

**SALLISAW PUBLIC SCHOOLS
TRANSPORTATION DEPARTMENT
2006-2007
APPLICATION FOR EMPLOYMENT**

SHAPE * MERGEFORMAT
SHAPE * MERGEFORMAT

DATE _____
POSITION PREFERRED: ___ DRIVER ___ MECHANIC

NAME _____ PHONE _____
—

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4

DRIVERS LICENSE
NUMBER _____ STATE _____ EXPIRATION _____
—

CDL
TYPE _____ ENDORSEMENTS _____ RESTRICTIONS _____
—

BUS DRIVERS CERT.
NO. _____

YEARS DRIVING EXPERIENCE _____ CAR _____ BUS _____
LIST ALL TRAFFIC OFFENSES FOR WHICH YOU WERE CONVICTED OR FORFEITED
COLLATERAL DURING THE PAST FIVE (5) YEARS:

NATURE OF OFFENSE

PLACE

YEAR

LIST ALL OF THE ACCIDENTS THAT YOU HAVE HAD IN THE LAST (5) YEARS.

NATURE OF THE ACCIDENT

PLACE

YEAR

HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED? ___NO ___YES

IF

YES, EXPLAIN _____

**ARE THERE ANY DOMESTIC RESPONSIBILITIES THAT WOULD INTERFERE WITH THE
TIMOF THE**

POSITION? _____

**ARE YOU PRESENTLY UNDER A PHYSICIANS CARE FOR ANY HEALTH
PROBLEMS? _____**

IFYES,

EXPLAIN _____

—

DO NOT WRITE BELOW THIS LINE

INTERVIEWEDBY _____ DATE _____ REMARKS: _____

NEATNESS _____ ABILITY _____

HIRED YES NO
POSITION _____ SCHOOL _____

SALARY/WAGE _____ DATE REPORT TO WORK _____

APPROVED _____

SUPERINTENDENT

BUILDING PRINCIPAL

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. I AGREE TO A BACKGROUND CHECK AND DRUG TESTING AT ANYTIME SET FORTH BY THE EMPLOYER. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY, I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITTS REPRESENTATIVE, OTHER THAN THE PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE _____ SIGNATURE _____

"AN EQUAL OPPORTUNITY EMPLOYER"

"It is the fundamental policy of the Sallisaw Public School District I-001 to provide equal opportunity in all of its operations and in all areas of employment practice and to assure that there shall be no discrimination against any employee or applicant on the basis of age, race, color, religion, sex, national origin, or ancestry, marital or veteran status, or the presence of non-job-related medical condition or handicap. Employees of this district are required to comply with the provisions of Title VI of the Civil Rights Act and Title IX of the 1972 Educational Amendments. An opportunity will be available during the selection process for persons with disabilities to advise the district of any need for reasonable accommodation. "The Title IX Coordinator is Gary Gunter, 1206 E. Creek, Sallisaw, OK 74955, (918) 775-9491

IN CASE OF AN EMERGENCY NOTIFY

NAME ADDRESS PHONE #1
PHONE #2

BUSINESS

PHONE NUMBER

ADDRESS

NAME

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

WHICH JOB DID YOU LIKE
BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS
JOB? _____

FROM
TO

FROM
TO

FROM
TO

FROM
TO

REASON FOR LEAVING

SALARY

POSITION

NAME ADDRESS PHONE NUMBER
 OF EMPLOYER

DATE
MONTH/YEAR

FORMER EMPLOYERS (*LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST.*)

