

**BUS DRIVER**

# Wabash CUSD #348

218 W. 13<sup>th</sup> Street  
Mt. Carmel, IL 62863  
(618) 262-4181

## Employment Application

An Equal Opportunity Employer  
This Application will be maintained for 12 months only

<b>Name:</b>		<b>Date:</b>	
	<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>
<b>Address:</b>			
	<i>(Number)</i>	<i>(Street)</i>	<i>(City)</i> <i>(State)</i> <i>(Zip Code)</i>
<b>Telephone #</b>	(      )		
<b>E-mail Address (optional):</b>			
<b>I am (Check a Box) &amp; will provide necessary documentation to validate that I am</b> <input type="checkbox"/> A citizen or national of the United States or <input type="checkbox"/> Authorized by the Immigration and Naturalization Service to work in the United States.			
<b>Position(s) Applying For:</b>			
<input type="checkbox"/> Substitute <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			
<input type="checkbox"/> Administrative Assistant <input type="checkbox"/> Cook <input type="checkbox"/> Maintenance <input type="checkbox"/> Custodian		<input type="checkbox"/> Bookkeeper <input type="checkbox"/> Paraprofessional (Aide) <input type="checkbox"/> Bus Driver <input type="checkbox"/> Teacher <input type="checkbox"/> Other:	

<b>Have you ever worked for this school district before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when & where _____	
<b>Date available to Start:</b>	
<b>Are you available to Work:</b> <input type="checkbox"/> <i>Full-time</i> <input type="checkbox"/> <i>Part-time</i> <input type="checkbox"/> <i>Days</i> <input type="checkbox"/> <i>Nights</i> <input type="checkbox"/> <i>Weekends</i> <b>List any day or hours you are unable to work:</b>	
<b>List Any Friends or Relatives working here:</b>	_____ (Name) _____ (Relationship)
	_____ (Name) _____ (Relationship)
	_____ (Name) _____ (Relationship)
<b>Please indicate your source of referral:</b> <input type="checkbox"/> District Employee <input type="checkbox"/> Newspaper <input type="checkbox"/> Employment Agency <input type="checkbox"/> Contacted On Own <input type="checkbox"/> Other Name: _____ Name: _____	

**United States Military Service:**

<b>Do you have United States Military Experience?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Branch:</b> _____	
<b>Date Entered:</b> _____	<b>Date Discharged:</b> _____	<b>Rank at Time of Discharge:</b> _____	<b>Present Military Status:</b> _____
<b>Special Skills or Training from Service:</b> _____		<b>Present Military Status:</b> _____	

**Education & Training:**

Please list educational institutions (high school, technical schools, college) attended beginning with the most recent.

Name & Location of School	Year Graduated	Degree Earned/Major

**Work Experience:** List below your previous employers, starting with the most current one.

<b>Company Name:</b>		Address:		
Position:	Earnings – Beginning	Ending	Dates - From	To
Supervisor -Name and Title		Phone (      )		
Reason for Leaving				
<b>Company Name:</b>		Address:		
Position:	Earnings - Beginning	Ending	Dates - From	To
Supervisor - Name and Title		Phone (      )		
Reason for Leaving				
<b>Company Name:</b>		Address:		
Position:	Earnings - Beginning	Ending	Dates - From	To
Supervisor Name and Title		Phone (      )		
Reason for Leaving				
<b>Company Name:</b>		Address:		
Position:	Earnings - Beginning	Ending	Dates - From	To
Supervisor Name and Title		Phone (      )		
Reason for Leaving				

Are there any other places you have worked in addition to those listed above?     Yes     No

**Additional Experience**

Please list any additional experience.

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**PROFESSIONAL REFERENCES:** Include three professional references who supervised your previous work (principals, supervisors, superintendents).

Name	Address, City, State	Position	Phone Number

THIS SECTION MUST BE COMPLETED AS PART OF THE APPLICATION PROCESS. PLEASE MAKE CERTAIN THAT YOU ANSWER ALL OF THE QUESTIONS TRUTHFULLY. OMISSION OR FALSIFICATION OF ANY CRIMINAL INFORMATION WILL BE GROUNDS FOR IMMEDIATE DISMISSAL.

Yes  No Have you ever been convicted of an offense other than a minor traffic violation?

If YES, when, where, and disposition of the conviction: \_\_\_\_\_

Note: An applicant for employment is not obligated to disclose sealed or expunged records of conviction or arrest.

Yes  No Have you ever been convicted of, had adjudication withheld, pled no contest to, or entered a pretrial intervention program for a misdemeanor or felony criminal charge, or are there currently criminal charges pending against you? (IF YES, EXPLAIN ON SEPARATE SHEET)

Yes  No Have you ever been confirmed as a child abuser by DCFS or similar state agency? (IF YES, EXPLAIN ON SEPARATE SHEET)

Yes  No Have you ever been suspended without pay, or dismissed from employment, or resigned while an investigation was in progress for possible disciplinary action? IF YES, WHERE \_\_\_\_\_ and WHEN \_\_\_\_\_

By signing below, I understand that the information provided is true and correct, and that any misstatements or omission of material facts in the application or the hiring process may result in discontinuing of the hiring process or termination of employment, no matter when discovered. I agree that the district shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application.

