

# Federal Hocking Local Schools

P.O. Box 117  
Stewart, Ohio 45778

## CLASSIFIED APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

Check One:

- School Bus Driver     Mechanic     Cook  
 Custodian     Maintenance     Secretary     Other: (Specify) \_\_\_\_\_

Interested in substituting in the following areas: \_\_\_\_\_

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

All applications will be kept on file for a period of 3 years.

PERSONAL

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ S. S. # \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Have you ever applied for employment with us? Yes  No

If yes: Month and Year \_\_\_\_\_ Location \_\_\_\_\_

Position Desired \_\_\_\_\_

Apart from absence for religious observance, are you available for full-time work? Yes  No  If not, what hours can you work? \_\_\_\_\_ Will you work overtime if asked Yes  No

Are you legally eligible for employment in the United States? Yes  No

When will you be available to begin work? \_\_\_\_\_

Other special training or skills (languages, machine operation, etc.) \_\_\_\_\_

How did you learn of our organization? \_\_\_\_\_

EDUCATION	Course	Number	Did	Degree
	of	of Years	You	or
SCHOOL _____	Study	Completed	Graduate?	Diploma

College \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

High \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Elementary \_\_\_\_\_

Other \_\_\_\_\_

# EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Employed (state month and year) from \_\_\_\_\_ to \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
State job title and describe your work \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Employed (state month and year) from \_\_\_\_\_ to \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
State job title and describe your work \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Employed (state month and year) from \_\_\_\_\_ to \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
State job title and describe your work \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT \_\_\_\_\_  
Reason \_\_\_\_\_

Please describe or specify other information which may be useful in accessing your gratifications for the position you checked on the front page (examples: Supervisory skills, armed service branch and rank, etc.)

1. I acknowledge being informed that, as a precondition to employment, in the position for which I am applying, I must in accordance with Ohio law both provide a set of fingerprints and satisfactorily pass a criminal records check if I come under final consideration for employment.
2. I represent that all information furnished in connection with this application is true and accurate to the best of my knowledge. I further recognize that should the employer discover that I have falsified any such information, I will not be hired or, if already hired, will be subject to termination from employment on those grounds.
3. This school district assumes that as an applicant for a position here you wish us to obtain pertinent confidential statements from previous employers and references listed by you above. If you agree to authorize us to maintain the confidential status of all materials and statements submitted, and you understand paragraphs 1 and 2 above, please indicate in the affirmative by signing below.

\_\_\_\_\_  
Signature

**DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED.**

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security consideration, a legitimate occupational qualification or business necessity. The Civil Right Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status, or physical or mental handicap or disability.

- \_\_\_\_\_ Are you over 18 years of age? Yes [ ] No [ ] If not, employment is subject to verification of minimum legal age.
- \_\_\_\_\_ What was your previous address? \_\_\_\_\_
- \_\_\_\_\_ How long at previous address? Years \_\_\_\_\_
- \_\_\_\_\_ How long at present address? Years \_\_\_\_\_
- \_\_\_\_\_ Are you a U. S. Citizen? Yes [ ] No [ ]
- \_\_\_\_\_ Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses which has not been annulled, expunged or sealed by a court? Yes [ ] No [ ] If yes, describe in full. \_\_\_\_\_

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**SCHOOL BUS DRIVER APPLICANTS**

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Current Driver's License Number:

Operator's \_\_\_\_\_ State \_\_\_\_\_ Other \_\_\_\_\_

CDL Yes [ ] No [ ] If yes, give endorsements and class \_\_\_\_\_

Have you had any type of vehicle accident in the last three years? Yes [ ] No [ ] If yes, give details and dates.

Have you been arrested for a moving traffic violation in the last three years? Yes [ ] No [ ] If yes, give details and dates.

Has your driver's license ever been suspended or revoked? Yes [ ] No [ ]

Do you use intoxicants? Yes [ ] No [ ] If so, to what degree? \_\_\_\_\_

Do you use drugs? Yes [ ] No [ ] If so, to what degree? \_\_\_\_\_

Are you presently under treatment for a health problem, either physical or mental? Yes [ ] No [ ] If yes, please explain \_\_\_\_\_

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**School Bus Driver**  
**FMCSA Drug and Alcohol Background Check Form**  
Employer History Reference Check

Employer \_\_\_\_\_ Date \_\_\_\_\_  
 Contact \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

Federal Motor Carrier Safety Administration regulations (49 CFR Part 40) require employers to inquire about the following information on an employee from employers who employed the employee during the two years immediately preceding the date of application. The regulations also stipulate that if you are an employer from whom information is requested, you must, after reviewing the employee's specific written consent, immediately release the requested information to the employer making the inquiry.

The employee named below has identified you as being in your employ in the previous two years. Under the mandates of 49 CFR Part 40, we are requesting that you complete the information requested and return this form as soon as possible. Information that you provide will be held confidential and retained for three years as required.

(The entire text of this section of 49 CFR Part 40.25 is reprinted as an attachment/on the reverse side of this form)

**TO BE COMPLETED BY THE APPLICANT:**

The person below has applied for employment in a DOT safety-sensitive position, and grants permission for the above named employer to request the information required under 49 CFR Part 40.

Applicant name: \_\_\_\_\_ Social Security # \_\_\_\_\_

I consent to the release of all drug and alcohol testing information that is being requested from the past two years of this application date.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE PREVIOUS EMPLOYER:**

If the driver was not subject to DOT drug and alcohol testing requirements while employed by you, please check here , sign below, and return.

( DOT regulations require inclusion of information received from other previous employers.)

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or higher in the last two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person had a verified positive drug test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have there been any other violations of DOT agency drug and alcohol testing regulations?                           | <input type="checkbox"/> | <input type="checkbox"/> |

5. If YES to any of the above questions, please provide documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests).

This section completed by: Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 (Signature) \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY PROSPECTIVE EMPLOYER:**

This form was (check one)  Faxed to previous employer  Mailed Date \_\_\_\_\_

Information received from: \_\_\_\_\_

Date Received: \_\_\_\_\_ Method:  Fax  Mail  Phone

Recorded by: \_\_\_\_\_ Date \_\_\_\_\_