



INFORMATION FOR TRANSPORTATION DEPARTMENT APPLICANTS

We appreciate your interest in seeking employment with the Washington County School District and want to provide you with the following information regarding your application and our hiring practices. Additionally, our world-wide-web homepage includes up-to-date information on current vacancies which may be accessed through www.washk12.org.

Due to the large number of applications the District receives, it is not feasible to acknowledge receipt of your application, nor can we answer all of the correspondence that we receive. However, we do give full consideration to all qualified candidates for positions which open in the District.

In completing the application, we suggest that you be as thorough as possible, including all information about you and your qualifications which you feel is relevant. If you have a resume, make sure we have an up-to-date copy to go with your application. If you are currently employed, list the names, telephone numbers, and addresses of at least two of your supervisors.

Applications are filed along with supporting data, by employment classification (i.e. secretary, assistant, custodian, bus driver, etc.). When positions open, those responsible to make recommendations for hiring will review the applications on file, narrow the field of qualified candidates and contact the applicants to see if they are interested in being considered. Highly qualified applicants may then be invited for an interview. We attempt to notify all interviewed candidates of the final decision. A criminal background check will be made on all candidates who are recommended for hiring, and a fee will be charged for this. All applications and related materials become the property of the Washington County School District and will not be returned to the applicant.

Sincerely,

A handwritten signature in black ink, appearing to read "Lyle Cox", is written over a light gray background.

Lyle Cox
Human Resource Director

LRC:th

Application Attached

On-Call Bus Driver Information Sheet

Thank you for your interest in applying to be an On-Call bus driver. Applications will be accepted on Monday through Friday from 7:00 a.m. – 4:00 p.m. at the WCSD District Office located at 121 W Tabernacle, St. George, UT 84770. Applications may also be dropped off in the night drop box to the left of the main door at District Office. There are several items required before you can begin providing substitute services. There are costs involved that will be the employee responsibility.

You will need to complete an On-Call Bus Driver application. **Please attach a copy of your driving record to your application** (including number of points). Your driving record is obtainable at the Driver's License Division located at 102 S 5300 W, Hurricane, UT 84737. Make sure you have signed all applicable forms in the application. ***Only after this has been completed and your past employers reply to our verification inquiries, will the Transportation Department review and consider your application. If you are selected for an interview the Transportation Supervisor will contact you.

During the interview with Transportation Department Supervisor you will be given details about the position that includes, but is not limited to:

- Pay Rate--\$14.00/hour
- The status of this employment—Substitute/on call
- The costs involved that will need to be covered by you
- The average amount of hours they would offer—remember this is substitute/on call status; therefore, we can't promise you an 'X' amount of hours on a week to week basis.
- The length of training—Average 42 hours not payable to employee. (Training is mandated by the State Office of Education to record school bus certification therefore, you are not paid for the time you spend in the training sessions).
- Written test for Commercial Drivers License required by the state is covered by you.
- Behind the Wheel test and training for Commercial Drivers License required by the State is covered by the WCSD Transportation Department.

Once the Transportation Supervisor has interviewed you, if you are recommended for hire, you will be contacted by the Human Resources Department to complete the following:

1. **Live Scan Fingerprint Background Check—** There is a fee of \$55.00 (cash or check only) payable by employee. Live Scan is done at the Washington County School District Office, the same building where you submit your initial application, by appointment only.
2. Completion of employment paperwork and issuance of employee I.D. badge. ****If recommended for hire you must not start working until a contract has been signed in the Human Resources office and an I.D. badge has been issued to you. You are NOT hired until this process has been completed.**

After this is complete, you must follow up with the following requirements as you start your training with the Transportation Department:

- **DOT Physical- Average cost is \$42.00-** Prior to taking the written test to receive your Commercial Drivers License; you must obtain a DOT physical. This is between you and the Driver License Division since it is a State requirement to obtain a Commercial Drivers License. Washington County School District requires drivers to use IHC on River Road, or the Intermountain WorkMed clinic at 385 N. 3050 E., St George, Utah. The cost is approximately \$42.00. The Transportation Department will need a copy of the long form upon completion of your physical.
- **Commercial Drivers License written portion of the test—to be completed by you at the State's Drivers License Division. The average cost is \$40.00.** The 1st step to obtain a Commercial Drivers License is to pass a written test at the Drivers License Division. In order to pass this test you will need to pick up a Commercial Drivers License Handbook located at the Drivers License Division located at 102 S 5300 W, Hurricane, Utah. You will need to study and pass the following sections before driving a school bus:
 - **Air Brakes
 - **General Knowledge
 - **School Bus
 - **Passenger

