

SCHOOL BUS DRIVER APPLICATION/TRAINING PROCESS
SOUTH SPENCER COUNTY SCHOOL CORPORATION

1. Applicant can pick up application form at the Superintendent's Office or the School Bus Garage. Applicant returns form to same, or applicant may be mailed to:

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| South Spencer County School Corporation P.O. Box 26 Rockport, IN 47635 Attn: Dr. Lee Gold, Assistant Superintendent |
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2. Applicant references and records of any crimes or motor vehicle violations including a "limited criminal history" are checked with local, state and federal agencies. After requirements are satisfactorily completed, applicant is called in for an interview with Dr. Lee Gold, Assistant Superintendent.

3. When applicant completes above procedures, he/she is assigned to a mandated three day, pre-service training and certification of school bus drivers, presented by the Division of School Bus Traffic Safety and Emergency Planning, as required by statute.

4. Driver Requirements.

- a. Drivers must be no less than twenty-one years of age.
- b. Drivers must hold a valid CDL license with Passenger Endorsement.
- c. Drivers must be certified by Indiana School Bus Committee.
- d. Driver must be of good moral character.
- e. Drivers must pass a physical examination every two years as prescribed by the statute of Indiana. The Board of School Trustees, at its expense, reserves the right to require a driver to take an additional physical examination if there is change of driver's physical condition.
- f. Drivers are required to attend all driver meetings as announced by Director of Transportation.

5. Training Requirements. The current requirements consist of twenty hours of pre-service classroom instruction, four hours on-bus observation of a certified bus driver, and eight hours behind-the-wheel supervised by a certified bus driver. The observation/behind-the-wheel portions are completed in the corporation with the employer and are documented. By statute the training provided by the Department of Education may not exceed forty hours. However, the employer may supplement these requirements with local policy, philosophies and procedures.

The applicant will be assigned to Meredith Shelton, Transportation Coordinator, for supervised school bus driver's training/education.

6. Certificate of Enrollment. The certificate of enrollment is a temporary card that authorizes the school bus driver to transport passengers while completing the certification process. Statute requires the certificate to be in the driver's possession when transporting passengers. It is used in conjunction with a commercial driver's license. The certificate is valid for 180 days from the date of issue.

7. Alcohol and Controlled Substance Testing Program for Commercial Drivers License (CDL) Employees. All drivers will be tested for alcohol and drug abuse in accordance with the approved procedures when directed by the Superintendent (Transportation Director). Drivers will be tested under the following guidelines:

- a. Pre-employment (paid drivers). Under no circumstances will an individual be placed on the

payroll without proof of a successful completion of a drug test.

- b. Random (paid by corporation). A minimum rate of 50% of drivers shall be tested annually for drugs and 25% of drivers shall be tested annually for alcohol.
- c. Post-Accident (paid by corporation). Drivers are required to submit to drug and alcohol testing as soon as possible following a "DOT" accident.
- d. Reasonable Suspicion (corporation pay for negative test; drivers pay for positive). Reasonable Suspicion is defined to mean, that the driver while on duty is indicative of the use of alcohol and/or controlled substance.
- e. Return-to-Duty Testing (test result indicating a verified negative result).
- f. Follow-Up Testing. The driver will subject to a minimum of six (6) follow-up test in the first twelve (12) months.

8. Once the above requirements are satisfactorily completed, the applicant may apply for employment as a school bus driver in the South Spencer County School Corporation.

SOUTH SPENCER COUNTY SCHOOL CORPORATION
INSERT TO EMPLOYMENT

Request for Background Information

Dear Applicant,

Jobs with the South Spencer County School Corporation involve contact with our student population. We ask that you complete the questions below to help us evaluate your suitability to work with these students. All applicants for employment are expected to provide us with this information; you are not being singled out for closer inspection. This insert is part of the Application itself and any misrepresentation or omission of fact may be grounds for disqualification from further consideration or for termination of employment regardless of when the misrepresentation or omission is discovered.

The conviction of a crime or any affirmative answer provided by you on this insert is not an automatic bar to employment. The School District will consider the nature of the conviction or alleged conduct underlying the affirmative response, the date of the alleged conduct in question, your intervening conduct and the relationship between the offense or alleged conduct underlying the affirmative response for which you are applying.

