

YORKTOWN COMMUNITY SCHOOLS

Administration Office
2311 S. Broadway St. ♦ Yorktown, IN 47396
Phone: (765) 759-2720

TRANSPORTATION APPLICATION

INSTRUCTIONS: Please type or print legibly in black ink. All areas must be completed for consideration. Return completed form to the Administration Office. Applications remain on file for one (1) year.

Applicant Personal Data

Name of Applicant (last, first, middle)			
Mailing Address	City	State	Zip Code
Email address		Social Security Number (optional)	
Telephone Number(s)		Other Telephone Number(s)	

Current Licensure Areas

	Do you currently hold or are you eligible to hold a CDL license? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list any endorsement(s) and expiration date(s).

Education

High School	City and State	Grade Average	Rank
College University	City and State		Years Completed
Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Other: _____	Major (s)	Minor(s)	GPA
College University	City and State		Years Completed
Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Other: _____	Major (s)	Minor(s)	GPA
College University	City and State		Years Completed
Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Other: _____	Major (s)	Minor(s)	GPA

Availability

How soon would you be available to begin work? _____

Are you at least 21 years of age? Yes No

Please list the type of work you are looking for: Part time Full time Substitute

DRIVING EXPERIENCE

List the states in which you have been issued a driver's license and the type of license during the past five years:

List any special courses of training:

List any safe driving awards received:

Do you have experience driving a school bus? If yes, how many years experience?

Yes

No

Years of Experience _____

ACCIDENT RECORD FOR THE PAST FIVE YEARS

Date of Accident

Nature of Accident

Injuries/Fatalities (Please explain)

Date of Accident	Nature of Accident	Injuries/Fatalities (Please explain)

I understand that as required by school board policy and state and federal statutes, that all prospective bus drivers must undergo a urine and drug screening test to determine the presence of alcohol or drugs.

All drug tests are subject to careful testing procedures with mandatory confirmation of any positive test. The driver will be given a reasonable opportunity to explain a confirmed positive test result to the Medical Review Officer. The laboratory results of the drug test will be maintained by the Medical Review Officer.

I voluntarily consent to provide a urine specimen at a collection facility designated by Yorktown Community Schools and further consent to having the specimen tested at a laboratory selected by Yorktown Community Schools.

I further agree that the drug test results will be disclosed to Yorktown Community Schools, the Medical Review Officer, and to the examining physician if a physical examination was performed at the time of the drug test.

I fully understand and agree with all of the above.

Applicant Signature

Date

U.S. Military Experience

Branch of Service

Technical Specialization

Rank Attained

Years of Service

Work Experience (Start with Most Recent Experience)

Employer		Address	
Telephone Number(s)	Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting Date	Ending Date	Position	
Reason for Leaving			
Employer		Address	
Telephone Number(s)	Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting Date	Ending Date	Position	
Reason for Leaving			
Employer		Address	
Telephone Number(s)	Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting Date	Ending Date	Position	
Reason for Leaving			
Employer		Address	
Telephone Number(s)	Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting Date	Ending Date	Position	
Reason for Leaving			
Employer		Address	
Telephone Number(s)	Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting Date	Ending Date	Position	
Reason for Leaving			

References

Please list three (3) individuals we may contact who know your background and qualifications. *Do not list relatives as references.*

Name	Relationship
Address	Telephone Number(s)
Name	Relationship
Address	Telephone Number(s)
Name	Relationship
Address	Telephone Number(s)

Criminal Record

Have you ever been convicted of a crime other than a minor traffic violation?

Yes No

Note: A "yes" response will not necessarily eliminate you from consideration for employment

Other Information

Are you related to anyone in the employ of Yorktown Community Schools?

Yes No

If yes, please list name, title, and school location: _____

Certification of Applicant and Authorization of Reference and/or Employment Verification

Yorktown Community Schools does not discriminate on the basis of race, creed, color, sex, religion, national or ethnic origin, age, or disability.

