

Lebanon City Schools Bus Driver Application (Certified)

Date _____

An Equal Opportunity Employer

This district is an equal opportunity employer and does not discriminate in hiring or employment practices on the basis of race, color, national origin, ancestry, military status, sex, disability, age or religion. A criminal records check and set of fingerprint impressions is a precondition to employment in the district.

Using a pen, you must complete this application in person. Print all answers in your own handwriting. If you have no information to report for a particular item, write NONE. If you need additional space to answer any question, use a separate sheet of paper.

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Social Security Number _____ Home Phone Number (with area code) _____
 Cell Phone Number (with area code) _____

- Do you have evidence of authorization to work in the United States if a job offer is made? Yes No
- Are you willing to take a physical exam if a conditional job offer is made? Yes No
- Are you willing to submit to a drug screen if a conditional job offer is made? Yes No

Record of Current and Past Residences

Document past ten (10) years, listing current residence first. Use a separate sheet of paper if necessary.

Number & Street	City	State	Zip	From: Month/Year	To: Month/Year

On what date are you available to begin training with Lebanon City Schools? _____

The minimum driving age at Lebanon City Schools is 21. Do you meet this requirement? Yes No

Have you ever been convicted of a crime (felony or misdemeanor)? Yes No

(Disclosure of a criminal record will not disqualify you from training. Each conviction will be evaluated on its own merit with respect to time, circumstances and seriousness, in relation to the school bus driver job and state requirements.)

Have you ever been terminated, non-renewed, or asked to resign from a previously held position? Yes No

If yes, please provide details. _____

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Have you ever worked for Lebanon City Schools?

Yes

No

If yes, when and where? _____

In the event of an emergency, who should we contact? _____

Name

(Area Code) Phone Number

Address

Record of Education/Record of Military Service

	Graduated	Name of school and address	Type of Degree or Certificate
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade/Business or Driving School	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever been a member of the armed forces of the United States?

Yes

No

If yes, what branch? _____

Have you ever belonged to a club, organization, society or professional group that has a direct bearing on your qualifications to become a school bus driver?

Have you had any special training or completed any courses of study that may help you as a school bus driver? Yes No

If yes, please provide details: _____

Record of Driving Experience and Qualifications

List all driving licenses held during the past five (5) years. List current license first.

State	License Number	Type of License	Expiration Date

Have you ever received any safe driving awards or certifications for driving?

Yes

No

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes

No

Has any license, permit or privilege ever been suspended or revoked?

Yes

No

If you answered yes to any of the above, please explain: _____

Record of Vehicular Accidents for Past Five (5) Years

List all vehicular accidents in which you have been involved as a driver during the past five (5) years.

Date	Description	Location

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Record of Traffic Citations for Past Five (5) Years

List all traffic citations you have received in the past five (5) years. List current citations first.

Date	Description	Location

Record of Work Experience for Past Ten (10) Years

Document the past ten (10) years, listing most current employer first. Explain any gaps greater than six (6) months. Use a separate sheet of paper if necessary.

Employer:	Period of Employment From Month/Year To Month/Year
May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Supervisor
Address, City, State, Zip	Phone Number (with area code)
Title/Duties:	Starting Hourly Rate/Salary
Reason for Leaving:	Ending Hourly Rate/Salary

Employer:	Period of Employment From Month/Year To Month/Year
May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Supervisor
Address, City, State, Zip	Phone Number (with area code)
Title/Duties:	Starting Hourly Rate/Salary
Reason for Leaving:	Ending Hourly Rate/Salary

Employer:	Period of Employment From Month/Year To Month/Year
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Reason for Leaving:	Ending Hourly Rate/Salary
(continued on next page)	
Employer:	Period of Employment From Month/Year To Month/Year
May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Supervisor
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Title/Duties:	Starting Hourly Rate/Salary
Reason for Leaving:	Ending Hourly Rate/Salary
Employer:	Period of Employment From Month/Year To Month/Year
May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Supervisor
Address, City, State, Zip	Phone Number (with area code)
Title/Duties:	Starting Hourly Rate/Salary
Reason for Leaving:	Ending Hourly Rate/Salary

Applicant Certification

I hereby submit my application for employment as a school bus driver with Lebanon City Schools. I understand that in addition to various qualifications, certifications and related requirements, I must first successfully complete all school bus driver training requirements to be considered eligible for employment. _____ **Initials**

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in this application may be justification for refusal to hire or to terminate my employment at any time, regardless of time elapsed before discovery. _____ **Initials**

I further understand that an investigative report, including criminal background checks, may be made as to my character and general reputation. I authorize all past employers, schools, persons and organizations having relevant information or knowledge to provide that information and knowledge to Lebanon City Schools or its duly authorized representative for its use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release employers, schools, persons and organizations from all liability in responding to inquiries in connect with my application. _____ **Initials**

In signing this form, I certify that I fully understand all of the questions and statements in this application.

Signature of Applicant _____ Date _____

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Return Application To:

Lebanon City Schools
Transportation Department
502 N. Water Street
Lebanon OH 45036