

ACTIVITIES

Activities in High School, College, Community _____

Awards, Honors, Recognition _____

EMPLOYMENT EXPERIENCE

List most recent experience first – List all prior employers – Use additional sheet if needed.

Name and Address of Employer	Supervisor's Name and Title	From		To		Reason for Leaving
		Mo.	Yr.	Mo.	Yr.	
		<i>Annual Salary</i>				
		Phone ()				
Describe in detail the work you did:						

Name and Address of Employer	Supervisor's Name and Title	From		To		Reason for Leaving
		Mo.	Yr.	Mo.	Yr.	
		<i>Annual Salary</i>				
		Phone ()				
Describe in detail the work you did:						

Name and Address of Employer	Supervisor's Name and Title	From		To		Reason for Leaving
		Mo.	Yr.	Mo.	Yr.	
		<i>Annual Salary</i>				
		Phone ()				
Describe in detail the work you did:						

Have you ever been released or asked to resign an employment position? _____ If yes, explain on a separate sheet.

Indicate any employers listed above you do not wish us to contact. _____

REFERENCES

Give the names of three references who have closely observed your work as an employee or student. Recommendations by present and former supervisors, Principals, and others are preferred.

Please Print	1	2	3
Name:			
Position:			
Address:			
(include zip code)			
Phone:	()	()	()

I WAIVE MY RIGHT OF ACCESS TO ANY INFORMATION SUBMITTED BY THESE REFERENCES.

Signature of Applicant

PLEASE FILL OUT ADDITIONAL INFORMATION FOR THE PARTICULAR TYPE OF POSITION FOR WHICH YOU ARE APPLYING

INDICATE EXPERIENCES THAT QUALIFY YOU FOR WORKING WITH STUDENTS IN A SCHOOL SETTING. _____

CLERICAL

YOUR AVERAGE TYPING SPEED _____ W.P.M. DO YOU TAKE SHORTHAND? IF YES, SPEED _____ W.P.M.
DO YOU HAVE A PREFERENCE OR BACKGROUND WORKING IN PURCHASING, ACCOUNTS PAYABLE OR PAYROLL? IF YES, PLEASE EXPLAIN _____

HAVE YOU TAKEN ANY CIVIL SERVICE EXAMINATIONS FOR CLERICAL POSITIONS?
IF YES, WHEN _____ EXAM TITLE(S) _____
SCORES _____

ARE YOU INTERESTED IN SUBSTITUTE WORK IN THIS AREA? YES () NO ()

CUSTODIAL

HAVE YOU HAD EXPERIENCE OR TRAINING IN INSTITUTIONAL CLEANING? IF YES, EXPLAIN _____

HAVE YOU EVER SUPERVISED OTHERS IN AN INSTITUTIONAL CLEANING OPERATION? YES () NO ()
IF YES, EXPLAIN _____

HAVE YOU EVER TAKEN ANY CIVIL SERVICE EXAMINATIONS FOR CUSTODIAL POSITIONS?
IF YES, WHEN _____ WHERE _____
TITLE(S) _____ SCORE(S) _____

ARE YOU INTERESTED IN SUBSTITUTE WORK IN THIS AREA? YES () NO ()

MAINTENANCE

POSSIBLE JOB TITLES COULD INCLUDE: LABORER, GROUNDSMAN, MOTOR VEHICLE OPERATOR, GENERAL MECHANIC, CARPENTER, ELECTRICIAN, PLUMBER, ETC.

INDICATE EXPERIENCE OR TRAINING THAT QUALIFIES YOU FOR YOUR AREA OF PREFERENCE: _____

TYPE OF DRIVER'S LICENSE _____ HAVE YOU BEEN CHARGED WITH MOVING TRAFFIC VIOLATIONS (RECKLESS DRIVING, SPEEDING, ETC.) WITHIN THE LAST FIVE YEARS OR WITH ANY CRIMINAL ACT? YES () NO () IF YES, GIVE DATE: _____ CHARGE: _____ DISPOSITION _____ COURT AND LOCATION _____

ARE YOU INTERESTED IN SUBSTITUTE WORK IN THIS AREA? YES () NO ()

TRANSPORTATION

ANSWER THE FOLLOWING IF APPLYING FOR REGULAR OR SUBSTITUTE BUS DRIVER:

CLASS OF DRIVER'S LICENSE _____ EXPIRATION DATE _____

MOTORIST IDENTIFICATION NO. _____ STATE OF ISSUANCE _____

ATTACH TO THIS APPLICATION FORM AT LEAST THREE (3) STATEMENTS FROM THREE DIFFERENT PERSONS WHO ARE NOT RELATED TO YOU EITHER BY BLOOD OR MARRIAGE PERTAINING TO YOUR MORAL CHARACTER AND RELIABILITY. LIST THEIR NAMES AND ADDRESSES IN THE REFERENCE SECTION. (THIS IS A STATE EDUCATION DEPARTMENT REQUIREMENT.)

HAVE YOU EVER HAD AN ACCIDENT WHILE DRIVING WHICH RESULTED IN INJURIES TO YOURSELF OR OTHERS? YES () NO () IF YES, GIVE DATE: _____ CHARGE: _____ DISPOSITION: _____ COURT AND LOCATION: _____

ACTIVE DRIVING EXPERIENCE: SCHOOL BUS _____ YEARS; PASSENGER BUS OR HEAVY TRUCK _____ YEARS; LIGHT TRUCK OR STATION WAGON _____ YEARS.

DO YOU USE INTOXICANTS? FREQUENTLY () SELDOM () NEVER ()

DO YOU USE DRUGS? FREQUENTLY () SELDOM () NEVER ()

HAVE YOU EVER HAD ANY CONVULSIONS OR PERIODS OF UNCONSCIOUSNESS? YES () NO ()

IF YOU ARE INTERESTED IN AUTOMOTIVE MECHANICS OR AUTO BODY REPAIR WORK, PLEASE INDICATE EXPERIENCE OR TRAINING THAT QUALIFIES YOU FOR THESE AREAS. _____

ARE YOU INTERESTED IN SUBSTITUTE WORK IN THIS AREA? YES () NO ()

TRANSPORTATION SUPERVISOR'S STATEMENT

I HAVE REVIEWED THE ABOVE APPLICATION, THE THREE CHARACTER STATEMENTS, THE D.M.V. LICENSE ABSTRACT AND THE REPORT OF THE PHYSICIAN PERTAINING TO THE ABOVE NAMED APPLICANT FOR THE POSITION OF BUS DRIVER FOR THE YEAR _____ - _____ FOR THE NORTH COLLINS CENTRAL SCHOOL DISTRICT. I HEREBY APPROVE HIS/HER EMPLOYMENT.

_____ DATE

_____ SUPERVISOR OF TRANSPORTATION / CHIEF SCHOOL OFFICER

APPLICANT'S STATEMENT

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER ACKNOWLEDGE THAT ANY FALSIFICATION OR OMISSION WILL BE SUFFICIENT CAUSE FOR DISQUALIFICATION OR DISMISSAL IF EMPLOYED, REGARDLESS OF WHEN DISCOVERED. I HEREBY AUTHORIZE YOU TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY.

DATED _____ SIGNATURE OF APPLICANT _____

IF YOU KNOWINGLY MAKE A FALSE STATEMENT IN THIS APPLICATION, YOU COMMIT A MISDEMEANOR.