



FLIPPIN SCHOOL DISTRICT

210 Alford St., Flippin, AR 72634
(870) 453-2270

Date: _____

CDL date of expiration: _____

APPLICATION FOR EMPLOYMENT – BUS DRIVER

NAME: _____

ADDRESS: _____
(street address)

_____ (city, state, zip)

PHONE: _____ SOCIAL SECURITY #: _____

EDUCATION:

Name & Location of School

Did you graduate?

High School _____

Other _____

EMPLOYMENT:

From-To
Yr. – Yr.

Name & Address of Employer

Job Description

Reason for Leaving

PERSONAL REFERENCES: (Supervisors, Co-workers, etc. who have first-hand knowledge of your character, personality, professionalism, work ethic, and abilities.)

Name

Address & Phone #

Occupation

ADDITIONAL INFORMATION: (If you answer "YES" to any of the following, explain on the back of this form.)

Have you ever been convicted of a felony? YES ___ NO ___

Are you currently on the child maltreatment registry? YES ___ NO ___

Have you ever been convicted of an act of violence, including domestic violence? YES ___ NO ___

Have you ever been convicted of a sex-related offense? YES ___ NO ___

Are you a Veteran or an unmarried spouse of a deceased veteran? YES ___ NO ___

Are you a Disable Veteran? YES ___ NO ___

Reason for leaving your current or last position? _____

List any reasons known to you why you might be unable to perform consistently and promptly any of the job duties:

It is my understanding that the Flippin School District will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the school district and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired may subject me to immediate dismissal.

I am required to show proof of current TB test results from the health department or my doctor. I understand that the Flippin School District will also do a background check and driving record check through the Arkansas State Police. I will be required to submit to drug-testing which will be conducted by the school nurse.

I further understand that this is only an application for employment and that no employment contract is being offered.

Printed Name: _____

Signature: _____

Date: _____

Flippin School District is in compliance with Civil Rights Responsibilities as stated in Title VI, Section 601 of the Civil Rights Act of 1964; Title IX, Section 901, of the Education Amendment of 1972; and Section 504 of the Rehabilitation Act of 1973.

- Note:** Bus Drivers are required to complete and pass a:
- **Background Check** (pick up forms in Supt.'s Office)
 - **TB Test** (Health Dept. or your doctor)
 - **Drug Test** (through the school)