
USD #322

APPLICATION FOR EMPLOYMENT – BUS DRIVER

Onaga-Havensville-Wheaton

As an equal employment opportunity/affirmative action employer, USD #322 does not discriminate against applicants or employees in its employment practices and policies with respect to hiring, compensation, terms, conditions, or privileges of employment because of an individual's race, color, religion, sex, age, disability or national origin. All applicants shall be qualified and meet the requirements established by USD #322 for the position and meet Federal Motor Carrier Medical Examination Regulations.

Personal Information:

(Last name) (First) (Initial) (Today's date)

(Phone Number) (Alternate Phone) (E-Mail Address)

Address for the past three years:

Present: _____
(Street) (City) (State) (Zip) (How Long?)

Previous: _____
(Street) (City) (State) (Zip) (How Long?)

Previous: _____
(Street) (City) (State) (Zip) (How Long?)

Education:

		Last Year Completed				Graduate?	
		9	10	11	12	Yes	No
_____ (High School)	_____ (City,State)						
_____ (College)	_____ (City,State)	1	2	3	4	5	Yes No
_____ (Business, Technical or Other Training)	_____ (City,State)	1	2	3	4	5	Yes No

General Information:

Have you ever been convicted of a misdemeanor or a felony other than a traffic violation?
_____ Yes _____ No. If yes, explain: _____

Do you have any physical condition that may limit your ability to perform the duties of the job for which you are applying? _____ If yes, explain _____

If offered a position, will you consent to a medical examination? _____ Yes _____ No

Driving Information:

Do you have a current vehicle operator’s license? _____ Yes _____ No State _____

Do you have a current Commercial Driver’s License? _____ Yes _____ No State _____

List all CDL Endorsements: _____

License number: _____ Expiration date: _____

Has your license ever been revoked or suspended? _____ Yes _____ No

Please describe your traffic convictions and forfeitures for the past five years (except parking).

Location	Date	Charge	Penalty

Please describe any accidents in which you have been involved.

Date	Nature of Accident	Damage		Injuries/Fatality	
		Yes	No	Yes	No

Employment History:

Last _____
 (Company Name) (Location) (Job Title) (Phone)

 (Dates Employed) (Your Supervisor) (Ending Salary) (Reason for leaving)

2. _____
 (Company Name) (Location) (Job Title) (Phone)

 (Dates Employed) (Your Supervisor) (Ending Salary) (Reason for leaving)

3. _____
 (Company Name) (Location) (Job Title) (Phone)

 (Dates Employed) (Your Supervisor) (Ending Salary) (Reason for leaving)

Military Service:

(Branch) (Dates of Service) (Highest Rank) (Duty Specialty)

Use this space to describe any previous work history, military service, clubs, or organizations with which you have been involved that may be relevant to the job for which you are applying:

Personal References (Not Former Employers or Relatives):

Name and Occupation: _____
Address: _____
Phone: _____

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Phone: _____

Name and Occupation: _____
Address: _____
Phone: _____

Agreements, Certifications, Consent:

I authorize an inquiry to collect information relating to data contained in my application, my criminal record history and motor vehicle record. I understand that information furnished by me or obtained by me or obtained as a result of any inquiry will be considered as a part of the overall evaluation.

I consent as a part of the processing of my application for employment and, if employed periodically thereafter, to the collection and analysis of samples of blood, breath, and/or urine, with or without cause, and with or without notice, for the purpose of detecting drug and alcohol consumption, and to the reporting of the findings of such analysis to USD #322.

I certify that the information contained in this application or supplementary materials is correct and complete and I understand that falsification or omission of information in this application is grounds for refusal to hire; or, if hired, dismissal.

(Date)

(Signature of Applicant)