You will then receive a learner's permit upon completion of the written test. **Remember, you must show the Drivers License Division the completed physical in order to receive your permit.**

- **Drug Testing :** As a bus driver you will be subject to random drug testing

Washington County School District
TRANSPORTATION DEPARTMENT

App#

121 W. Tabernacle
 St. George, UT 84770
 (435) 673-3553
www.washk12.org

(435) 673-3216 (FAX)

Application for Employment Form 566
 On-Call Bus Driver

General Information: (all applicants)

Applicant's Full Name: _____ SSN# _____ - _____ - _____
(Last) (First) (Initial)

Address _____
(Street) (PO Box) (City) (State) (Zip Code)

Telephone # () _____ Mobile # () _____ E-Mail Address _____

Permanent Address (if different from above) _____ Phone# () _____

**In the event we cannot contact you at the address listed above, please list the name, address, and phone number of a person who will be able to contact you at all times:*

Name _____ Address _____ Phone# () _____

Position(s) Applying For: _____

Availability: Full Time Part-Time Any Hour Morning Afternoon

Have you previously made application for employment with this District? Yes No
 If yes - When? _____ Which position? _____

Have you previously been an employee of the District? Yes No
 If yes - When? _____
 Position: _____

List full name at time of previous employment: _____

Do you have your High School Diploma or GED? Yes No

Experience and Qualifications- Driver

Driver Licenses State	License Number	Type of License	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, tank, flat, etc)	Dates		Approximate # of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi Trailer				
Tractor-two Trailers				
Other:				

Work Experience:

Describe your paid and non-paid work experience. Do not attach job descriptions. DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown. Use additional sheets if needed.

Job Title

From (MM/YY)	TO (MM/YY)	Salary	per	Hours per week
/	/	/		/

Employer's name and address

Supervisor's name and phone number

Reason(s) for leaving:

Describe your duties and accomplishments:

- I authorize the Washington County School District to contact and obtain information from the above employer.
 I do not authorize the Washington County School District to contact or obtain information from the above employer.

Job Title

From (MM/YY)	TO (MM/YY)	Salary	per	Hours per week
/	/	/		/

Employer's name and address

Supervisor's name and phone number

Reason(s) for leaving:

Describe your duties and accomplishments:

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Job Title

From (MM/YY)	TO (MM/YY)	Salary	per	Hours per week
/	/	/		/

Employer's name and address

Supervisor's name and phone number

Reason(s) for leaving:

Describe your duties and accomplishments:

- I authorize the Washington County School District to contact and obtain information from the above employer.
 I do not authorize the Washington County School District to contact or obtain information from the above employer.

Accident Record for past three years or more (attach sheet if more space needed)

Date of Accident	Type of accident (head-on, rear-end, etc)	Fatalities	Injuries

Traffic convictions and forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

License/Accident History: (please circle the appropriate answer)

- | | | |
|--|-----|----|
| a. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? | Yes | No |
| b. Has any license, permit, or privilege ever been suspended or revoked? | Yes | No |
| c. Do you hold a valid Utah CDL driver's license? | Yes | No |
| d. Do you hold a valid drivers license from a state other than Utah? If so, which state? _____ | Yes | No |
| e. Have you had any accidents in the past? | Yes | No |
| f. Do you have any traffic convictions or forfeitures during the past 3 years (other than parking violations)? | Yes | No |

If you answered YES to A, B, E, or F, please attach a separate sheet with an explanation(s).

As a condition of this application process, I authorize the Washington County School District to seek information from employers and colleagues regarding my work habits, performance record, ability to have positive work interactions, technical skills, and any other job-related information which will enable the School District to evaluate my suitability for employment. By signing below, I will waive all future claims against former and current employers and the Washington County School District for information obtained through the reference checking process.

