



## INFORMATION FOR TRANSPORTATION DEPARTMENT APPLICANTS

We appreciate your interest in seeking employment with the Washington County School District and want to provide you with the following information regarding your application and our hiring practices. Additionally, our world-wide-web homepage includes up-to-date information on current vacancies which may be accessed through [www.washk12.org](http://www.washk12.org).

Due to the large number of applications the District receives, it is not feasible to acknowledge receipt of your application, nor can we answer all of the correspondence that we receive. However, we do give full consideration to all qualified candidates for positions which open in the District.

In completing the application, we suggest that you be as thorough as possible, including all information about you and your qualifications which you feel is relevant. If you have a resume, make sure we have an up-to-date copy to go with your application. If you are currently employed, list the names, telephone numbers, and addresses of at least two of your supervisors.

Applications are filed along with supporting data, by employment classification (i.e. secretary, assistant, custodian, bus driver, etc.). When positions open, those responsible to make recommendations for hiring will review the applications on file, narrow the field of qualified candidates and contact the applicants to see if they are interested in being considered. Highly qualified applicants may then be invited for an interview. We attempt to notify all interviewed candidates of the final decision. A criminal background check will be made on all candidates who are recommended for hiring, and a fee will be charged for this. All applications and related materials become the property of the Washington County School District and will not be returned to the applicant.

Sincerely,

A handwritten signature in black ink, appearing to read "Lyle Cox", is written over a horizontal line.

Lyle Cox  
Human Resource Director

LRC:th

Application Attached

## On-Call Bus Driver Information Sheet

Thank you for your interest in applying to be an On-Call bus driver. Applications will be accepted on Monday - Friday from 7:00am – 4:00 p.m. at the WCSD District Office located at 121 W Tabernacle, St. George, UT 84770. There are several items required before you can begin providing substitute services. There are costs involved that will be the employee responsibility. **You will need to complete a Transportation application, bring a driving record (including number of points) and sign release forms for employment verification. Your driving record is obtainable at the Driver's License Division. \*\*\*Only after this has been completed and your past employers reply to our verification inquiries, will the Transportation Department consider your application. The Transportation Supervisor will then review it and call you for an interview.**

During the interview with Transportation Department Supervisor you will be given details about the position that includes, but is not limited to:

- Pay Rate--\$14.00/hour
- The status of this employment—Substitute/on call
- The costs involved that will need to be covered by you
- The average amount of hours they would offer—remember this is substitute/on call status; therefore, we can't promise you an 'X' amount of hours on a week to week basis.
- The length of training—Average 46 hours not payable to employee. (Training is mandated by the State Office of Education to record school bus certification therefore, you are not paid for the time you spend in the training sessions).
- Written test for Commercial Drivers License required by the state is covered by you.
- Behind the Wheel test and training for Commercial Drivers License required by the State is covered by the WCSD Transportation Department.

Once Transportation Supervisor has interviewed you, you will be referred back to H.R. Department to complete the following:

1. **Live Scan Fingerprint Background Check**—There is a fee of \$55.00 (cash or check only) payable by employee. Live Scan is done at the Washington County School District Office, the same building where you submit your initial application, by appointment only.
2. **Drug Test Pre-Payment- Fee \$50.00 is collected by the Transportation Department**—The Transportation Department will send you for a Drug Test while you are training. This is a RANDOM test; therefore, no prior notice will be given to you. **After six months of service you can turn in a claim form to Kim in the Transportation Department to receive a refund for the \$50.00 fee.**
3. **Fit for duty assessment.**
4. **Completion of employment paperwork and issuance of employee I.D. badge. *\*\*If recommended for hire you must not start any type of training or work until a contract has been signed in the Human Resources office and an I.D. badge has been issued to you. You are NOT hired until this process has been completed.***

After this is complete, you must follow up with the following requirements as you start your training with the Transportation Department:

- **DOT Physical- Average cost is \$42.00-** Prior to taking the written test to receive your Commercial Drivers License; you must obtain a DOT physical. This is between you and the Driver License Division since it is a State requirement to obtain a Commercial Drivers License. Washington County School District requires drivers to use IHC on River Road, or the Intermountain WorkMed clinic at 385 N. 3050 E., St George, Utah. The cost is approximately \$42.00. The Transportation Department will need a copy of the long form upon completion of your physical.
- **Commercial Drivers License written portion of the test—to be completed by you at the State's Drivers License Division. The average cost is \$40.00.** The 1<sup>st</sup> step to obtain a Commercial Drivers License is to pass a written test at the Drivers License Division. In order to pass this test you will need to pick up a Commercial Drivers License Handbook located at the Drivers License Division located at 102 S 5300 W, Hurricane, Utah. You will need to study and pass the following sections before driving a school bus:
  - \*\*Air Brakes
  - \*\*General Knowledge
  - \*\*School Bus
  - \*\*Passenger

