## CENTERVILLE COMMUNITY SCHOOL DISTRICT

P.O. Box 370 Centerville, Iowa 52544

## APPLICATION FOR EMPLOYMENT -- TRANSPORTATION

I. Position Desired Bus D	Driver					
	anic/Asst.					
II. PERSONA	L INFORMAT	ION				
Name						
Traine	Las	t	First		Middle	
A ddmoos						
Address	Stre	eet/P.O. Box	City		State	Zip
Telephone:		Home		Office		
Social Secu	ırity #					
III. Driver's Lie	cense No					
No. of Yea	rs Qualified		<del></del>			
					_	
Approved l	Passenger Perso	onnel and/or App	roved Air Brake _			_
Has your motor vel	hicle license be	en revoked withi	n the past 5 years	?		
Have you been con	victed of violat	ing either a State	or Federal law? _			
Experience driving a Bus. Employer(s)		N	o. of years			
Experience driving a truck. Employer(s)		N	o. of years			
Employer	<i>.</i> ,					
IV EDUCATION	No 9	Landina		137		
IV. EDUCATION High School	Name &	Location		Years		
College	<u> </u>					
Trade,						
Business,						
Correspondence School	[					
	ECORD					
V. MILITARY R Branch	ECUKD		Dates			
Check if military se	ervice includes			6-25-50 throu		
_			_	8-5-64 throug		
			_	8-2-90 to pres	ent	

Dates	Name, Address, & Phone of Employer	Salary	Immediate Supervisor
Duties	S	Reason	for Leaving
2 0010			
Dates	Name, Address, & Phone of Employer	Salary	Immediate Supervisor
Duties	S	Reason	 for Leaving
Dates	Name, Address, & Phone of Employer	Salary	Immediate Supervisor
Duties	S	Reason	for Leaving
			•
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Please atta	ich a complete record or resume of your wo	rk experience	2.
	•	•	
	ach a complete record or resume of your wo cribe in detail any experience you have had	•	
	•	•	
	•	•	
	•	•	
Please des	cribe in detail any experience you have had	that would p	prepare you for this job:
Please des	cribe in detail any experience you have had	that would p	orepare you for this job:ON THIS APPLICATION IS COMPLETION
VII. I HE ACCU	cribe in detail any experience you have had  REBY CERTIFY, THAT THE INFOI  JRATE AND TRUE. I AM AWARE THE  CHIS APPLICATION WILL RESULT IN	that would p  RMATION HAT ANY M DISQUALIF	ON THIS APPLICATION IS COMPLETION OR FALSIFICATION FYING THE APPLICATION AND POSSIBLE
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## Agreement

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. Any misrepresentation or willful omissions of act shall be sufficient cause for disqualification of this application or termination of employment.

I authorize verification of any of this information. I grant my permission for those reviewing my application to contact all references and employers (past and present) whether or not listed on the application form. I authorize all current and former employers and references to release any information concerning my background. I authorize and hold harmless the Centerville Community School District and its employees to make all necessary and appropriate investigations to verify the information contained in the application form. I release any defamation claim I might have because a former employer or reference who disclosed facts and opinions regarding my prior work performance, character and fitness to work with and around children.

I understand that this application is not a contract of employment. I understand any job offer made by the administration is pending final approval by the school board of directors. I also understand that if hired, regardless of any oral representations to the contrary, the employment relationship is terminable-at-will as allowed by state and federal laws.

I authorize a criminal background investigation.	
	Signature
	Social Security #
Applications for this and similar positions will be accept	ted until .