I authorize the school district to analyze the truthfulness of all statements made on this application, complete reference checks from my current and former employers, and others that may provide information regarding my education and experiences. I also authorize a criminal background, sex offender, and other checks required by Federal and State government, the school code and insurance carrier for the district. I acknowledge that consideration for employment is contingent on the results of these background check(s). In addition, I give my consent for all contacted persons including current and former employers to provide information concerning this application, and I release each such person from liability for providing information to the school district.

I understand that any offers of employment may be contingent upon my taking and successfully passing a drug and/or alcohol test in accordance with school district's policy. If I refuse to submit to testing, refuse to sign the school district consent form, or test positive, the school district will not employ me.

I hereby attest that all statements made by me above are true to the best of my knowledge, and I agree to the terms noted above.

**Date:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_

Please complete the following section if applying for a  
**SCHOOL BUS DRIVER POSITION**

All driver applicants who currently possess a Commercial Drivers License (CDL) or whose position for the school district would require a Commercial Drivers License (CDL) need to complete the section below. DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.

**PAST EMPLOYERS REQUIRING CDL**

<b>Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Contact Person:</b>		<b>Phone:</b>	
<b>Dates of Employment:</b>			
From: Mo.	Yr	To: Mo.	Yr.
<b>Weekly Pay:</b>	<b>Start</b>	<b>Last</b>	
<b>Reason For Leaving:</b>			

<b>Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Contact Person:</b>		<b>Phone:</b>	
<b>Dates of Employment:</b>			
From: Mo.	Yr	To: Mo.	Yr.
<b>Weekly Pay:</b>	<b>Start</b>	<b>Last</b>	
<b>Reason For Leaving:</b>			

<b>Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Contact Person:</b>		<b>Phone:</b>	
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From: Mo.	Yr	To: Mo.	Yr.
<b>Weekly Pay:</b>	<b>Start</b>	<b>Last</b>	
<b>Reason For Leaving:</b>			

ATTACH SHEET IF MORE SPACE IS NEEDED

CANDIDATE: PRINT YOUR NAME IN FIRST BLANK OF EACH REFERENCE FORM.  
**WABASH COMMUNITY UNIT SCHOOLS DISTRICT #348**  
**PROFESSIONAL REFERENCE FORM FOR CLASSIFIED APPLICANTS**

**THIS FORM IS CONFIDENTIAL**

**NOTICE TO APPLICANTS:** It is the responsibility of the candidate applying for positions to distribute these forms to the reference of your choice.

**NOTICE TO PROVIDERS OF REFERENCES:** The applicant noted on this form has authorized W.C.U.S.D. #348 to inquire with all listed references and keep the results confidential.

\_\_\_\_\_ has applied for a non-certificated position with Wabash Community Unit Dist. #348. We are asking you to evaluate the applicant on the checklist below.

If a *former* employee, employment dates: \_\_\_\_\_ How long have you known candidate? \_\_\_\_\_

In what capacity did candidate work for you? \_\_\_\_\_

Where? \_\_\_\_\_ What was your title at the time? \_\_\_\_\_

Basis for your evaluation:  Served as supervisor/evaluator. How long? \_\_\_\_\_

Observed applicant as a colleague. How long? \_\_\_\_\_

Observed applicant in community/at activities. How long? \_\_\_\_\_

Comments: \_\_\_\_\_

**NOTE:** Please rate this applicant in each of the following categories by comparing this individual with others you have observed or for whom you have had evaluative responsibility. Check only one column per line.

CATEGORY	Upper 10%	Upper 25% but not Upper 10%	Upper 50% but not Upper 25%	Lower 50% but not Lowest 10%	Lowest 10%	No Basis for Judgment
1. KNOWLEDGE AND INTEREST IN WORK ASSIGNMENT: Demonstrates sufficient skill level and knowledge to complete assigned tasks; demonstrates a positive attitude toward his/her job; receptive to new ideas and changes; regular attendance; and willingness to accept extra assignments.						
2. WORK AREA MANAGEMENT: Manages materials and time in a responsible and efficient manner; develops a systematic and efficient schedule for routine work; and maintains work schedule to meet deadlines.						
3. COMMITMENT TO ACCOMPLISHMENT: Demonstrates awareness of professional strengths, needs and limitations; seeks opportunities to become involved in workshops, inservices and career development. Exerts effort to attain goals; desires production results. Organizes ideas, time, materials, and space in a way the accomplishment occurs. Demonstrates an attitude toward professional plans/goals; evidences "self-motivation." Is committed to professional growth.						
4. PERSONAL ATTITUDE: Strives to work in harmony with others; carries out supervisor's directions, judgment to keep privileged information confidential; able to take the initiative and make decisions; punctual; accepts and uses criticism constructively.						
5. PUBLIC RELATIONS: Ability to get along well with people (staff, public) by consistently using tact, consideration, courtesy and helpfulness; maintain cordial yet businesslike atmosphere in the workplace by being a courteous listener and able to terminate non-productive/social conversations.						
6. MODELING APPROPRIATE BEHAVIOR: Encourages respect and confidence of supervisors, subordinates, and peers. Maintains professional demeanor, behavior, and attire. Models appropriate employment behaviors.						

Name (PRINT/TYPE) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Office Phone \_\_\_\_\_

Contact Phone \_\_\_\_\_

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Name (PRINT / TYPE) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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