

Bus Driver Application

Crawfordsville Community School Corporation 1000 Fairview Avenue Crawfordsville, IN 47933

The Crawfordsville Community School Corporation is an **Equal Opportunity Employer** who fully and actively supports equal access for all people, regardless of Race, Color, Religion, Gender, Age, National Origin, Veteran Status, Disability, Genetic Information Testing, Family & Medical Leave, Sexual Orientation and Gender Identity or Expression. The Corporation prohibits Retaliation against individuals who bring forth any complaint, orally or in writing, to the employer or the government, or against any individuals who assist or participate in the investigation of any complaint or otherwise oppose discrimination. No question on this form is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

Applicants are asked not to contact the Board of School Trustees except upon request.

1. POSITION DESIRED: _____

2. PERSONAL INFORMATION:

Name _____

Address _____ Telephone(_____) _____

City _____ Cell (_____) _____

State _____ ZIP _____ E-Mail _____

3. EDUCATION:

Name of School	City/State	Date Entered	Date of Degree	GPA	Area of Certification/Major
High School					
Trade/Vocational School					
College					

4. EXPERIENCE: List in chronological order beginning with present position.

Employer	Date From To	Type of Position	Reason for Leaving

5. REFERENCES:

We use RefLynk, an online system, to facilitate gathering your personal and professional references. We advise that you contact your references and prepare them for an email from RefLynk which will contain a link for a reference survey and to check their junk mail to ensure receipt and a quick response.

6. COMMUNITY ACTIVITIES: List activities or organizations you are or have been involved with or any special training or certifications you have.

<u>Date</u>	Activity or organizations/training or certifications

7. SPECIAL QUALIFICATIONS: What special qualifications do you feel you have for this position?
(Use separate sheet if needed.)

8. CURRENT SALARY

_____ Per Hour

_____ Per Year

9. SHOULD THIS APPLICATION BE TREATED AS CONFIDENTIAL WITH REGARD TO YOUR PRESENT EMPLOYER?

YES

NO

REQUEST FOR BACKGROUND INFORMATION

Jobs with the Crawfordsville Community School Corporation involve contact with our student population. We ask that you complete the questions below to help us evaluate your suitability to work with these students. All applicants for employment are expected to provide us with this information; you are not being singled out for closer inspection. This is part of the Application itself and any misrepresentation or omission of fact may be grounds for disqualification from further consideration or for termination from employment regardless of when the misrepresentation or omission is discovered.

The conviction of a crime or any affirmative answer provided by you on this Application is not an automatic bar of employment. The School District will consider the nature of any conviction or alleged conduct underlying the affirmative response, the date of the alleged conduct in question, your intervening conduct and the relationship between the offense or alleged conduct underlying the affirmative response and the position for which you are applying.

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1. If you are now working, is your conduct as an employee or the quality of your work the focus of any investigation by your current employer? YES _____ NO _____
If yes, explain the circumstances on a separate sheet and attach it to this application.

2. Have you ever resigned from a job after being disciplined by your employer or after being offered the opportunity to resign rather than be terminated? YES _____ NO _____
If yes, explain the circumstances on a separate sheet and attach it to this application.

3. Have you ever been investigated for, charged with or plead guilty or "no contest" to any crime involving the sexual abuse of any person or indecency with a minor which has not been expunged or sealed by a court? YES _____ NO _____
If yes, explain the circumstances on a separate sheet and attach it to this application.

4. Have you ever been charged with a crime, other than a minor traffic offense, where the court has deferred further proceedings without entering a finding of guilt and placed you on probation or in a public service or education program which has not been expunged or sealed by a court? YES _____ NO _____
If yes, explain the circumstances on a separate sheet and attach it to this application.

5. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? YES _____ NO _____
If yes, you must provide proof that you've successfully completed the DOT return to duty requirements.

AUTHORIZATION AND RELEASE

I authorize Crawfordsville Community School Corporation to check my employment history, including without limitation, reference checks, and to seek the release of investigatory information, including a "limited criminal history," possessed by any private or public employer or any local, state or federal agency. I authorize these private or public employees or local, state or federal agencies to provide Crawfordsville Community School Corporation any information they may release concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I EXPRESSLY WAIVE IN CONNECTION WITH ANY REQUEST FOR, OR PROVISION OF SUCH INFORMATION, ANY CLAIMS OR CAUSES OF ACTION, INCLUDING WITHOUT LIMITATION, DEFAMATION, INFLECTION OF EMOTIONAL DISTRESS, INVASION OF PRIVACY, OR INTERFERENCE WITH CONTRACTUAL RELATIONS THAT I MIGHT OTHERWISE HAVE AGAINST THE SCHOOL DISTRICT, ITS OFFICIALS, EMPLOYEES, TRUSTEES OR AGENTS, OR AGAINST ANY PROVIDER OF SUCH INFORMATION.

BY SIGNING BELOW, I AM STATING I HAVE READ THIS AUTHORIZATION AND RELEASE OF ALL CLAIMS, AND I EXPRESSLY AGREE TO THE TERMS SET OUT HEREIN.

SIGNATURE

DATE

PRINTED OR TYPED NAME