**It is the policy of the Washington County Board of Education to fill each vacancy and newly created position(s) with the most qualified person(s) available. Positions will be filled without regard to race, religion, national origin, sex, or disability. Qualifications will be based only upon the necessary education, certification, skill, knowledge, and competencies required for the position.*

I HEREBY VERIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ANY MISSTATEMENT OR MISINFORMATION IS GROUNDS FOR DISMISSAL. IF HIRED, I HEREBY AGREE TO ABIDE BY THE POLICIES OF THE WASHINGTON COUNTY SCHOOL DISTRICT. I UNDERSTAND THAT IF I AM SELECTED FOR A CLASSIFIED/ON-CALL POSITION, A CRIMINAL BACKGROUND CHECK WILL BE REQUIRED PRIOR TO BEING EMPLOYED, AND THAT I WILL BE RESPONSIBLE FOR THE CRIMINAL BACKGROUND CHECK FEE.

Applicants Signature _____ Date _____



WASHINGTON COUNTY SCHOOL DISTRICT
Supplemental Questionnaire

Revised WCSD Form 508, Dated 10/01

Name: _____

Date: _____

Social Security # _____

Position Applied for: _____

NOTE: It is important that you give complete and truthful answers to the following questions. If you answer "YES" to any of them, please provide your explanation(s) on a separate sheet of paper. Include convictions resulting from a plea of nolo contendere (no contest), and information about any expungement.

Omit: traffic fines of \$100.00 or less.

We will consider the date, facts, and circumstances of each event you list. In most cases, you can still be considered for District employment. However, if you fail to tell the truth or fail to list all relevant events or circumstances, this may be grounds for not hiring you, or grounds for dismissal after you begin work.

	YES	NO
1. During the last 10 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave by mutual agreement because of specific problems?		
2. Have you even been arrested for, convicted of, or forfeited collateral for any felony or misdemeanor violation?		
3. Have you ever been arrested for, convicted of, or forfeited collateral for any firearms or explosives violation?		
4. Are you now under investigation for misconduct or any violation of law?		
5. Have you ever been convicted by a military court-martial?		
6. Have you been found pursuant to a criminal, civil or administrative action to have committed a sexual offense against a minor child or had any substantiated child abuse charges filed against you?		
7. Have you voluntarily resigned or surrendered a professional license or certificate in the face of a charge relating to incidents in items 1-6 above?		
8. Are you now under investigation, on notice of warning, or under probation for any concern related to your employment, maintaining a license, or professional certificate?		
9. Does the District employ any relative(s) of yours, either by blood or marriage? If "YES", please list each one by name, school, and relationship (use separate sheet, if necessary).....		

A) Relative(s) Name _____ Relationship _____

School/Location _____ Position _____

B) Relative(s) Name _____ Relationship _____

School/Location _____ Position _____

(If more space is needed, please attach information on a separate sheet of paper)

I hereby verify that the information provided in this Supplemental Questionnaire is true and correct to the best of my knowledge. Any misstatement omission or misinformation is grounds to not hire or for dismissal. If hired, I hereby agree to abide by the policies of the Washington County School District. I understand that before I am hired, a Criminal Background Check will be required, and I will be responsible to pay the fee.

Applicant's Signature _____ Date _____

It is the policy of the Washington County School District Board of Education to fill each vacancy and newly created position(s) with the most qualified person available. Positions will be filled without regard to race, age, religion, national origin, sex, or disability. Qualifications will be based upon the necessary education, certification, skill, knowledge and competencies required for the position.

Applicant Consent Form

Authorization for Reference Check

AUTHORIZATION FOR REFERENCE CHECK AND WAIVER AND RELEASE OF CLAIMS

I have applied to the Washington County School District (WCSD) for employment consideration as a bus driver with safety-sensitive duties. Pursuant to US Department of Transportation Regulation ("DOT"), 49 CFR Part 40.25, the Washington County School District is required to verify prior employer DOT drug and alcohol testing records.

I give WCSD the right to investigate all references and to secure the above Reference Check information about me in order to arrive at a hiring decision. I also authorize all persons, institutions, organizations and companies to furnish any and all information sought in the above Reference Check and I waive any legal requirement to provide notice to me regarding reports, records or information given or received in accordance with this authorization.

I hereby release and hold harmless WCSD, its agents, employees, and assigns from any claim of liability I may have against it and /or them for decisions, even if adverse, arising out of information received in response to the above Reference Check.

