Crook County School District #1 Central Administrative Office

P.O. Box 830 Sundance, Wyoming 82729 Telephone 307-283-2299

Bus Drivers

An Equal Opportunity Employer

Application for Employment

| Name | | | | Phone | | |
|------------------------|--------------------|-----------------|---|-------------------------------|-----------------------|-------|
| | (Last) | (First) | (Middl | e) | | |
| Address | S | | | | | |
| 11001000 | (Mailing) | | | (City) | (State) | (Zip) |
| Please c | check the location | ons and types o | of employment you wo | ould accept: | | |
| | | Location | | Employment Type | | |
| H | Hulett Schools | | | Route Driver | | |
| N | Moorcroft Scho | ols | | Substitute Driver | | |
| S | Sundance Schoo | ols | | Activity Dri | ver | |
| If so, plo | ease attach a se | parate sheet de | resign from a position scribing the reasons. Education | | | _ N |
| School Name & Location | | Diploma/Degree | | Major/Minor & Hours Credit | | |
| | | | | | | |
| | | | | | | |
| | | | Employment History | ory | | |
| Empl | loyer | Address | Employment History Position | ory | Reason for Leaving | Dates |
| Empl | loyer | Address | | | | Dates |
| Empl | loyer | Address | | | | Dates |

Personal Data

| List any special licenses, instruction, related work experience, and any other factors which uniquely qualify you for this position: |
|---|
| Do you have a current First Aid/CPR card? Y N |
| Have you taken a defensive driving course? Y N Date of completion |
| Are you aware of any reason, physical, mental, or otherwise, you would not be able to perform the duties required of the position for which you are making application? Y N If yes, please explain on a separate sheet. |
| Are you prevented from being lawfully employed in this country because of visa or immigration status? Y Proof of citizenship or immigration status will be required upon employment. |
| Have you ever been convicted of or pled nolo contendere to, or otherwise received a deferred sentence in consideration of fulfilling the terms of probation as to any felony or any crime related to child abuse or neglect, or any crime relating to sexual abuse of a minor? Y N If yes, please explain: |
| Will you consent to the release of any and all information or records maintained by the Wyoming Department of Family Services concerning you, and sign the appropriate release so that such records may be released to Crook County School District #1? Y N |
| Pursuant to the provisions of W.S. 21-7-401, any employee who is to be hired by the school board after July 1, 1996 who may have access to minors, is required to submit to fingerprinting and provide such other information as is necessary for the School District to acquire a criminal history background check. If you are not required to be certified by the Wyoming Professional Teaching Standards Board (PTSB) or if you have not had a criminal background check conducted by the PTSB within the past year, do you consent to provide the appropriate fingerprinting and other information necessary for Crook County School District #1 to conduct a criminal background check? Y N |
| Even if you have had a separate criminal background check done by the Professional Teaching Standards Board, the School District may, at its option, conduct a separate criminal background check. In addition, if you are not required to be certified by the PTSB, or if you have not had a criminal background check conducted by the PTSB within the past year, the School District will need your consent to provide the appropriate fingerprint and other information necessary for Crook County School District #1 to conduct a criminal background check. Will you give the School District your consent to conduct this criminal background check? Y N |
| Have you had any speeding or other traffic violations in the past three years? Y N |
| Violations |
| |

| Location | Date | Charged With | Penalty |
|----------|------|--------------|---------|
| | | 1,200 | |
| | | | |
| | | | |

Accidents

| | Nature of Accident | Were you cited? | Reason for Citation | Date |
|----------------------|--------------------|-----------------|------------------------|------|
| Last Accident | | | | |
| Next Accident | | | | |
| Next Previous | | | | |

Personal References

Please list three persons, not related to you, who have knowledge of your qualifications:

| Name | Occupation | Address | Telephone |
|------|------------|---------|-----------|
| | | | |
| | | | |
| | | | |

Important Notification

Crook County School District #1 complies with the Omnibus Transportation Employees Testing Act of 1991, and, as a result, applicants must be tested for drugs and alcohol prior to employment. All persons who drive buses for the School District will be subject to random testing for drugs and alcohol after initial employment. Copies of the District's policy are available.

Please read carefully:

I authorize Crook County School District #1 to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, or government agency to give the district any information they may have regarding me. In consideration of the district's review of this application, I release the district and all providers of information from any liability as a result of furnishing and receiving this information.

| I hereby certify that all information cont misleading or incorrect statements may be | ained on this application is correct. I understand that any cause for termination if I am employed. |
|---|---|
| Date | Signature of Applicant |

Note: Your application will be kept on file for one year from the above date.

Department of Transportation P.O. Box 1708 Cheyenne, WY 82003-1708 307-777-4810

| Please send a copy of my MVR to: | Attn: Denise Rathbun P.O. Box 830 Sundance, WY 82729-0 | |
|----------------------------------|--|------|
| Name | | |
| | | |
| Birthdate | | |
| SSN# | | |
| WY Driver's License # | | |
| Class | | |
| Date Issued | | |
| Expiration Date | <u> </u> | |
| Signature | | Date |