
| Responsibilities:                             |         |                   |
| Reason for Leaving:                           |         |                   |
| Was reason for leaving voluntary?             | Yes     | No                |
| May we contact your employer for a reference? | Yes     | No                |
|                                               |         |                   |

# PROFESSIONAL REFERENCES List three (3) professional references, other than those listed as current/previous employer, that we may contact. Name Company Phone (preferred) Email (if phone not available) Years Known SUPPLEMENTAL QUESTIONS 1. Can you perform the essential functions of the job for which you are applying? Yes No

Can you perform the essential functions of the job for which you are applying?
 Do you currently use illegal drugs? (Note that marijuana is considered an illegal drug in accordance with federal regulations applicable to employment.)
 Do you have a reliable form of transportation to and from work?
 Are you available to work a wide variety of hours and shifts during the week?
 No
 Have you tested positive, or refused to test, on any DOT pre-employment drug or
 Yes
 No

alcohol test in the past two years?

If you answered "yes," can you provide documentation that you successfully completed the DOT return-to-duty requirements described in 49 CFR Part 40, Subpart O?

Yes

No

I understand that after receiving a conditional offer of employment, for any position, I will be subject to a post job offer criminal background check and motor vehicle check.

If the job I am applying for is safety sensitive, I understand I am subject to random drug and alcohol testing as required USDOT/FTA regulations CFR Part 40 & Part 655, which also **prohibits the use of marijuana at any time while employed by Island Transit.** I understand, that after receiving a conditional offer of employment, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a preemployment urine drug test under the authority of the U.S. Department of Transportation (USDOT), Federal Transit Administration (FTA). I acknowledge and understand that my employment is contingent on the passing of the aforementioned drug test, and I will not be permitted to perform safety-sensitive functions unless my urine drug test has a verified negative result. I may also be subject to a pre-employment medical examination, and must meet the qualifications for the position, with or without reasonable accommodation before being permitted to commence safety-sensitive functions.

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. I understand that misrepresentation, false statements or withholding of pertinent information in this application or interview will be grounds for non-consideration, or if employed will be considered sufficient cause for dismissal. I hereby authorize Island Transit to investigate any aspect of my prior educational and employment history.

If employed, I understand that as a condition of employment that I may be required to sign a confidentiality agreement and/or other similar agreements that may be required for the position.

I understand that if I am hired, employment with Island Transit is "at will," which means that either the employer or employee can terminate my employment for any reason not prohibited by state or federal law, unless stated otherwise by a collective bargaining contract.

| Signature: | Date: |
|------------|-------|
|            |       |

### EMPLOYEE REFERRAL

| If a current employee of Island Ti | ransit encouraged you to ap | ply for this position, pl | ease provide the |
|------------------------------------|-----------------------------|---------------------------|------------------|
| name of the employee who refer     | red you:                    |                           |                  |
| Are you related to the person wh   | no referred you?            | Yes                       | No               |
| Position applied for:              |                             |                           |                  |
| Applicant Signature                | <br>Date                    |                           |                  |

### **Voluntary Self Identification Form**

As a recipient of federal funds, Island Transit must compile statistical data for The Equal Employment Opportunity Commission (EEOC) and complete an EEO-1 report each year and must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. If you choose not to self-identify your race/ethnicity at this time, the federal government requires Island Transit to determine this information by visual survey and/or other available information.

| ı                        | Position App                                                                | lied For:                                     |                 |                                            |                       |                                                   |
|--------------------------|-----------------------------------------------------------------------------|-----------------------------------------------|-----------------|--------------------------------------------|-----------------------|---------------------------------------------------|
| A                        | Applicant Na                                                                | ıme:                                          |                 |                                            |                       |                                                   |
| [                        | Date of Appl                                                                | ication:                                      |                 |                                            |                       |                                                   |
| Gender: (Please          | e select one                                                                | of the options.)                              | Male            | Female                                     |                       |                                                   |
| Race/Ethnicity           | : (Please sel                                                               | ect one of the des                            | criptions belov | w corresponding to t                       | the ethnic group wi   | ith which you identify.)                          |
| · ·                      | or Latino: A regardless o                                                   | -                                             | Mexican, Puer   | to Rican, South or Co                      | entral American, or   | other Spanish culture                             |
| White (No<br>Africa.     | ot Hispanic o                                                               | or Latino): A perso                           | n having origir | ns in the original pec                     | oples of Europe, the  | e Middle East or North                            |
| Black or A<br>Africa.    | African Amer                                                                | ican (Not Hispanio                            | c or Latino): A | person having origin                       | ns in any of the blac | ck racial groups of                               |
|                          |                                                                             | acific Islander (Not<br>a or other Pacific Is | -               | atino): A person hav                       | ring origins in any o | f the peoples of                                  |
| or the Inc               | lian Subcont                                                                |                                               | or example, Ca  | =                                          |                       | ar East, Southeast Asia<br>alaysia, Pakistan, the |
|                          | d South Ame                                                                 | ·                                             |                 | tino): A person havir<br>and who maintains |                       | the original peoples of community                 |
| Two or m                 | ore races (N                                                                | ot Hispanic or Lat                            | ino): Persons v | who identify with mo                       | ore than one of the   | above five races.                                 |
| I do not w               | vish to disclo                                                              | ose.                                          |                 |                                            |                       |                                                   |
| Are you a Vete           | ran Yes                                                                     | No                                            |                 |                                            |                       |                                                   |
| Are you Disable          | <b>ed</b> Yes                                                               | No                                            |                 |                                            |                       |                                                   |
| Ne<br>Rad<br>Red<br>Frid | wspaper (sp<br>dio (specify)<br>ferral (specif<br>end/Relative<br>orkSource |                                               |                 |                                            |                       |                                                   |
|                          | and Transit v                                                               | vebsite                                       |                 |                                            |                       |                                                   |
| Wa                       | alk-in                                                                      |                                               |                 |                                            |                       |                                                   |

\_\_\_\_\_ Other (specify) \_\_\_\_\_\_