1. If you are now working, is your conduct as an employee or the quality of your work the focus of any investigation by your employer? If “yes,” explain the circumstances: _____

2. Have you ever resigned from a job after being disciplined by your employer or after being offered the opportunity to resign rather than be terminated? If “yes,” explain the circumstances: _____

3. Have you ever been investigated for, charged with, or pled “guilty” or “no contest” to any crime involving the sexual abuse of any person or indecency with a minor? If “yes,” explain the circumstances: _____

4. Have you ever been charged with a crime, other than a minor traffic offense, where the court has deferred further proceedings without entering a finding of guilt and placed you on probation or in a public service or education program? If “yes,” explain the circumstances: _____

AUTHORIZATION AND RELEASE

I authorize the South Spencer County School Corporation to check my employment history, including without limitations, reference checks, and to seek the release of investigatory information, including a "limited history criminal check," possessed by any private or public employer or any local, state or federal agency. I authorize these private or public employees or local, state or federal agencies to provide the South Spencer County School Corporation any information they may release concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I expressly waive in connection with any request for, or provision of such information, any claims or causes of action, including without limitations, defamation or emotional distress, invasion or privacy, or interference with contractual relations that I might otherwise have against the South Spencer County School Corporation, its officials, employees, trustees or agents, or against any provider of such information.

I have read this authorization and release of all claims, and I expressly agree to the terms set out herein.

Signature

Date

Please Print Your Name

South Spencer County School Corporation is committed to equal opportunity. It is an Equal Opportunity Employer and does not discriminate on the basis of age, race, color, religion, sex, handicapping conditions, or national origin, including limited English proficiency, in any employment opportunity. No person is excluded from participation in, denied the benefit of, or otherwise subjected to unlawful discrimination on such basis under any educational program or student activity.

South Spencer County School Corporation
321 South 5th Street, P.O. Box 26
Rockport, IN 47635
Phone: 812-649-2591
FAX: 812-649-4249

H. Mike Robinson,
Superintendent

Richard Hedrick,
Administrative Assistant

MOTOR VEHICLE RECORDS CHECK

I _____ do hereby authorize the Bureau of Motor Vehicles to release a 5-year copy of my driving record to the South Spencer County School Corporation.

Signature _____

Date _____

.....

Name _____

Social Security Number _____

Date of Birth _____

.....

Notary Public _____

My Commission Expires _____

SCHOOL BUS DRIVER APPLICATION
SOUTH SPENCER COUNTY SCHOOL CORPORATION

In compliance with Federal and State equal employment opportunity, qualified applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of non-job related medical condition or handicap.

(answer all questions – please print)

Full Name _____ Social Security Number _____

Driver's License Number _____ Expiration Date _____

Present Address _____ Zip Code _____

Phone Number (home) _____ Phone Number (work) _____

Date of Birth _____ Date of Application _____

WORK EXPERIENCE

1. Employer _____ Address _____

Dates Employed: From _____ To _____ Worked Performed _____

Reason for Leaving _____

2. Employer _____ Address _____

Dates Employed: From _____ To _____ Worked Performed _____

Reason for Leaving _____

3. Employer _____ Address _____

Dates Employed: From _____ To _____ Worked Performed _____

Reason for Leaving _____

Give names and addresses of three persons not related to you for references regarding your general character and behavior.

Name _____ Occupation _____

Address _____ Phone Number _____

Name _____ Occupation _____

Address _____ Phone Number _____

Name _____ Occupation _____

Address _____ Phone Number _____

ACCIDENT RECORD FOR PAST 5 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

| DATES | NATURE OF ACCIDENT (HEAD-ON, REAR-IN, UPSET, ETC) | FATALITIES | INJURIES |
|---------------|--|------------|----------|
| Last accident | | | |
| Next previous | | | |
| Next previous | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (OTHER THAN PARKING TICKETS)

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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? Yes ___ No ___

IF THE ANSWER TO EITHER "A" OR "B" IS YES, ATTACH STATEMENT GIVING DETAILS

TO BE READ AND SIGNED BY APPLICANT

This certifies that the application was completed by me, and that all entries on it and information in it are true and completed to the best of my knowledge.

_____ Date

_____ Applicant's Signature

SOUTH SPENCER COUNTY SCHOOL CORPORATION
INSERT TO EMPLOYMENT

Dear Applicant,

Jobs with the South Spencer County School Corporation involve contact with our student population. We ask that you complete the questions below to help evaluate your suitability to work with these students.

Give a brief summary of why you wish to drive a school bus: _____

Have you driven a bus or a truck? If yes, for how long? _____

List any medical, mental, nervous, organic or functional disease which might impair your ability to operate a school bus: _____

Please comment on your ability to get along with others (supervisors, co-workers, etc.): _____

Do you believe you are capable of maintaining good discipline on the school bus? Please explain: _____
