

ALL APPLICANTS

Please read and initial each of the following before submitting your Chartiers Valley School District (CVSD) Application for processing.

___ I understand that by completing the application for employment with the CVSD I am neither guaranteed a job interview nor a job offer. My application will be considered along with others who have submitted applications. Decisions about interviews and job offers will be based upon job requirements and the qualifications of the individual candidates.

___ I understand that I must complete the entire CVSD Application in order to be considered for employment. Failure to either provide an answer to any question or placing "not applicable" in response to any question may be cause for my application being rejected.

___ I understand that I may be subjected to an employment reference check. Any information provided on the CVSD Application that cannot be satisfactorily verified by an employment reference check may render my application "incomplete".

___ I understand that all CVSD Applications are filed according to job title. I must be as specific as possible in stating the job for which I am applying.

___ I understand that a large number of applications are received for employment and that the employment process is competitive. Decisions regarding employment will not be released.

___ I understand that if I have ever been convicted of a felony I must report that to the CVSD. If I fail to report a conviction and it is later discovered by the CVSD, I may be terminated from my position for misrepresenting myself on the Application.

___ I understand that I am to complete both an *Act 34 – Criminal Record Check* and an *Act 151 – Child Abuse History check*. Both are required for employment in the CVSD. In the event that I do not have one or both clearances on the date I am scheduled to begin work, I will sign an affidavit attesting to my record and the fact that I will provide both clearances within thirty (30) calendar days of my start date. If the necessary clearances are not submitted within thirty (30) calendar days of my start date, I will be placed on unpaid Administrative Leave of Absence for an additional fourteen (14) calendar days to obtain the prescribed clearances. If I do not provide the prescribed clearances by the end of that fourteen (14) day period I will be relieved of my position for failure to provide the necessary documentation.

___ I understand that if I have ever lived out of state prior to completing an application for the CVSD, I must provide an FBI clearance covering both my criminal and child abuse records. Furthermore, I will provide similar clearances for any married names, pseudonyms or aliases that I have used during that period. I will comply with this requirement per the same time limits as those listed in the paragraph immediately above and under the same conditions.

I have read and understood all of the above items and I attest that the information I provide on my application is factual.

Signature

Date

BUS DRIVER APPLICANTS

The following information is required of Bus Driver Applicants only.

Have you ever been convicted for any motor vehicle violations? Yes ___ No ___

If "YES" Note the Nature of the Violation(s)

Date

Have you ever had your driver's license suspended?

Yes ___ No ___

If "YES" Note the Reason for the Suspension

Date

Have you ever failed, refused, adulterated, or in any way been non – compliant with any DOT – Mandated Pre – Employment or Random drug tests in the past two (2) years?

Yes ___ No ___

Signature

Date

Additional Instructions

1. Complete the attached application – front and back – be sure to include date and signature. Check position of interest – **Part / Full Time** and / or **Substitute**.
2. Complete Sections B and C of the Request for Driver Record. This allows us to obtain your driving record from Penn DOT.
3. Complete and send in the *Act 34 – Criminal Record Check* and the *Act 151 – Child Abuse History*. Each clearance has the address for mailing – send a \$10 money order with each one to the address shown. Be sure to check either "school" or "school employment" on the forms. You are the requester on each form; they will forward the report to you at your address. You will then bring the original to Human Resources where a copy will be made, dated and signed by individual making the copy. The original clearances will be returned to you.

RETURN THE ABOVE TO THE HUMAN RESOURCE OFFICE AS SOON AS THEY ARE COMPLETE BUT NO LATER THAN YOUR SCHEDULED START DATE. IF YOU DO NOT HAVE THEM ON YOUR SCHEDULED START DATE THE HUMAN RESOURCE OFFICE WILL ADVISE YOU OF THE STEPS TO TAKE.

YOU WILL BE NOTIFIED BY THE TRANSPORTATION DEPARTMENT TO BEGIN TRAINING UPON SUCCESSFUL COMPLETION OF THE APPLICATION / INTERVIEW PROCESS.