I further hereby authorize any person or entity to whom the above Authorization for Reference Check is presented to release any information required therein to WCSD, its agents, employees, or assigns. I further agree to hold harmless any person or entity from any claims of liability I may have against him/her/it for the release of such information, and waive and release any such claims. This form may be duplicated; a duplicated copy will be treated as an original.

I hereby acknowledge that I have read and understand each of the above statements.

NAME OF APPLICANT (PRINT): _____

SIGNATURE OF APPLICANT: _____ DATE: _____

TO BE COMPLETED BY PRIOR EMPLOYER

Name while employed: _____

Date employed: From: _____ To: _____

Position or positions held: _____

Reason for leaving: _____

WITHIN THE PREVIOUS 24 MONTH PERIOD HAS THE ABOVE NAMED EMPLOYEE:

	YES	NO
➤ Had an alcohol tests with a result of 0.04 or higher concentration?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Had a verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Ever refused to test or had a verified adulterated or substituted drug test results?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Violated any other DOT drug & alcohol testing regulation?	<input type="checkbox"/>	<input type="checkbox"/>

Signed: _____ Title: _____

Company: _____ Date: _____

REQUEST FOR INFORMATION
From Previous Employer
(Please complete one form for EACH previous employer)

I hereby authorize you to release all information concerning employment, including oral assessments of my job performance, skill, knowledge, and ability, to the Washington County School District for the purpose of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

Date _____ Applicant's Signature _____

NAME AND ADDRESS OF PREVIOUS EMPLOYER
(Information may be obtained from phone book or google.com) Please do not leave blank.

Official use WCSD

Dear Sir/Madam:

The below named individual has made an application to Washington County School District for a position as a _____ and states that he/she was employed by your company as a _____ from _____ to _____.

We appreciate your time in completing, in confidence, the information requested below. Please fax this form back to 435-652-4710 upon completion. Thank you for your courtesy.

Sincerely,

*Transportation Department
Washington County School District*

Name of Applicant: _____

Date of Birth: _____

1. Employed from _____ to _____ as a _____
at wage/salary of _____.
2. Did he/she drive a motor vehicle for your company? Yes No
Please specify the type of vehicle (Bus, Straight Truck, etc) _____
3. Was he/she a safe and efficient driver? Yes No
4. Reason for leaving your employ: Discharged _____; Resignation _____;
Lay Off _____; Military Duty _____.

5. Was his/her general conduct satisfactory? _____

6. Please advise history of past driving record if available for past three years:

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check (√) in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				

Any additional comments:

Print Name _____
Signature _____
Title _____
Date _____

THIS FORM WAS (check appropriate box)
 Mailed, Date _____
 Faxed, Date _____
 Received by Phone, Date _____

Name of Person Contacted:

DRIVER'S ANNUAL CERTIFICATION OF VIOLATIONS

PRINT NAME: _____

DATE: _____

During the past twelve months I have received the following citations for a moving violation: **(If there were none to report, write "None")**

During the past twelve months I have received the following citations for involvement in a traffic collision: **(If there were none to report, write "None")**

I certify that the above information is true and correct.

Driver's Signature

Date

DOT CERTIFICATION

Pursuant to US Department of Transportation Regulation ("DOT"), 49 CFR Part 40.25, you must respond truthfully to the following questions. During the past two years (24 months), have you:

- | | YES | NO |
|---|--------------------------|--------------------------|
| ➤ Had an alcohol tests with a result of 0.04 or higher concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Had a verified positive drug tests? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Refused to test or had a verified adulterated or substituted drug test results? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Violated any other DOT drug & alcohol testing regulation? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered YES to any of the above questions you must provide documentation of your completion of DOT return-to-duty requirements including follow up tests! **You must enclose documentation of verified DOT return-to-duty certification & provide the following information with this Certification:**

Name of Substance Abuse Clinic/Professional: _____

Telephone #: _____ Fax #: _____

I hereby verify that the information provided in this Employee Certification is true and correct to the best of my knowledge. Any misstatement omission or misinformation is grounds to not hire or for dismissal. If hired, I hereby agree to abide by the policies of the Washington County School District.

Applicant's Signature: _____ Date: _____

For Washington County School District Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Verified By: Verification Date:	
Employer's Name	Verification form sent date	Verification from received date	Results