

RSU/MSAD 29

Office of the Superintendent of Schools
 PO Box 190, Houlton, Maine 04730
 (207)532-6555

APPLICATION FOR TRANSPORTATION POSITIONS

RSU/MSAD 29 DOES NOT DISCRIMINATE IN THE OPERATION OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND WILL HONOR ALL APPROPRIATE LAWS RELATIVE TO DISCRIMINATION.

Position(s) applying for: _____

Date _____
(full time bus driver, substitute bus driver)

Name _____
(first) (middle) (last)

Address _____
(street) (city/state) (zip code)

How long at current address? _____ Phone Number(s) _____

How Long?

**Addresses
for past 3
years**

_____ (street) _____ (city/state) _____ (zip code) _____

_____ (street) _____ (city/state) _____ (zip code) _____

Attach sheet if more space is needed

Date of Birth _____ Social Security Number _____ - _____ - _____
(month, day, year)

When are you available to start work? _____

EDUCATION

Starting with high school, list any schools or colleges you may have attended.

School Attended	Address	No. Of Years Attended	Graduated/Degree	Year of Grad/Degree

BACKGROUND

	YES	NO
Have you ever been disciplined, discharged, or asked to resign from a prior position?		
Have you ever resigned from a prior position?		
Has your contract in a prior position ever been non-renewed?		
Have you ever been charged with or investigated for sexual abuse or harassment of another person?		
Have you ever been convicted of a crime (other than a minor traffic offense)?		
Have you ever entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)?		
Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty, or court costs and/or imposed a requirement to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)?		
Have you ever been charged with a traffic offense or pleaded guilty or "no contest" (nolo contendere) to a traffic offense?		

If you have answered YES to any of the previous questions, provide full details below, including, with respect to court actions, the date, offense in question, and the address of the court involved. Use additional sheets if necessary. Conviction or other disposition of a crime is not necessarily an automatic bar to employment.

REFERENCES

List three, two of whom are most recent supervisors, who can comment on your ability and whom we may contact.

Name	Position	Address	Phone Number

EXPERIENCE AND QUALIFICATION - DRIVER				
DRIVER LICENSES	STATE	LICENSE #	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
Other _____				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)			
DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
Last Accident _____			
Next Previous _____			
Next Previous _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)			
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 or revoked? Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

DRIVER APPLICANTS

Please understand that information you provide regarding current and previous employers may be used and those employers will be contacted for the purpose of investigating your safety performance history as required by 49 CFR 391.23(d) and (e). The attached statement entitled "Due Process Rights (regarding information received as a result of investigations required by 49 CFR 391.23(d) and (e))" is being provided in accordance with 49CFR391.23(i).

I have read, understand and agree to the above and attached Due Process statement.

Applicant Signature _____ Date _____
(day, month, year)

EMPLOYMENT RECORD

(attach second sheet if more space is needed) (for dates use month/year)

Note: DOT required that Employment for at least 3 years and/or Commercial Driving Experience for the past 10 years be shown.

LAST EMPLOYER:

Name _____ Telephone () _____
Address _____ Fax () _____
Position Held _____ From _____ To _____ Salary _____
Reason for leaving _____

Were you subject to FMCSR while working for this company? Yes ___ No ___

Was your job with this company designated as a Safety Sensitive Function subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

SECOND LAST EMPLOYER:

Name _____ Telephone () _____
Address _____ Fax () _____
Position Held _____ From _____ To _____ Salary _____
Reason for leaving _____

Were you subject to FMCSR while working for this company? Yes ___ No ___

Was your job with this company designated as a Safety Sensitive Function subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

THIRD LAST EMPLOYER:

Name _____ Telephone () _____
Address _____ Fax () _____
Position Held _____ From _____ To _____ Salary _____
Reason for leaving _____

Were you subject to FMCSR while working for this company? Yes ___ No ___

Was your job with this company designated as a Safety Sensitive Function subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

FOURTH LAST EMPLOYER:

Name _____ Telephone (____) _____
Address _____ Fax (____) _____
Position Held _____ From _____ To _____ Salary _____
Reason for leaving _____

Were you subject to FMCSR while working for this company? Yes ____ No ____

Was your job with this company designated as a Safety Sensitive Function subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ____ No ____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it are thru and complete to the best of my knowledge.

