

MAY ISD APPLICATION FOR BUS DRIVER PERSONNEL

*An Equal Opportunity Employer**

Date of application _____				
Personal Data	Name _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"><i>Last</i><i>First</i><i>Middle initial</i></div>			
	Mailing address _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"><i>Street/Box</i><i>City</i><i>State</i><i>ZIP Code</i></div>			
	E-mail address _____			
	Home phone _____ Cell phone _____ Other phone _____			
	Other name that may appear on records _____ <small>(Used for certification, reference, and criminal history record checks)</small>			
Position Data	List the position(s) for which you are applying _____			
	Type of employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer only			
	Date you can begin work _____			
	Have you been employed by May ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____			
Special Skills	List specific skills, software proficiency, and any machines or equipment you can operate. Include number of years of experience.			
	1. _____ 4. _____			
	2. _____ 5. _____			
	3. _____ 6. _____			
Work Experience	Please provide a complete list of all positions you have held in the past 10 years. List the most recent first. Attach additional sheets if necessary (bus driver applicants, see addendum). Attach résumé if available.			
	Employer name and location		Employer name and location	
	Position/title held		Position/title held	
	Dates employed		Dates employed	
	Supervisor's name and phone		Supervisor's name and phone	
	Reason for leaving		Reason for leaving	

MAY ISD APPLICATION FOR BUS DRIVER PERSONNEL

Work Experience	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
References	Please list references the district can contact regarding your work history.				
	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code/ phone number
Education/Training	List the highest level of education attained: _____				
	Licenses and certificates granted _____				

	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted		Year graduated <i>(College only)</i>

MAY ISD APPLICATION FOR BUS DRIVER PERSONNEL

General Information	<p>Do you have a relative who serves on the Board of Education or is an employee of May ISD?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____</p> <p>_____</p> <p>Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(A felony conviction is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)</p>
Verification	<p>I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.</p> <p>I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.</p> <p>I understand that the district is required by Texas Education Code to review criminal history of applicants.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; text-align: center;"> <p>_____</p> <p>Signature</p> </div> <div style="width: 35%; text-align: center;"> <p>_____</p> <p>Date</p> </div> </div> <p>This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for 12 months. If you have not received a response during this time period, you may reapply or reactivate your application.</p>

**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. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.*

The district Title IX Coordinator is Chad Dail, May ISD Superintendent

MAY ISD APPLICATION FOR BUS DRIVER PERSONNEL

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 _____

Hours available for work _____ Driver's license number _____ Type _____

Do you have a Texas School Bus Driver Training Certificate? ☐ Yes ☐ No

Have you ever had a driver's license suspended, revoked, or cancelled?..... ☐ Yes ☐ No

If you answered yes, explain _____

Are there any criminal charges or proceedings pending against you? ☐ Yes ☐ No

If you answered yes, explain _____

Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for any traffic violation? ☐ Yes ☐ No

If yes, state where, when, and the nature of the offense _____

In the past two years, have you failed an employer's alcohol or drug test?..... ☐ Yes ☐ No

If you answered yes, explain _____

MAY ISD APPLICATION FOR BUS DRIVER PERSONNEL

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 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

**MAY INDEPENDENT SCHOOL DISTRICT
3400 CR 411 E, MAY, TEXAS 76857
254-259-2091**

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

CONFIDENTIAL*

THE MAY INDEPENDENT SCHOOL DISTRICT IS REQUIRED BY STATE LAW TO OBTAIN CRIMINAL HISTORY RECORD INFORMATION ON APPLICANTS THE DISTRICT INTENDS TO EMPLOY EITHER ON A FULL-TIME, PART-TIME, OR SUBSTITUTE BASIS, (ACCORDING TO Texas Education Code §22.083 and Senate Bill 9). THE INFORMATION REQUESTED BELOW IS NECESSARY TO OBTAIN CRIMINAL HISTORY AND FINGER PRINTING RECORD INFORMATION.

PLEASE PRINT.

NAME _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER _____ **DATE OF BIRTH** _____

SEX _____ **MALE** _____ **FEMALE** **ETHNICITY:** _____ **BLACK** _____ **WHITE/OTHER**

I UNDERSTAND THAT THE INFORMATION I AM PROVIDING ABOUT AGE, SEX, ETHNICITY WILL NOT BE USED TO DETERMINE ELIGIBILITY FOR EMPLOYMENT BUT WILL BE USED SOLELY FOR THE PURPOSE OF OBTAINING THE ABOVE NECESSARY INFORMATION.

