

ALTO ISD
APPLICATION FOR SCHOOL BUS DRIVERS

Used for all personnel who are required to have a CDL.

An Equal Opportunity Employer*

Personal Data	<p>Name _____ Phone number _____ <small style="margin-left: 100px;">Last</small> <small style="margin-left: 100px;">First</small> <small style="margin-left: 100px;">Middle initial</small></p> <p>Hours available for work _____ Driver's license number _____ Type ____</p> <p>Do you have a Texas School Bus Driver Training Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had a driver's license suspended, revoked, or cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, explain _____ _____ _____ _____</p>
Background Check Information	<p>Are there any criminal charges or proceedings pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, explain _____ _____ _____</p> <p>In the past 10 years, have you:</p> <ul style="list-style-type: none">(1) been convicted of or received deferred adjudication, probation, or other adjudication for a serious traffic violation (as defined by Texas Transportation Code §522.003(25)); or(2) forfeited bond or collateral for, or been convicted of, any other violation of motor laws or ordinances (other than parking violations) <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If yes, state where, when, and the nature of the offense _____ _____ _____ _____</p> <p>In the past two years, have you failed an employer's alcohol or drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, explain _____ _____ _____ _____</p>



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Driving Experience	Provide your work history information for the past 10 years on all jobs for which you were a driver of a commercial motor vehicle. List the most recent experience first. Continue on another sheet if necessary.			
	Employer address and phone	Kind of work	Dates employed	Reason for leaving
Verification	<p>I hereby affirm that all information provided in this addendum is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.</p> <p>I understand that the district is required by Title 37 Texas Administrative Code §14.14(b) to review my complete driving record, is required by federal regulations to query the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse to obtain information about alcohol and drug testing results, and is required by Texas Education Code §22.0833 and Transportation Code §521.022 (f) to conduct a criminal history record check. I also understand that after employment, I am required to pass a physical examination and drug test.</p> <p>Furthermore, I authorize the information I've provided to be used; authorize previous employers to be contacted for investigative purposes; and release all parties from any liability for damage that may result from furnishing information to you.</p> <p style="text-align: right; margin-right: 50px;">_____</p> <p style="text-align: right; margin-right: 50px;">Signature _____ Date</p>			

**Applicants for all positions are considered without regard to race, color, sex (including pregnancy, sexual orientation, or gender identity), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant*

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who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.

In accordance with Title IX, the district does not discriminate on the basis of sex and is required not to discriminate on the basis of sex in its educational programs or activities. The requirement not to discriminate extends to employment. Inquiries about the application of Title IX may be referred to the district's Title IX coordinator, to the Assistant Secretary for Civil Rights of the Department of Education, or both.

Inquiries about the application of Title IX to employment should be referred to Title IX Coordinator,

LeAnn Jones

Title IX Director

936-858-7101

244 CR 2429

Alto, Tx 75925

ljones@alto.esc7.net



DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

**GENERAL CONSENT FOR LIMITED QUERIES OF THE FMCSA DRUG AND ALCOHOL
CLEARINGHOUSE**

Name _____ **Position** _____

I, _____ (*employee name*), hereby provide consent to ALTO ISD (the District) to conduct a limited query of the Federal Motor Carrier Safety Administration (FMCSA) Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by the District indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the District without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the District to conduct a limited query of the Clearinghouse, the District must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

I provide consent during the duration of my employment with ALTO ISD in a position requiring a Commercial Driver's License (CDL).

By signing below, I indicate I have read and agree to comply with the conditions stated above.

Name

Date