BUS DRIVER APPLICANTS

- (1) *Complete the application - front and back - be sure to include date and signature.*
Check position interested in - either part/full time and/or substituting.
- (2) *Complete sections B and C of the Request for Driver Record.*
This allows us to obtain your driving record from Penn DOT.
- (3) *Complete and send in the Act 34 - Criminal Record Check and Act 151 - Child Abuse History.*
Each clearance has the address for mailing - send a \$10 money order with each one.
Be sure to check either "school" or "school employment" on the forms.
You are the requester on each form, they will send the report to you. You will then bring the original to the Personnel for copying - they will be returned to you immediately.

RETURN THE ABOVE TO THE PERSONNEL OFFICE AS SOON AS COMPLETED.

***YOU WILL BE CONTACTED BY THE TRANSPORTATION DEPARTMENT TO
BEGIN THE TRAINING PROCESS.***



CHARTIERS VALLEY SCHOOL DISTRICT

Please return completed application to:

Personnel Department

2030 Swallow Hill Rd. Pittsburgh, PA 15220

412-429-2219

Part/Full Time

- Playground Aide*
- Food Service Worker*
- Secretary*
- Instructional Aide*
- Multi-task worker*

Substitute

- Custodial Maintenance*
- Skilled Trades*
- HVAC*
- Electrician*
- Plumber*
- Bus Driver*
- Bus Aide*
- Bus Mechanic*
- Campus Safety*

(PLEASE PRINT OR TYPE)

Date: _____

Name (<i>first, middle, last</i>)	Social Security Number
Address (<i>street, city, zip</i>)	Phone Number

EDUCATIONAL BACKGROUND

	School	Dates of Attendance	Diploma, Degree or Credits Earned
High School			
College/University			
Graduate Study			
Business/Trade School			

EMPLOYMENT HISTORY

(Please give chronological order of employment history beginning with most recent position.)

Dates From _____ to _____	Names of Employer and Address _____ _____ Phone number _____	Position Held _____ Reason for Leaving _____
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Work Performed

Dates From _____ to _____	Names of Employer and Address _____ _____ Phone number _____	Position Held _____ Reason for Leaving _____
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Work Performed

Dates From _____ to _____	Names of Employer and Address _____ _____	Position Held _____
	Phone number _____	Reason for Leaving _____ _____
Work Performed _____ _____ _____		

SKILLS OR OTHER EXPERIENCE

(Please summarize special skills and qualifications acquired from employment or other experience.)

_____ _____ _____

PERSONAL REFERENCES

(References will be contacted unless otherwise noted on application.)

Name	Relationship to Applicant	Address	Telephone

Upon receipt of this application and additional data as requested on an applicant, all information compiled shall become the sole and exclusive property of the Chartiers Valley School District. I hereby release employers, schools or persons from liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Chartiers Valley School District and the Pennsylvania School Code of 1949, as amended.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Date

Signature of Applicant

--FOR OFFICE USE ONLY--	
Interview date _____	Interviewed by _____
Position interviewed for _____	Recommendation _____
Board approval date _____	Start date _____



REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH

PRINT OR TYPE ALL INFORMATION LEGIBLY

SEE REVERSE FOR INSTRUCTIONS / INFORMATION

CHECK (✓) ONE ONLY:

- BASIC INFORMATION: \$5.00 FEE (*Driver history is not included*)
- 3 YEAR DRIVER RECORD: \$5.00 FEE
- 10 YEAR DRIVER RECORD: \$5.00 FEE (*Employment Purposes Only*)

- CERTIFIED DRIVER RECORD: \$10.00 FEE
- COPY OF DOCUMENT FROM FILE (MICROFILM): \$5.00 FEE
- CERTIFIED COPY OF DOCUMENT FROM FILE: \$10.00 FEE

