

MID-PLACER PUBLIC SCHOOLS TRANSPORTATION AGENCY

APPLICATION FOR EMPLOYMENT

(Must Be Completed Even If Applicant Also Submits a Resume)

Last Name First Name Middle Name

Address City State Zip Code

() _____ () _____
Home Telephone Work Telephone

Job Title for Which You Are Applying

Date of Application (Today's Date)

REFERRED BY

If Hired, Date You Can Begin Employment

Background

1. Have you used any other name that we need to know to be able to verify the information you have supplied on this application?
 Yes No
If yes, please provide: _____
2. Are you 18 years of age or older? Yes No
3. Are you now or have you ever been employed by the Mid-Placer Public Schools Transportation Agency? Yes No
If yes, give positions and dates: _____
4. Do you have relatives or a spouse presently employed by the Mid-Placer Public Schools Transportation Agency? Yes No
If yes, give names of relatives: _____
5. Have you ever been convicted of a criminal offense (felony or misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No
If yes, state nature of the crime(s), when and where convicted and disposition of the case.

- (Note: Conviction of a criminal offense will not necessarily disqualify an applicant from being offered employment. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for will be considered.)
6. Have you ever been discharged from and/or forced or requested to resign? Yes No
If yes, state the date, the employer, and the circumstances: _____

7. Are you currently using illegal drugs? Yes No
8. Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
If no, describe the functions that cannot be performed: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and other job-related tests.)

Education and Training

SCHOOL	NAME AND ADDRESS	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE DIPLOMA, OR CERTIFICATE
High School	_____	_____	[] Yes [] No	_____
Voc./ Business	_____	_____	[] Yes [] No	_____
College/ Univ.	_____	_____	[] Yes [] No	_____

Some of our customers (students and parents) may not speak English. Do you speak, write or understand any foreign languages?

[] Yes [] No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Mid-Placer Public Schools Transportation Agency? [] Yes [] No

If so, please explain: _____

Personal References

List below three people who are not current or former managers or co-workers and who are not related to you who have knowledge of your reliability and abilities:

#	NAME	PHONE	# OF YEARS ACQUAINTED	NATURE OF ACQUAINTANCE
1.				[] neighbor [] friend [] other: _____
2.				[] neighbor [] friend [] other: _____
3.				[] neighbor [] friend [] other: _____

Work References

List below three people who are not related to you and who are current or former co-workers or managers who have knowledge of your reliability and abilities:

#	NAME	PHONE	CO.	POSITION	# OF YEARS ACQUAINTED	NATURE OF ACQUAINTANCE
1.						[] co-worker [] manager
2.						[] co-worker [] manager
3.						[] co-worker [] manager

Experience

(Most Recent Experience First)

Please provide employment information to cover the last ten (10) years. Please attach additional pages if necessary to cover the last 10 years.

1	Name, Address & Phone # of Employer	From mo/yr	To mo/yr	Starting Position & Duties	Ending Position & Duties	Monthly Beg. Salary	Monthly Ending Salary	Reason For Leaving	Name & Title Of Supervisor
								<input type="checkbox"/> terminated <input type="checkbox"/> resigned <input type="checkbox"/> if resigned, were you asked to resign _____ <input type="checkbox"/> other: _____ _____	
2	Name, Address & Phone # of Employer	From mo/yr	To mo/yr	Starting Position & Duties	Ending Position & Duties	Monthly Beg. Salary	Monthly Ending Salary	Reason For Leaving	Name & Title Of Supervisor
								<input type="checkbox"/> terminated <input type="checkbox"/> resigned <input type="checkbox"/> if resigned, were you asked to resign _____ <input type="checkbox"/> other: _____ _____	
3	Name, Address & Phone # of Employer	From mo/yr	To mo/yr	Starting Position & Duties	Ending Position & Duties	Monthly Beg. Salary	Monthly Ending Salary	Reason For Leaving	Name & Title Of Supervisor
								<input type="checkbox"/> terminated <input type="checkbox"/> resigned <input type="checkbox"/> if resigned, were you asked to resign _____ <input type="checkbox"/> other: _____ _____	
4	Name, Address & Phone # of Employer	From mo/yr	To mo/yr	Starting Position & Duties	Ending Position & Duties	Monthly Beg. Salary	Monthly Ending Salary	Reason For Leaving	Name & Title Of Supervisor
								<input type="checkbox"/> terminated <input type="checkbox"/> resigned <input type="checkbox"/> if resigned, were you asked to resign _____ <input type="checkbox"/> other: _____ _____	
5	Name, Address & Phone # of Employer	From mo/yr	To mo/yr	Starting Position & Duties	Ending Position & Duties	Monthly Beg. Salary	Monthly Ending Salary	Reason For Leaving	Name & Title Of Supervisor
								<input type="checkbox"/> terminated <input type="checkbox"/> resigned <input type="checkbox"/> if resigned, were you asked to resign _____ <input type="checkbox"/> other: _____ _____	

Did any of your previous employers provide written job performance reviews? Yes No
If yes, for each employer that provided written reviews, state the overall rating you received at each employer.

