



Providing Special Education & Individualized Programming

Employment Application - Transportation

Position(s) Desired _____

Name _____
Last First Middle Social Security Number

Present Address _____ (____) _____
Street Telephone

_____ City State Zip

List, in order of preference, the position(s) for which you are applying:

1. _____ 2. _____ 3. _____

Certification (List all areas in which you hold valid Ohio and/or out-of-state certificates related to transporting students or working with students with disabilities.)

| Area of Certification | Issuing State | Date Issued |
|-----------------------|---------------|-------------|
| | | |
| | | |
| | | |

Do you have Ohio School Bus Driver or Ohio School Van Driver certification? _____ If yes, what school district or transportation company did you work for? _____

Date available for employment _____

Federal Privacy Act (5 U.S.C. – 552a note) Statement. Authority for requesting social security account numbers: Public School Code of 1949 (24 P.S. – 12-1212, 24 P.S. – 1224) Principal Purpose: To verify certification. Other Purposes: Identification and collection of criminal/disciplinary records for certified educators. Disclosure: Mandatory. Failure to provide the SSAN will result in an applicant not being considered for employment.

EDUCATIONAL BACKGROUND

| | School or Institution and Location | Major/Minor | Diplomas, Degrees or Credits Earned | Grade Point Average (GPA) |
|--------------------|------------------------------------|-------------|-------------------------------------|---------------------------|
| High School | | | | |
| College/University | | | | |
| College/University | | | | |
| Graduate Study | | | | |
| Graduate Study | | | | |

EXPERIENCE (present or most recent first)

| Dates of Employment | Name of Employer and Address | Your Title |
|------------------------------|------------------------------|--------------------|
| From: | | Reason for Leaving |
| To: | Phone Number | |
| | Work Performed | |
| | | |
| Name and Title of Supervisor | Final Yearly Salary | |

| Dates of Employment | Name of Employer and Address | Your Title |
|------------------------------|------------------------------|--------------------|
| From: | | Reason for Leaving |
| To: | Phone Number | |
| | Work Performed | |
| | | |
| Name and Title of Supervisor | Final Yearly Salary | |

| | | |
|------------------------------|------------------------------|---------------------|
| Dates of Employment | Name of Employer and Address | Your Title |
| From: | | Reason for Leaving |
| To: | Phone Number | |
| | Work Performed | |
| | | |
| Name and Title of Supervisor | | Final Yearly Salary |

REFERENCES

References should include superintendents, principals or professors who have first-hand knowledge of your professional competence and your personal qualifications. Experienced teachers should include the superintendent and principal of the two most recent schools in which employed. If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

| Name | Position | Address | Telephone |
|------|----------|---------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. Military Service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills or professional activities:

GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer “Yes” to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of “nolo contendere” (no contest).

Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate which results in a fine, sentence, or probation.

You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition Program.

_____ Y _____ N Were you ever convicted of a criminal offense?

_____ Y _____ N Have you ever forfeited bond or collateral in connection with a criminal offense?

_____ Y _____ N Are you currently under charges for a criminal offense?

_____ Y _____ N Within the last ten years, have you been fired from any job for any reason?

_____ Y _____ N Within the last ten years, have you quit a job after being notified that you would be fired?

_____ Y _____ N Are you subject to any visa or immigration status which would prevent lawful employment?

Note: If you answered “Yes” to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to the application. Please print and sign your name on the sheet, and include your social security number.

ACT 34 COMPLIANCE (Background Check of Prospective Employees)

Each Ohio resident must submit with his/her employment application a copy of a fingerprint card to be sent to the Ohio Bureau of Criminal Investigation. Each out-of-state applicant must submit with his/her application for employment a copy of a federal criminal record history from the Federal Bureau of Investigation.

CERTIFICATION AND RELEASE AUTHORIZATION

I certify that all of the statements made by me are true, and complete and correct to the best of my knowledge and belief, and are made in good faith. I further certify that I am the sole author of the essay. 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, an to respond fully and completely to all questions that officials of Re-Education Services, Inc. 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 authorize the production of medical records or other information which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, 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, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

Name: _____
(please print)

Signature: _____
(signature in ink) Date

Re-Educational Services, Inc. shall not discriminate in their educational programs, activities or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990 and the Ohio Human Relations Act. Information relative to special accommodation, grievance procedure, and the designated responsible official for compliance with Title VI, Title IX, and Section 504 may be obtained by contacting the Ohio Department of Education.