You will then receive a learner's permit upon completion of the written test. **Remember, you must show the Drivers License Division the completed physical in order to receive your permit.**

**Washington County School District**  
**TRANSPORTATION DEPARTMENT**

App#

121 W. Tabernacle  
 St. George, UT 84770  
 (435) 673-3553  
www.washk12.org

(435) 673-3216 (FAX)

**Application for Employment Form 566**

Substitute Bus Driver

**General Information: (all applicants)**

Applicant's Full Name: \_\_\_\_\_ SSN# \_\_\_\_\_  
(Last) (First) (Initial)

Address \_\_\_\_\_  
(Street) (PO Box) (City) (State) (Zip Code)

Telephone # ( ) \_\_\_\_\_ Mobile # ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Permanent Address (if different from above) \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

*\*In the event we cannot contact you at the address listed above, please list the name, address, and phone number of a person who will be able to contact you at all times:*

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

**Position(s) Applying For:** \_\_\_\_\_

**Availability:**  Full Time  Part-Time  Any Hour  Morning  Afternoon

Have you previously made application for employment with this District?  Yes  No  
 If yes - When? \_\_\_\_\_ Which position? \_\_\_\_\_

Have you previously been an employee of the District?  Yes  No  
 If yes - When? \_\_\_\_\_  
 Position: \_\_\_\_\_

List full name at time of previous employment: \_\_\_\_\_

Do you have your High School Diploma or GED?  Yes  No

**Experience and Qualifications- Driver**

Driver Licenses State	License Number	Type of License	Expiration Date

**Driving Experience**

Class of Equipment	Type of Equipment (Van, tank, flat, etc)	Dates		Approximate # of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi Trailer				
Tractor-two Trailers				
Other:				

**Work Experience:**

*Describe your paid and non-paid work experience related to the job for which you are applying. Do not attach job descriptions. DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown. Use additional sheets if needed.*

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Job Title

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From (MM/YY)	TO (MM/YY)	Salary	per	Hours per week
/	/	/		/

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Employer's name and address	Supervisor's name and phone number
	/

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Reason(s) for leaving:

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Describe your duties and accomplishments:

- I authorize the Washington County School District to contact and obtain information from the above employer.
- I do not authorize the Washington County School District to contact or obtain information from the above employer.

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Job Title

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From (MM/YY)	TO (MM/YY)	Salary	per	Hours per week
/	/	/		/

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Employer's name and address	Supervisor's name and phone number
	/

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Reason(s) for leaving:

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Job Title

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From (MM/YY)	TO (MM/YY)	Salary	per	Hours per week
/	/	/		/

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Employer's name and address	Supervisor's name and phone number
	/

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Reason(s) for leaving:

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Describe your duties and accomplishments:

- I authorize the Washington County School District to contact and obtain information from the above employer.
- I do not authorize the Washington County School District to contact or obtain information from the above employer.

Accident Record for past three years or more (attach sheet if more space needed)			
Date of Accident	Type of accident (head-on, rear-end, etc)	Fatalities	Injuries

Traffic convictions and forfeitures for the past 3 years (other than parking violations)			
Location	Date	Charge	Penalty

**License/Accident History: (please circle the appropriate answer)**

- |  |     |    |
|--|-----|----|
| 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 |
| c. Do you hold a valid Utah CDL driver's license?  | Yes | No |
| d. Do you hold a valid drivers license from a state other than Utah? If so, which state? _____                 | Yes | No |
| e. Have you had any accidents in the past?   | Yes | No |
| f. Do you have any traffic convictions or forfeitures during the past 3 years (other than parking violations)? | Yes | No |

**If you answered YES to A, B, E, or F, please attach a separate sheet with an explanation(s).**

As a condition of this application process, I authorize the Washington County School District to seek information from employers and colleagues regarding my work habits, performance record, ability to have positive work interactions, technical skills, and any other job-related information which will enable the School District to evaluate my suitability for employment. By signing below, I will waive all future claims against former and current employers and the Washington County School District for information obtained through the reference checking process.

