WEIMAR INDEPENDENT SCHOOL DISTRICT 506 W. Main St. Weimar, Texas 78962 (979) 725-9506

APPLICATION ADDENDUM FOR SCHOOL BUS DRIVERS

Each person who applies to be a bus driver must provide the following information at the time of application. Note: Bus drivers must pass a physical examination and drug test.

An Equal Opportunity Employer*

Personal Data

Name	Phone number		
	Driver's license number	Type	
Do you have a Texas School Bu			
Have you ever had a driver's lic	🗆 Yes 🗖 No		
If you answered yes, explain	l		
Are there any criminal charges of	or proceedings pending against you?	🗆 Yes 🗖 No	
If you answered yes, explain	l		
Have you ever been convicted o	f, pled guilty or no contest (nolo contendre) to, o	r received	
probation, suspension, or deferre	ed adjudication for any traffic violation?	🗆 Yes 🗖 No	
If yes, state where, when, an	d the nature of the offense		
	failed an employer's alcohol or drug test?	The Yes The No	
. ,			



WEIMAR INDEPENDENT SCHOOL DISTRICT 506 W. Main St. Weimar, Texas 78962 (979) 725-9506

APPLICATION ADDENDUM FOR SCHOOL BUS DRIVERS

Driving Experience

Provide your work history information for the past 10 years on all jobs for which you were a driver of a commercial motor vehicle. List the most recent experience first. Continue on another sheet if necessary.

Employer address and phone	Kind of work	Dates employed	Reason for leaving

Verification

I hereby affirm that all the information provided in this application is true and accurate to the best of my knowledge and I understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I understand that the district is required by Title 37 Texas Administrative Code §14.14(b) to review my complete driving record, is required by federal regulations to obtain alcohol and drug testing results from previous employers for two years prior to this application, and required by Texas Education Code §22.0833 and Transportation Code §521.022 (f) to conduct a criminal history record check.

Furthermore, I authorize the information I've provided to be used; authorize previous employers to be contacted for investigative purposes; and release all parties from any liability for damage that may result from furnishing information to you.

Signature

Date

*Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status.



Confidential^{*}

The Weimar Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print.

Name				
La	ist	Fir	First	
Social Security N	umber	Date		
Driver's License	State and Num	ber		
Mailing Address	Street	City	State	Zip
Sex: 🗖 Male	□ Female	Ethnicity:	Black White/O	ther

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.

Signature

Date



^{*} This form will be removed from the application and filed separately in the HR office.

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, ________, have been notified that a Computerized Criminal APPLICANT or EMPLOYEE NAME (Please print) History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on <u>name</u> and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss <u>any</u> criminal history record information obtained using the <u>name and DOB</u> method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the <u>name and DOB</u> search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee
Date
Weimar Independent School District
Agency Name (Please print)
Agency Representative Name (Please print)
Signature of Agency Representative

Please: Check and Initial each Applicable Space				
CCH Report Printed:				
YES NO initial	l			
Purpose of CCH:				
Hire Not Hired initial	l			
Date Printed: initial				
Destroyed Date: initial	l			
Retain in your files				

Rev. 02/2011

Date