You may obtain a copy of your own 3 Year and/or 10 Year Driving Record on PennDOT'S website at www.dmv.state.pa.us

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This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 PA C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.</p> <p>X _____ <small>SIGNATURE OF REQUESTER</small></p> <p>Title _____</p>	B END USER OF INFORMATION BEING REQUESTED		NAME/COMPANY		ADDRESS (PO Box not acceptable), need to provide physical location of business/residence		CITY	STATE ZIP CODE	DAYTIME TELEPHONE NUMBER (REQUIRED) _____		RELATIONSHIP TO DRIVER (REQUIRED) _____		D AFFIDAVIT OF INTENDED USE		Intended Use of the Information Requested: CHECK ONLY ONE		<input type="checkbox"/> B = Driver Release (<i>Driver has given written authorization to obtain his/her record.</i>)		<input type="checkbox"/> C = Credit (<i>In connection with a credit transaction involving the driver.</i>)		<input checked="" type="checkbox"/> E = Employment (<i>To support the hiring or the continuation of employment. 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MESSENGER NO.

INSTRUCTIONS

The most current version of this form can be found at www.dmv.state.pa.us

1. To request your own record, complete Sections A & C only. Notarization is NOT required.
2. To request a record other than your own, complete Sections A, C, and D or E. If the requester is not the end user of the information, Section B must also be completed.*
3. A non-refundable fee is required for each request. If the Bureau has no record for the information requested or the data supplied is insufficient, the fee will be applied to the cost of the search.
4. **PRINT OR TYPE** all requested information on the front of the form. Submitting ONLY a name and address does not provide enough information for a proper search of the driver files.
5. If requesting a microfilm copy of a document, also complete Section F. You must be specific in providing the type and date of the document. If there are several citations on the record, the cost is \$5.00 per citation. You need to provide the date of the violation/action to clearly identify the citation(s) requested.
6. Check the type of record requested at the top of the form and make check or money order payable to "Commonwealth of Pennsylvania." **DO NOT SEND CASH.** Attach your check or money order and send to:

BUREAU OF DRIVER LICENSING
DRIVER RECORD SERVICES
P.O. BOX 68695
HARRISBURG, PA 17106-8695

For overnight and other special mail:

BUREAU OF DRIVER LICENSING
DRIVER RECORD SERVICES
1101 SOUTH FRONT STREET 3RD FLOOR
HARRISBURG PA 17104-2516

IMPORTANT INFORMATION CONCERNING DRIVER RELEASES

A signed driver release must be maintained on file for a period of two years from the date of notarization, if the request is made for: employment purposes, at the request of the driver, or by an attorney acting on behalf of their client. Failure to comply with this requirement will result in the termination of your access to Pennsylvania driver records.

DESCRIPTION OF INFORMATION AVAILABLE

- BASIC INFORMATION Includes name, address, driver number, date of birth and class of license.
(\$5.00 fee)
- 3 YEAR RECORD* Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 3 years from the date request is processed.
(\$5.00 fee) **You can obtain a copy of your own record on PennDOT's website at www.dmv.state.pa.us**
- 10 YEAR RECORD* Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 10 years from the date request is processed. A 10-year record is for employment purposes only. **You can obtain a copy of your own record on PennDOT's website at www.dmv.state.pa.us**
- CERTIFIED RECORD Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the **complete** history of the driver on file in Pennsylvania.
(\$10.00 fee)
- MICROFILM DOCUMENT Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific as to the type of document and the date of the violation/action.
(\$5.00 fee)
- CERTIFIED COPY OF DOCUMENT Copies of documents from the microfilm file that have been certified by the Department.
(\$10.00 fee)

*Businesses who obtain driver histories for the purpose of employment or insurance are now able to obtain and print these histories, in real time, through our enhanced Online Services.

If you are an employer or insurance company/agent and are interested in becoming an authorized Online business user, please visit our website at www.state.pa.us and click on "Online Business Services" for more information.