I hereby certify that the information found within this application has been provided voluntarily and I waive any right to assert discrimination on the basis of that which has been divulged.

I hereby authorize all persons, firms, corporations, educational institutions, and organizations of any kind to release to Yorktown Community Schools any and all information, files, or records pertaining to application, and to permit inspections, and to furnish copies of any documents pertinent to this application. I further authorize any and all persons in any capacity to answer any and all questions in any form that may be submitted to them concerning this application.

I understand that my application will remain in the Central Office files for one (1) year, and all materials accompanying this application will become the property of Yorktown Community Schools.

I certify there are no misrepresentations in or falsifications of these statements and answers. I am aware that should investigations disclose such, my application may be disqualified, my name removed from all eligible lists, and my future applications may not be accepted. I am also aware that falsification of this application, or any accompanying data, may result in my dismissal from any position with Yorktown Community Schools.

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 Yorktown Community Schools.

I expressly waive in connection with any request for or provision of such information, any claims, including without limitations, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against Yorktown Community Schools, its agents and officials or against any provider of such information.

Signature of Applicant	Date of Application
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*Please include a copy of your resume, transcript(s), and any professional certifications or licenses, if applicable.

"An Equal Opportunity Employer"

YORKTOWN COMMUNITY SCHOOLS
2311 S. Broadway St.
Yorktown, IN 47396

LEGAL REQUIREMENTS TO REPORT CERTAIN CRIMINAL CONVICTIONS
IC 20-26-5-11

IC-20-26-5-11 Sec (a) applies to:

1. a school corporation; and
2. an entity:
 - a. with which the school corporation contracts for services; and
 - b. that has employees who are likely to have direct, ongoing contact with children within the scope of the employees' employment.

IC-20-26-5-11 Sec (b):

A school corporation or entity may use information obtained under section 10 of this chapter concerning an individual's conviction for one (1) of the following offenses as grounds to not employ or contract with the individual:

1. Murder (IC-35-42-1-1)
2. Causing suicide (IC 35-42-1-2)
3. Assisting suicide (IC 35-42-1-2.5)
4. Voluntary manslaughter (IC 35-42-1-3)
5. Reckless homicide (IC 35-42-1-5)
6. Battery (IC 35-42-2-1) unless ten (10) years have elapsed from the date the individual was discharged from probation, imprisonment, or parole, whichever is later.
7. Aggravated battery (IC 35-42-2-1.5)
8. Kidnapping (IC 35-42-3-2)
9. Criminal confinement (IC 35-42-3-3)
10. A sex offense under IC-35-42-4
11. Carjacking (IC 35-42-5-2)
12. Arson (IC 35-43-1-1) unless ten (10) years have elapsed from the date the individual was discharged from probation, imprisonment, or parole, whichever is later.
13. Incest (IC 35-46-1-3)
14. Neglect of a dependent as a Class B felony (IC 35-46-1-4(b)(2)), unless ten (10) years have elapsed from the date the individual was discharged from probation, imprisonment, or parole, whichever is later.
15. Child selling (IC 35-46-1-4(d))
16. Contributing to the delinquency of a minor (IC 35-46-1-8), unless ten (10) years have elapsed from the date the individual was discharged from probation, imprisonment, or parole, whichever is later.
17. An offense involving a weapon under IC-35-47 or IC 35-47.5, unless ten (10) years have elapsed from the date the individual was discharged from probation, imprisonment, or parole, whichever is later.

18. An offense relating to controlled substances under IC 35-48-4, unless ten (10) years have elapsed from the date the individual was discharged from probation, imprisonment, or parole, whichever is later.
19. An offense relating to material or a performance that is harmful to minors or obscene under IC 35-49-3, unless ten (10) years have elapsed from the date the individual was discharged from probation, imprisonment, or parole, whichever is later.
20. An offense relating to operating a motor vehicle while intoxicated under IC 9-30-5, unless five (5) years have elapsed from the date the individual was discharged from probation, imprisonment, or parole, whichever is later.
21. An offense that is substantially equivalent to any of the offenses listed in this subsection in which the judgment of conviction was entered under the law of any other jurisdiction.

