

APPLICATION ADDENDUM FOR SCHOOL BUS DRIVERS

McLEAN INDEPENDENT SCHOOL DISTRICT*

Used for all personnel who are required to have a CDL.

Please provide a copy of your Driver's License and Social Security Card.

Personal Data	Name _____ Phone number _____ <small><i>Last First Middle initial</i></small>
	Date of Birth _____ Driver's license number _____ Type ____
	Hours available for work _____
	Do you have a Texas School Bus Driver Training Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Background Check Information	Have you ever had a driver's license suspended, revoked, or canceled? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If you answered yes, explain _____ _____ _____
	Are there any criminal charges or proceedings pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If you answered yes, explain _____ _____ _____
	In the past 10 years, have you:
	(1) been convicted of or received deferred adjudication, probation, or other adjudication for a serious traffic violation (as defined by Texas Transportation Code §522.003(25)); or (2) forfeited bond or collateral for, or been convicted of, any other violation of motor laws or ordinances (other than parking violations) <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered yes, explain _____ _____ _____ _____	



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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	<p>I hereby affirm that all information provided in this addendum 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 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 is required by Texas Education Code §22.0833 and Transportation Code §521.022 (f) to conduct a criminal history record check. I also understand that after employment, I am required to pass a physical examination and drug test.</p> <p>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.</p> <p align="center"> </p> <p align="center">Signature Date</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 Oscar Muniz, Superintendent, (806)779-2301.



DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal 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 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 any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB 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

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 _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	