Employer #1: _____
Employer #2: _____
Employer #3: _____

Employer #4: _____
Employer #5: _____

May we contact the employers listed above?

Employer #1: Yes No
Employer #2: Yes No
Employer #3: Yes No

Employer # 4: Yes No
Employer #5: Yes No

Please Read Carefully, Initial Each Paragraph and Sign Below

(initials)

I hereby certify all information provided by me on this employment application and all other information provided by me in the course of applying for employment at Mid-Placer Public Schools Transportation Agency is truthful and accurate. I understand that if any information provided by me on this employment application or any other information provided by me in the course of applying for employment at Mid-Placer Public Schools Transportation Agency (including information provided by me during the hiring process) is found to be false, untruthful or misleading (because of the information provided or because of the failure to provide information), that such misinformation will be cause for immediate rejection of my application for employment. I further understand that if I am hired as an employee of Mid-Placer Public Schools Transportation Agency and at any time thereafter it is discovered that any information provided by me on this employment application or any of the other information provided by me in the course of applying for employment at Mid-Placer Public Schools Transportation Agency (including information provided by me during the hiring process) is found to be false, untruthful or misleading (because of the information provided or because of the failure to provide information), I will be subject to immediate termination from employment.

(initials)

I further certify that I, the undersigned applicant, have personally completed this application.

(initials)

I hereby authorize and consent to the Mid-Placer Public Schools Transportation Agency and its representatives thoroughly investigating my references, work record, education (dates of attendance, classes taken, grades and/or degree or certificate received) and other matters related to my suitability for employment and, further, consent to and authorize the references I have listed to disclose to the Mid-Placer Public Schools Transportation Agency any and all letters, reports and other information related to my work, without giving me prior notice of such disclosure. In addition, I hereby release the Mid-Placer Public Schools Transportation Agency, my former employers and all other persons, corporations, partnerships, entities and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I waive all claims or actions of any kind relating in any way to such investigation or disclosure against the Mid-Placer Public Schools Transportation Agency, my former employers and all other persons, corporations, partnerships, entities and associations.

Date

Applicant's Signature

MID-PLACER PUBLIC SCHOOLS TRANSPORTATION AGENCY
EMERGENCY CONTACT INFORMATION FOR EMPLOYEES

Employee Name: _____ Date: _____

In case of emergency, we should contact:

First contact name: _____

Phone: _____ Secondary Phone: _____

Address: _____

Second contact name: _____

Phone: _____ Secondary Phone: _____

Address: _____

**MID-PLACER PUBLIC SCHOOLS TRANSPORTATION AGENCY
SUPPLEMENTAL APPLICATION FORM**

ALL CLASSIFICATIONS

.....
THIS SECTION WILL BE REMOVED BEFORE REVIEW BY THE SCREENING PANEL
.....

Directions: Please answer the following questions. The questions deal with job requirements. The initials MQ stand for Minimum Qualification.

You should be able to answer all of the "MQ" questions with the answer "Yes". If you cannot answer "yes" to every question in the "MQ" section, you should reconsider applying for the classification because you will be rejected during the selection process.

NOTE: IN THE EVENT YOU NEED ANY HELP COMPLETING THIS APPLICATION, PLEASE SEE THE APPROPRIATE JOB ANNOUNCEMENT OR COME TO THE PERSONNEL OFFICE FOR ASSISTANCE.

In order for you to be placed on an eligibility list, it is necessary that you: (1) submit a completed application by the filing deadline; (2) attend and pass an oral interview; and (3) meet other requirements as stated in the job announcement.

.....
MINIMUM QUALIFICATIONS

State law requires all classified employees to:

- Swear or affirm allegiance to the United States and to the State of California;
- Provide the Agency with a current intradermal tuberculin test or chest x-ray report;
- Submit to a medical examination provided by the Agency;
- Provide a fingerprint report.

Please place an "X" in the appropriate box.

