



APPLICATION FOR EMPLOYMENT

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ Mobil Tel # _____

Email _____

Driver's License State _____ ID Number _____ Exp. Date _____

Driver's License Class and Endorsements: _____

Date of Birth: _____

I am applying for: (Please check one) DTI program _____ Island Explorer _____

Employment History (start with most current employer)

1. Business _____ Phone _____

Address _____ Rate of Pay _____

Supervisor's Name _____ Dates of Employment _____

Job Title and Duties _____

Reason for Leaving _____

2. Business _____ Phone _____

Address _____ Rate of Pay _____

Supervisor's Name _____ Dates of Employment _____

Job Title and Duties _____

Reason for Leaving _____

3. Business _____ Phone _____

Address _____ Rate of Pay _____

Supervisor's Name _____ Dates of Employment _____

Job Title and Duties _____

Reason for Leaving _____

List two personal references (not related to you or listed in your employment history) Include full name, phone number, your relationship with the reference and number of years known.

1. _____
2. _____

List any other skills, certifications, awards, volunteer work, and etc. that you feel would be helpful to us in considering

your application _____

Summer season (June 23rd - 3rd week of August) Fall season (3rd week of August - Indigenous Peoples Day in October)

The fall season is a completely different schedule than the summer schedule, please note that assignments will change from summer to fall. Because plans change, you will be asked to sign up for the fall schedule again in July.

Date available to start work: _____

Last date available to work: **Summer** _____ **Fall** _____

Hours available to work per week _____

Are you available July 4th? YES / NO (circle one)

Are there any days you cannot work? _____

Pre-Employment Drug Screening is a requirement for employment at Downeast Transportation, Inc. and Island Explorer. (paid for by the company)

A **copy** of a **current medical examination** or **clearance from a physician** is required to drive for DTI and the Island Explorer. **Please include** that record with your application, as well as a **copy of your driver's license** (front & back).

I, the applicant, hereby confirm that the information on this application is accurate and complete to the best of my knowledge. I give permission to Downeast Transportation, Inc. and the Island Explorer to contact my previous employers and references (as listed on my application), for the purpose of obtaining information that may be considered while reviewing this application for employment.

Applicant's Signature

Date

Downeast Transportation, Inc. is an Equal Opportunity Employer