

CENTERVILLE COMMUNITY SCHOOL DISTRICT
P.O. Box 370
Centerville, Iowa 52544

APPLICATION FOR EMPLOYMENT -- TRANSPORTATION

I. Position Desired

_____ Bus Driver
_____ Mechanic/Asst.

II. PERSONAL INFORMATION

Name _____
Last First Middle

Address _____
Street/P.O. Box City State Zip

Telephone: Home _____ Office _____

Social Security # _____

III. Driver's License No. _____
No. of Years Qualified _____

Chauffeur's License No. _____
No. of Years Qualified _____

Approved Passenger Personnel and/or Approved Air Brake _____

Has your motor vehicle license been revoked within the past 5 years? _____

Have you been convicted of violating either a State or Federal law? _____

Experience driving a Bus. No. of years _____
Employer(s) _____

Experience driving a truck. No. of years _____
Employer(s) _____

IV. EDUCATION	Name & Location	Years	
High School			
College			
Trade, Business, Correspondence School			

V. MILITARY RECORD

Branch _____ Dates _____

Check if military service includes any of the following times: _____ 6-25-50 through 1-31-55
_____ 8-5-64 through 5-7-75
_____ 8-2-90 to present

VI. EMPLOYMENT RECORD (List all employment and experience history starting with the most recent.

Dates	Name, Address, & Phone of Employer	Salary	Immediate Supervisor
Duties		Reason for Leaving	
Dates	Name, Address, & Phone of Employer	Salary	Immediate Supervisor
Duties		Reason for Leaving	
Dates	Name, Address, & Phone of Employer	Salary	Immediate Supervisor
Duties		Reason for Leaving	

Please attach a complete record or resume of your work experience.

Please describe in detail any experience you have had that would prepare you for this job: _____

VII. I HEREBY CERTIFY, THAT THE INFORMATION ON THIS APPLICATION IS COMPLETE, ACCURATE AND TRUE. I AM AWARE THAT ANY MISREPRESENTATION OR FALSIFICATION ON THIS APPLICATION WILL RESULT IN DISQUALIFYING THE APPLICATION AND POSSIBLE TERMINATION. I FURTHER UNDERSTAND ANY JOB OFFER MADE BY THE ADMINISTRATION IS PENDING FINAL APPROVAL BY THE SCHOOL BOARD.

Are you on a sex offender registry? _____ YES _____ NO
 Are you on the Department of Human Services' child abuse registry? _____ YES _____ NO
 Are you on the Department of Human Services' dependent adult abuse registry? _____ YES _____ NO
 Have you ever been convicted of a felony? _____

** This application will remain on file for 90 days.

 Applicant's Signature Date

AA/Equal Opportunity Employment
 Equity Coordinator – Susan McDanel

DO NOT WRITE BELOW THIS LINE
 VIII. INTERVIEWED BY _____ DATE _____

Remarks _____

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 accepted until _____.