I UNDERSTAND THAT IS MY RESPONSIBILITY TO PAY FOR ALL FEES THAT ARE REQUIRED TO OBTAIN THIS INFORMATION.

SIGNATURE

DATE

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 name and DOB information 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 (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$47.99 to the fingerprinting services company, L1Enrollment 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

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

APPENDIX D
Texas Department of Public Safety
Application for School Bus Driver Enrollment Certificate

Authority for Data Collection: Vernon's Texas Civil Statutes, Article 6687b, § 5(a); recodified as Texas Transportation Code Annotated § 521.022 (Vernon 1996) and Title 37, Texas Administrative Code, Section 14.35.

Planned Use of Data: Request by employer for approval of temporary and provisional safety training certificate status to operate a school bus on an emergency basis which will expire based on program guide criteria.

Instructions: For assistance, please contact the local Regional Education Service Center (RESC) in your area. A listing of RESC's can be viewed at WWW.TXDPS.STATE.TX.US/SCHOOLBUS.

Applicants **must** satisfy **each** of the following prerequisites before their employer may request approval for the issuance of an enrollment certificate from the RESC. **Mark the box by each requirement the applicant has met:**

- ☐ At least 18 years of age;
- ☐ Possess a valid driver's license designating a class appropriate (with applicable endorsement, if commercial driver's license) for the gross vehicle weight rating and manufacturer's designed passenger capacity of motor vehicle to be operated;
- ☐ An acceptable "driving history record" (secured from the Texas Department of Public Safety) determined in accordance with the provisions of the most current Texas Department of Public Safety publication entitled *School Bus Driver's Driving Record Evaluation*;
- ☐ An acceptable "criminal history record" (secured from any state law enforcement agency) reviewed in accordance with the current provisions of Texas Education Code Annotated, Section 22.084;
- ☐ An acceptable physical examination conducted by a licensed physician and evaluated in accordance with all qualifications and standards specified on the most current Texas Department of Public Safety form titled *Medical Examination Report for School Bus Drivers*, and pre-employment/pre-duty drug testing (evaluated in accordance with current federal law); and
- ☐ A school district or contractor must ensure drivers have an acceptable level of knowledge and skill regarding the safe operation of school buses. It is the employer's inherent responsibility to ensure that the driver understands the contents of Chapters 2, 5, 6, 8, 9, 10, & 11 of the current *Texas School Bus Driver Certification Course*.

The following eligibility requirements **shall** apply to the issuance of **all** enrollment certificates:

- All recipients shall be registered for the first available basic (20-hour training) certification course as determined by the RESC; this includes anyone issued an enrollment certificate during the twelve-month interval (grace period for renewal) immediately following certification expiration. Except as approved by the RESC, failure to satisfactorily complete the course as scheduled shall result in immediate revocation of the certificate, and it **cannot** be reissued.
- All enrollment certificates shall be dated to expire *no later than 180 days* passed the date issued. In the event a class is not scheduled within 180 days, the enrollment certificate may be dated to expire within a reasonable period of time following the conclusion of the first available certification course. Except as approved by the RESC, a minimum of five years must elapse between the issuance of consecutive enrollment certificates.

Please *print* or *type* all information requested below and forward the completed application to your designated RESC for processing. Please keep on file a copy of this form and any verification received from the training agency to document approval for enrollment certification.

Applicant's Name: _____
(Last) (First) (Middle)

Date of Birth: ____ / ____ / ____ Driver's License: _____
(Month) (Day) (Year) (State) (Identification number)

This applicant needs the class taught in: English ☐ Spanish ☐

Employer/District: _____ Telephone: _____
(Name and county / district number, if applicable) (Area code, number, and extension, if applicable)

I affirm that this applicant has fulfilled all of the above requirements (which I indicated by an X in the box next to each requirement) necessary for the issuance of an enrollment certificate. Pending official notification of approval for an enrollment certificate from the designated agency, it shall be unlawful for the applicant to operate a school bus for the purpose of transporting students.

(Name, title, and signature of authorized employer/district official) (Date Submitted)

Revised 08/2010