

TRANSPORTATION APPLICATION

Chariton Community School District
140 East Albia Road
P.O. Box 738
Chariton, IA 50049
(641) 774-5967 FAX (641) 774-8511

Date _____

NAME _____
Last Name First Name Middle Initial

ADDRESS _____
Street City State Zip

TELEPHONE NUMBER _____ SOCIAL SECURITY NUMBER _____
(Completion is Optional)

I. POSITION DESIRED

_____ Bus Driver (part time) _____ Mechanic
_____ Bus Associate (part time) _____ Mechanic Assistant

Have you served in the military service? _____ What branch? _____

Dates served _____ through _____

Do you hold a commercial drivers license (CDL)? _____

Do you have an Iowa permit for school bus driving? _____

Are you employed now? _____ May we inquire of your present employer? _____

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

When, Where _____

Are there any criminal proceedings pending against you? No _____ Yes _____

Are you listed on the Child Abuse Registry? No _____ Yes _____

Have you applied to this department of the Chariton Community Schools within the last 12 months? _____

II. PREPARATION

Education:

| School Attended | Location City, State | Number of years Attended | Grade Completed |
|-----------------|-------------------------|-----------------------------|--------------------|
| High School | | | |
| Tech/Apprentice | | | |

Work Experience: List in chronological order. List previous 10 years preceding date of this application.

| Name of Firm, Institution, Association, or Organization | Complete Mailing Address, Including Zip Code | Period of Service – Give Exact Dates Month | Type of Work | Give Reasons for Leaving this Position |
|---|--|--|--------------|--|
| | | From _____ To _____ | | |
| | | From _____ To _____ | | |
| | | From _____ To _____ | | |
| | | From _____ To _____ | | |

III. REFERENCES – 3 Supervisors, 1 Personal

Three supervisory and one personal reference REQUIRED. Give names, telephone numbers, and addresses of persons for whom you have worked and are now working. The complete mailing address MUST be included. All references may be requested to complete a written inquiry.

| Supervisory Name and Daytime Telephone Number | Complete Mailing Address, Including Zip Code | Relation to Your Work |
|---|--|-----------------------|
| Name _____ Phone _____ | | |
| Name _____ Phone _____ | | |
| Name _____ Phone _____ | | |
| Name _____ Phone _____ | | |

Moral turpitude is an act of baseness, vileness, or depravity in the private and social duties which a person owes another member of society in general and which is contrary to the accepted rule of right an duty between persons, including but not limited to theft, attempted theft, murder, rape, swindling and indecency with a minor. Have you ever been convicted of a felony or any offense(s) involving moral turpitude?

Yes No

I hereby give former and/or current employers permission to provide any information requested by appropriate personnel of the Chariton Community School District regarding my professional competence, performance, and character. I waive any right I may have against any person contacted as a reference concerning this application.

I understand that, if employed, I may be dismissed from employment if false statements are mad on this application. I also understand that all employees are required to have a physical examination and that a criminal background check will be conducted. I further understand that if I accept a position with the Chariton Community School District, this application will become part of my permanent record.

(Date)

(Signature of Applicant)

The Chariton Community School District accepts application for current vacancies. If you have submitted completed application materials within the last three years, you must submit a written letter of application for a current vacancy in order to be considered. Completed files will be retained for three years, if not hired.

Chariton Community School District does not discriminate on race, color, gender identity, national origin, age, sex, sexual orientation, disability, or marital status. Inquiries or grievances may be directed to Superintendent Paula Wright, Chariton Community School District, PO Box 738, Chariton, IA 50049.