Applicant Signature _____ Date _____
(day, month, year)

Note: A motor carrier may require an applicant to provide information in addition to information required by the Federal Motor Carrier Safety Regulations.

EMPLOYMENT RECORD PAGE 2

EMPLOYER:

Name _____ Telephone () _____

Address _____ Fax () _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Were you subject to FMCSR while working for this company? Yes ___ No ___

Was your job with this company designated as a Safety Sensitive Function subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

EMPLOYER:

Name _____ Telephone () _____

Address _____ Fax () _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Were you subject to FMCSR while working for this company? Yes ___ No ___

Was your job with this company designated as a Safety Sensitive Function subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

EMPLOYER:

Name _____ Telephone () _____

Address _____ Fax () _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Were you subject to FMCSR while working for this company? Yes ___ No ___

Was your job with this company designated as a Safety Sensitive Function subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

EMPLOYER:

Name _____ Telephone () _____

Address _____ Fax () _____

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Were you subject to FMCSR while working for this company? Yes ___ No ___

Was your job with this company designated as a Safety Sensitive Function subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

Due Process Rights

(regarding information received as a result of investigations required by 49 CFR 391.23(d) and (e))

You are hereby notified that you have the following rights regarding the investigative information that will be provided to the prospective employer pursuant to 49 CFR 391.23 (d) and (e):

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) The right to have errors in the information corrected by previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

*** Additional information located in 49 CFR Part 391.23(j), (k) & (l)

Received by _____
(name)

Date _____
(day, month, year)

Controlled Substance and Alcohol (CSA)
Per 49 CFR 391.23(e) & (40.25 (j)) - Interstate Driver
(40.25(j) - Intrastate Only)

Applicant's Name: _____ Date: _____

Answer question below;

Have you tested positive, or refused to test, on any pre-employment controlled substance or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency controlled substance and alcohol testing rules during the past three years (2 years - Intrastate)?

Yes _____ No _____

If Yes, have you completed the return to duty process?

Yes _____ No _____

If you have completed the return to duty process outlined in 49 CFR Part 40 Subpart 0, provide the Substance Abuse Professional (SAP) information below:

Name of SAP: _____

Address: _____

City, State, Zip _____

My signature below certifies that the answer above are true and accurate.

Applicant's Signature: _____ Date: _____

Meets the requirements of 49 CFR Part 40.25(j) & the 3 year requirement of Part 391.23(e)

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that RSU/MSAD #29 contacts in connection with my employment application to fully provide RSU/MSAD #29 any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against MSAD #29, its agents and officials, or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff, and members of the community. I give my consent to this disclosure.

Applicant's Signature: _____ Date: _____

Application for Transportation Position Check List:

The completed employment application cannot be evaluated unless all of the following materials have been provided:

- Application form fully completed
- Copies of transcript(s)
- Gaps in employment during the past ten years explained
- YES to any of the questions in the Background section explained
- Copy of Maine certification(s) (Criminal History Background Check)
- Application Signed

NOTE: ALL APPLICATION MATERIALS BECOME THE PROPERTY OF RSU/MSAD #29. NONE WILL BE RETURNED. PROVIDING ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR IN THE APPLICATION OR EMPLOYMENT SCREENING PROCESS SHALL BE FULLY SUFFICIENT GROUNDS TO REFUSE TO EMPLOY THE APPLICANT OR, IF THE APPLICANT HAS BEEN EMPLOYED, TO IMMEDIATELY DISMISS THE APPLICANT/EMPLOYEE.