Are you willing prior to employment to:	YES	NO
1. Swear or affirm allegiance to the United States and to the State of California?	[]	[] (MQ)
2. Provide the Agency with a current x-ray or intradermal tuberculin report?	[]	[] (MQ)
3. If you are offered employment conditioned on satisfactorily completing a medical examination, will you complete a medical examination and consent to the doctor providing a report to the Agency?	[]	[] (MQ)
4. Will you complete a fingerprint report as directed?	[]	[] (MQ)
5. If you are applying to be a driver or other position requiring driving, do you possess a valid California Driver's License?	[]	[] (MQ)

- | | YES | NO |
|--|------------------------------|-----------------------------------|
| 6. Are you willing to work under the following conditions: | | |
| Irregular hours (5:30 a.m. or earlier)? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |
| Split shifts? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |
| Summer hours? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |
| 7. Are you willing to work overtime? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |
| 8. Are you willing to work weekends when needed? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |
| 9. Are you willing to perform routine work to completion? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |
| 10. Are you willing to work under the following conditions:
(Only answer the questions pertaining to the job category for which you are applying) | | |

DRIVERS:

- | | | |
|------------------------------|------------------------------|-----------------------------------|
| Around dust? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |
| In damp weather? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |
| In snow conditions? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |
| Around children? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |
| Around pungent bodily odors? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |
| At low temperatures? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |

MECHANICS:

- | | | |
|---|------------------------------|-----------------------------------|
| At heights up to 20 feet? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |
| At high temperatures? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |
| In awkward, small places? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |
| Around gases, stagnant air, fumes, odors? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |
| At low temperatures? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |
| Around vibration? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |
| In damp areas? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |
| Around dust? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |
| Around grease? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |

OFFICE WORKERS:

- | | | |
|--|------------------------------|-----------------------------------|
| Using TV screen type computer terminals? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |
| Around paper dust? | <input type="checkbox"/> [] | <input type="checkbox"/> [] (MQ) |

I have read the Agency Job Description requirements which includes the physical requirements for the essential functions for the position for which I am applying.

Date: _____

Signature

MID-PLACER PUBLIC SCHOOLS TRANSPORTATION AGENCY
SUPPLEMENTAL APPLICATION FOR DRIVERS AND MECHANICS

EXPERIENCE AND QUALIFICATIONS
(Driving and Mechanic Applicants Only)

Licenses	State	Type	License Number	Date Issued	Exp. Date
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Driver's License Number _____

School Bus Certificate _____

Medical Certificate _____

Other License or Certificate (specify): _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

Has any license, permit or privilege ever been suspended or revoked? Yes No

If you answered yes to any of the above, please explain: _____

Show special courses or training that you have taken that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

ACCIDENT REVIEW FOR PAST FIVE YEARS

(Attach sheet if more space is needed)

<u>Date</u>	<u>Description of Accident</u>	<u>Location</u>
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Last Accident _____

Next Previous _____

Next Previous _____

TRAFFIC CITATIONS FOR PAST FIVE YEARS

(Do not include parking violations)

(Attach sheet if more space is needed)

<u>Dates</u>	<u>Type of Violation</u>	<u>Location</u>	<u>Penalty</u>
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**AUTHORIZATION FOR PRIOR EMPLOYERS
TO RELEASE EMPLOYEE INFORMATION**

Pursuant to Section 382.413 of the Department of Transportation Regulations, I consent to and authorize my prior employers, during the preceding two years from the date of my application, to release information to the Mid-Placer Public Schools Transportation Agency regarding:

- (1) Alcohol tests with a result of 0.04 alcohol concentration or greater;
- (2) Verified positive controlled substances test results;
- (3) Refusals to be tested; and
- (4) Any alcohol and drug information my prior employer obtained from other prior employers under 382.413(a)(1).

Please Read Carefully, Initial Each Paragraph and Sign Below

(initials)

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(initials)

I further certify that I, the undersigned applicant, have personally completed this application.

(initials)

I hereby authorize and consent to the Mid-Placer Public Schools Transportation Agency and its representatives thoroughly investigating my references, work record, education (dates of attendance, classes taken, grades and/or degree or certificate received) and other matters related to my suitability for employment and, further, consent to and authorize the references I have listed to disclose to the Mid-Placer Public Schools Transportation Agency any and all letters, reports and other information related to my work, without giving me prior notice of such disclosure. In addition, I hereby release the Mid-Placer Public Schools Transportation Agency, my former employers and all other persons, corporations, partnerships, entities and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I waive all claims or actions of any kind relating in any way to such investigation or disclosure against the Mid-Placer Public Schools Transportation Agency, my former employers and all other persons, corporations, partnerships, entities and associations.

Date

Applicant's Signature

MID-PLACER PUBLIC SCHOOLS TRANSPORTATION AGENCY

PRE-EMPLOYMENT URINALYSIS
CONSENT FORM

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, Section 391.103, all driver and vehicle maintenance applicants of this company must be tested for controlled substances as a pre-condition for employment. If hired, I understand that I will be subject to random testing, post accident testing, and testing for reasonable suspicion of substance abuse - which includes alcohol use.

I consent to the urine sample collection and testing for controlled substances, and to a breath alcohol test for alcohol testing.

I understand that a positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle.

The medical review officer will maintain the results of my test. Negative and positive results will be reported to the company. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Applicant's Name - (Print)

Date

Applicant's Signature

Agency Representative

Date