



Re-Education

Services, Inc.

Providing Special Education & individualized Programming

EMPLOYMENT APPLICATION – TRANSPORTATION

Name _____
Last First Middle

Present Address _____
Street City, State, Zip

Telephone Number (_____) _____

Driver's License Number _____ Date of Birth ____/____/____

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

1.) _____ 2.) _____ 3.) _____

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

Area of Certification	Issuing State	Date Issued

Do you have an Ohio School Bus Driver or Ohio School Van Driver Certification? ___Yes ___No

If yes, what school district or transportation company did you work for? _____

Date available for employment _____

EDUCATIONAL BACKGROUND

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

EXPERIENCE (present or most recent first)

Dates of Employment From _____ To _____	Name of Employer and Address _____ _____ _____	Your Title _____
Work Performed _____ _____ _____	Reason for Leaving _____ Final Yearly Salary _____	
Name & Title of Supervisor _____	Phone Number (_____) _____	

Dates of Employment From _____ To _____	Name of Employer and Address _____ _____ _____	Your Title _____
Work Performed _____ _____ _____	Reason for Leaving _____ Final Yearly Salary _____	
Name & Title of Supervisor _____	Phone Number (_____) _____	

Dates of Employment From _____ To _____	Name of Employer and Address _____ _____ _____	Your Title _____
Work Performed _____ _____ _____	Reason for Leaving _____ Final Yearly Salary _____	
Name & Title of Supervisor _____	Phone Number (_____) _____	

REFERENCES

References should include supervisors from current or prior employment who have knowledge of your personal qualifications. 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 or "nolo contendere" (no contest).

Conviction is an adjudication of guilt and includes determinations before a court, a district justice or 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?

____Y ____N Have you ever been convicted of an OVI?

Please 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.

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, 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 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 _____ Date ____/____/_____
(Signature in Ink)

Re-Education 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 Act 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 accommodations, grievance procedure and the designated responsible official for compliance with Title VI, Title VI, Title IX, and Section 504 may be obtained by contacting the Ohio Department of Education.