

**WASHINGTON SCHOOL DISTRICT**  
**311 Allison Avenue**  
**Washington, PA 15301**

**BUS MONITOR APPLICATION**

Name \_\_\_\_\_  
Last
First
Middle
Social Security Number

Present Address \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Street
Telephone

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
City
State
Zip

**REQUIRED Clearances AND Tuberculosis Test:**

- \_\_\_\_ - Act 34 – PA Criminal Record <https://epatch.pa.gov/home>
- \_\_\_\_ - Act 114 – FBI Fingerprints <https://uenroll.identogo.com/> Use Code #1KG6XN to register online
- \_\_\_\_ - Act 151 – PA Child Abuse <https://www.compass.state.pa.us/cwis/public/home>
- \_\_\_\_ - Act 126 – Online Child Abuse Reporting Training [www.reportabusepa.pitt.edu](http://www.reportabusepa.pitt.edu) and [www.pdesas.org](http://www.pdesas.org)
- \_\_\_\_ - TB Test

**EDUCATIONAL BACKGROUND:**

	School Information	Major/Minor	Diplomas, Degrees or Credits Earned
High School			
Other			

**EXPERIENCE:** (Present or most recent first):

Dates: From _____ To _____	Name of Employer and Address _____ _____ _____	Your Title _____ Reason for Leaving _____ _____
Work Performed: _____ _____ _____		
Name & Title of Supervisor _____ Final Yearly Salary _____		

Dates: From _____ To _____	Name of Employer and Address _____ _____ _____	Your Title _____ Reason for Leaving _____ _____
Work Performed: _____ _____ _____		
Name & Title of Supervisor _____ Final Yearly Salary _____		

Dates: From _____ To _____	Name of Employer and Address _____ _____ _____	Your Title _____ Reason for Leaving _____ _____
Work Performed: _____ _____ _____		
Name & Title of Supervisor _____ Final Yearly Salary _____		

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**CERTIFICATION AND RELEASE AUTHORIZATION:**

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of the **Washington School District** may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information.

Date \_\_\_\_\_ Signature \_\_\_\_\_