IC-20-26-5-11 Sec (c):

An individual employed by a school corporation or an entity described in subsection (a) shall notify the governing body of the school corporation if during the course of the individual's employment the individual is convicted in Indiana or another jurisdiction of an offense described in subsection (b).

Application Addendum

Have you ever been convicted of a felony? Yes No

If you answered yes to the above question, please explain:

With respect to your present or most recent employer, did you or have you offered a resignation from that position? With respect to that employer, were you ever considered for discipline or discharge due to your alleged conduct or misconduct? If yes, please explain the circumstances on a separate sheet and attach to this application.

Yes No

Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?

Yes No

Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of sexual contact with another person, of mishandling of funds, or of criminal conduct? (If yes, explain the circumstances on a separate sheet and attach to this application.)

Yes No

Have you ever been charged with or investigated for sexual abuse of another person?

Yes No

Have you ever been charged with, pleaded guilty or "no contest" (nolo contendere) to, or been convicted of any crime involving sexual abuse of any person or any other crime of moral turpitude? (Moral turpitude is an act of baseness, vileness, or depravity in the private and social duties which a person owes another member of society or society in general and which is contrary to the accepted rule of right and duty between persons, including, but not limited to theft, attempted theft, murder, rape, swindling and indecency with a minor.)

Yes No

Have you (a) ever been convicted of a crime, other than a minor traffic offense; or (b) ever entered a plea of guilty or a plea of "no contest" (nolo contendere), or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation, for any crime other than a minor traffic offense?

Yes No

If you have answered yes to any one of the previous three questions, please explain, in detail, including the date of the charge, the court action, the offense in question, and the address of the court involved:

Applicant Signature

Date

YORKTOWN COMMUNITY SCHOOLS PUBLIC NOTICE

General Nondiscrimination Policy

It is the policy of Yorktown Community Schools not to discriminate on the basis of race, creed, color, religion, sex, national or ethnic origin, age, disability, or handicap in its educational programs, activities, or services or employment practices.

Inquiries regarding compliance with this the Americans with Disability Act or Section 504 of the Handicapped Act policy and all other inquiries regarding compliance with this policy should be directed to the Superintendent of Yorktown Community Schools, 2311 S. Broadway St., Yorktown, IN 47396, or to the Office of Civil Rights, U.S. Department of Education, Washington, D.C.

Disabled Individuals Policy Statement

It is the policy of Yorktown Community Schools that no qualified individual with a disability shall, on the basis of that disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, service, or activity sponsored by this school corporation.

Inquiries regarding compliance with this policy shall be directed to the Superintendent of Yorktown Community Schools, 2311 S. Broadway St., Yorktown, IN 47396, or to the Office for Civil Rights, U.S. Department of Education, Washington, D.C.

Request for Assistance

Persons who require assistance or need information regarding access to a program and the availability of special facilities are requested to write or telephone the principal of this school or Yorktown Community Schools Superintendent's office.

Sexual Harassment

It is the policy of Yorktown Community Schools to maintain a learning and working environment that is free from sexual harassment.

It shall be a violation of this policy for any employee of Yorktown Community Schools to harass another employee or student through conduct or communications of a sexual nature. It shall also be a violation of this policy for students to harass other students through conduct or communication of a sexual nature. The use of the term "employee" also includes non-employees and volunteers who work subject to the control of school authorities.

Reporting of Child Abuse and Usage of Controlled Substances

The Board of Education of Yorktown Community Schools recognizes that school employees are obligated to report incidents of child abuse and usage of controlled substances on or near school property. The Superintendent of School shall be responsible for the development of rules concerning reporting of such incidents.

