



# OSNABURG LOCAL SCHOOLS

310 BROWNING STREET  
EAST CANTON, OH 44730-1298

## APPLICATION FOR SCHOOL BUS DRIVER

Date of Application \_\_\_\_\_ Social Security \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Present Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Date available to begin work \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_ Yes \_\_\_\_ No

### EDUCATION

School	Name and Location of School	Course of Study	Number of Years completed	Did you graduate?	Diploma or Degree
High School				____ Yes ____ No	
Business/Trade Technical				____ Yes ____ No	
College				____ Yes ____ No	
Other				____ Yes ____ No	

Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.

---



---



---

List special accomplishments, publications, awards (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

---



---



---

**EMPLOYMENT HISTORY**

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone (      )	<u>Dates Employed</u> From   To		Summarize the nature of the work performed and job responsibilities:
Address				
Job Title		<u>Hourly Rate/Salary</u> Starting		
Immediate Supervisor and Title		\$      Per		
Reason for Leaving		<u>Hourly Rate/Salary</u> Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$      Per		

Employer	Telephone (      )	<u>Dates Employed</u> From   To		Summarize the nature of the work performed and job responsibilities:
Address				
Job Title		<u>Hourly Rate/Salary</u> Starting		
Immediate Supervisor and Title		\$      Per		
Reason for Leaving		<u>Hourly Rate/Salary</u> Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$      Per		

Employer	Telephone (      )	<u>Dates Employed</u> From   To		Summarize the nature of the work performed and job responsibilities:
Address				
Job Title		<u>Hourly Rate/Salary</u> Starting		
Immediate Supervisor and Title		\$      Per		
Reason for Leaving		<u>Hourly Rate/Salary</u> Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$      Per		

Employer	Telephone (      )	<u>Dates Employed</u> From   To		Summarize the nature of the work performed and job responsibilities:
Address				
Job Title		<u>Hourly Rate/Salary</u> Starting		
Immediate Supervisor and Title		\$      Per		
Reason for Leaving		<u>Hourly Rate/Salary</u> Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$      Per		

Comments:

---



---



---



---

Number of years experience driving: Car \_\_\_\_\_ Truck \_\_\_\_\_ Bus \_\_\_\_\_

Please list driver's licenses held in the past five years.

State	License Number	Type	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? \_\_\_ Yes \_\_\_ No

Have you ever had a license, permit, or privilege suspended or revoked? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No

If you answered "yes" to any of the three questions above, please attach a statement giving details.

Please list any accidents in which you have been involved during the past five years beginning with the most recent.

(Attach a separate sheet if more space is needed.)

Date	Nature of Accident	Were you cited?
		___ Yes ___ No
		___ Yes ___ No
		___ Yes ___ No

Please list any traffic convictions and forfeitures for the past five years other than parking violations.

(Attach a separate sheet if more space is needed.)

Date	Location	Charge	Penalty

Are you willing to attend a school bus drivers' training class? \_\_\_ Yes \_\_\_ No

**REFERENCES**

List the information requested below for three (3) references who are not related to you.

Name	Address	Telephone Number	Years Known

**EMERGENCY INFORMATION**

Name of person to notify in an emergency: \_\_\_\_\_  
(Last) (First)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number ( ) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Please list any additional information you would like us to consider.

---

---

---

## CRIMINAL RECORD CHECK

The Revised Code (3319.39) requires the Board of Education to request the Superintendent of the Bureau of Criminal Identification and Investigation to conduct a criminal records check with respect to any applicant receiving "final consideration" for position involving the care, custody, or control of children. If the applicant does not present proof that he/she has been a resident of Ohio for the five-year period immediately prior to the date upon which the criminal record check is requested or does not provide evidence that within a five-year period the Superintendent has requested information about him/her from the Federal Bureau of Investigation in a criminal record check, the school district shall request that the Superintendent obtain information from the F.B.I. as a part of the criminal records check of the applicant.

The criminal record check is conducted through a review a fingerprint impressions. An individual who has been convicted or pleaded guilty to offenses listed in the statute may not be employed by the district. Listed offenses are available on request.

I acknowledge being informed that, as a precondition to employment and in accordance with Ohio law, I must provide both a set of fingerprints and satisfactorily pass a criminal records check. I recognize that I will be charged for the cost of the records check. I understand that unless I pay the fee, when requested, I will not be considered for employment.

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

## PRE-EMPLOYMENT URINALYSIS CONSENT

The Federal Motor Carrier Safety Regulations, Title 49 United States Code of Federal Regulations, Section 391.103, and Osnaburg Local Board of Education require that all prospective drivers submit to a controlled substances test.

A urine sample will be collected and tested for controlled substances. I understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle. I acknowledge being informed that, as a precondition to employment and in accordance to federal law, I must both provide a urine sample and test negative to a drug screen urinalysis. I recognize that I will be charged the cost for the urinalysis. I understand that unless I pay the fee, when requested, I will be not considered for employment.

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

## AUTHORIZATION

I hereby give Osnaburg Local Schools the right to investigate all references and to secure additional information about me. I release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I certify that the answers on this application are true and correct to the best of my knowledge and belief. I understand material misrepresentation of fact contained herein may be grounds for invalidating any contract commitments resulting from this application. I further understand that my employment will be subject to the laws of the State of Ohio and to the rules, regulations, and position descriptions adopted by the Plain Local Board of Education.

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

*The Osnaburg Local School District does not discriminate against students, employees, or applicants because of race, color, national origin, sex, religion, handicap, veteran status, or age. This applies to all educational programs including vocational education, community education, and special education.*

Please return to: Personnel Department,

Osnaburg Local Board of Education  
310 Browning St., East Canton, OH 44730