

APPLICATION FORM
FOR
BUS DRIVER

SOUTH BROWN COUNTY USD #430
522 CENTRAL AVE
HORTON, KS. 66439
785-486-2611

(Please print and attach a copy of your license (if applicable) and resume to this application.)

NAME: _____
(Last) (First) (Middle Initial)

HOME ADDRESS _____
(Address) (City) (State) (Zip)

HOME PHONE _____ **BUSINESS PHONE** _____

CELL PHONE _____ **E-MAIL ADDRESS** _____

DATE OF APPLICATION: _____

Do you hold a current Commercial Driver's License with an "S" endorsement? _____

If yes, list number _____ Exp. Date _____

Do you hold a current Defensive Driving Card? _____ Exp. Date _____

Do you hold current First Aid/CPR Card? _____ Exp. Date _____

NOTE> Upon application of any person seeking to become a school bus driver, the prospective employer shall inspect the applicant's driving record through the Division of Vehicles, Kansas Department of Revenue, in accordance with K.S.A. 74-2012 as amended by 1. 1984, Ch. 282, Sec.1.

Any employer of school bus drivers shall not employ, re-employ or retain any person as a school bus driver if the person's driving record indicates that the person is a habitually reckless or negligent driver of a motor vehicle. A habitually reckless or negligent driver shall be a person who has had a driver's license revoked or suspended by the Division of Vehicles, Kansas Department of Revenue, pursuant to K.S.A. 1983 Suppl.

EDUCATIONAL DATA

High school and Year of graduation _____

College/Technical training in chronological order:

College/Technical School _____ Location _____

Dates _____ to _____ Degree/Hours _____ Major Field _____

College/Technical School _____ Location _____

Dates _____ to _____ Degree/Hours _____ Major Field _____

College/Technical School _____ Location _____

Dates _____ to _____ Degree/Hours _____ Major Field _____

College/Technical School _____ Location _____

Dates _____ to _____ Degree/Hours _____ Major Field _____

PROFESSIONAL DATA

Current Employer _____

Exact type of certificate/license (if applicable) _____

Date of expiration _____

Your reason for wanting to become a school bus driver: _____

CHRONOLOGICAL EDUCATION EMPLOYMENT

School Name	Location	Position Held	Dates of Employment
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____

OTHER WORK EXPERIENCE

Employer: _____ Location _____
 Phone: _____ Dates: _____ to _____
 Duties: _____

Employer: _____ Location _____
 Phone: _____ Dates: _____ to _____
 Duties: _____

Employer: _____ Location _____
 Phone: _____ Dates: _____ to _____
 Duties: _____

Employer: _____ Location _____
 Phone: _____ Dates: _____ to _____
 Duties: _____

OTHER WORK EXPERIENCE CONT'D.

List three professional or employer references:

Name	Address	Phone #
<hr/>		
<hr/>		
<hr/>		

Is it permissible to contact the above references? _____ If no, what date will contacts be permissible? _____

Physical limitations, if any _____

GENERAL BACKGROUND

Have you ever been convicted of a felony or a crime involving dishonesty, a controlled substance or a child? _____ Yes _____ No

Have you ever entered into a criminal diversion agreement after being charged with any offense described in question A? _____ Yes _____ No

Are criminal charges pending against you in any state involving any of the offenses described in question A? _____ Yes _____ No

APPLICANT JOB APPLICATION ACKNOWLEDGEMENTS

I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing such information to you. I authorize any background checks by any third party.

I authorize you to request, receive, and verify all information given on this application and I release you from all damages that may result from your doing so.

I authorize you to conduct a criminal background investigation using any and all methods necessary to successfully complete such investigation, and I release you from all liability for any damages that may result from your doing so.

Signature of Applicant

Date

Notice of Non Discrimination

Applicants for admission and employment, students, parents of elementary school students, employees, source of referral of application for admission and employment, and all unions or professional organizations holding collective bargaining on the basis of race, color, national origin, sex, age or handicap in admission or access to, or treatment or employment in its programs and activities. Any person having inquiries concerning Unified School District #430 compliance with the regulations implementing Title VI, Title IX, or Section 504 is directed to contact the Superintendent, 522 Central Avenue, Horton, Kansas 66439, 785-486-2611. The Superintendent has been designated by Unified School District #430 to coordinate the institution's efforts to comply with the regulations implementing Title VI, Title IX and Section 504. Any person may also contact the Assistant Secretary of Civil Right, U.S. Department of Education, regarding the institution's compliance with the regulations implementing Title VI, Title IX, or Section 504.