*\*It is the policy of the Washington County Board of Education to fill each vacancy and newly created position(s) with the most qualified person(s) available. Positions will be filled without regard to race, religion, national origin, sex, or disability. Qualifications will be based only upon the necessary education, certification, skill, knowledge, and competencies required for the position.*

I HEREBY VERIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ANY MISSTATEMENT OR MISINFORMATION IS GROUNDS FOR DISMISSAL. IF HIRED, I HEREBY AGREE TO ABIDE BY THE POLICIES OF THE WASHINGTON COUNTY SCHOOL DISTRICT. I UNDERSTAND THAT IF I HAVE RECEIVED MY UTAH TEACHING CERTIFICATE PRIOR TO SEPTEMBER 1991, OR SELECTED FOR CLASSIFIED/SUBSTITUTE POSITION, A CRIMINAL BACKGROUND CHECK WILL BE REQUIRED PRIOR TO BEING EMPLOYED, AND THAT I WILL BE RESPONSIBLE FOR THE CRIMINAL BACKGROUND CHECK FEE.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

# WASHINGTON COUNTY SCHOOL DISTRICT

## Supplemental Questionnaire

Revised WCSD Form 508, Dated 10/01

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security # \_\_\_\_\_

Position Applied for: \_\_\_\_\_

**NOTE:** It is important that you give complete and truthful answers to the following questions. If you answer "YES" to any of them, please provide your explanation(s) on a separate sheet of paper. Include convictions resulting from a plea of nolo contendere (no contest), and information about any expungement.

**Omit:** traffic fines of \$100.00 or less,

We will consider the date, facts, and circumstances of each event you list. In most cases, you can still be considered for District employment. However, if you fail to tell the truth or fail to list all relevant events or circumstances, this may be grounds for not hiring you, or grounds for dismissal after you begin work.

1. During the last 10 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave by mutual agreement because of specific problems?
2. Have you even been arrested for, convicted of, or forfeited collateral for any felony or misdemeanor violation? .....
3. Have you ever been arrested for, convicted of, or forfeited collateral for any firearms or explosives violation? .....
4. Are you now under investigation for misconduct or any violation of law? .....
5. Have you ever been convicted by a military court-martial? .....
6. Have you been found pursuant to a criminal, civil or administrative action to have committed a sexual offense against a minor child or had any substantiated child abuse charges filed against you? .....
7. Have you voluntarily resigned or surrendered a professional license or certificate in the face of a charge relating to incidents in items 1-6 above? .....
8. Are you now under investigation, on notice of warning, or under probation for any concern related to your employment, maintaining a license, or professional certificate? .....
9. Does the District employ any relative(s) of yours, either by blood or marriage? If "YES", please list each one by name, school, and relationship (use separate sheet, if necessary). .....

YES NO

YES	NO

A) Relative(s) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 School/Location \_\_\_\_\_ Position \_\_\_\_\_  
 B) Relative(s) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 School/Location \_\_\_\_\_ Position \_\_\_\_\_  
 (If more space is needed, please attach information on a separate sheet of paper)

I hereby verify that the information provided in this Supplemental Questionnaire is true and correct to the best of my knowledge. Any misstatement omission or misinformation is grounds to not hire or for dismissal. If hired, I hereby agree to abide by the policies of the Washington County School District. I understand that before I am hired, a Criminal Background Check will be required, and I will be responsible to pay the fee.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

It is the policy of the Washington County School District Board of Education to fill each vacancy and newly created position(s) with the most qualified person available. Positions will be filled without regard to race, age, religion, national origin, sex, or disability. Qualifications will be based upon the necessary education, certification, skill, knowledge and competencies required for the position.

INQUIRY TO PAST EMPLOYERS

FROM- Prospective Employer  
Washington County School District  
121 W Tabernacle  
St George, UT 84770  
Attn: Jackie Hardman, Transportation

TO- Previous Employer  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Attn: \_\_\_\_\_

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Personnel Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry regarding the applicant? As you will note from the waiver statement below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope.

Sincerely,  
Transportation Dept  
Washington County School District

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Name of Applicant: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Job Applied For: \_\_\_\_\_

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1. This applicant lists dates of employment with your firm from \_\_\_\_\_ to \_\_\_\_\_. Is this correct? Yes No

If No, please explain: \_\_\_\_\_

2. What kind(s) of work did he/she do? (i.e. Driver, dock, office, shop, etc)  
Please specify: \_\_\_\_\_

3. If employed as a driver, please indicate the type of equipment driven

**REQUEST FOR INFORMATION**  
**From Previous Employer**  
**(Please complete one form for EACH previous employer)**

I hereby authorize you to release all information concerning employment, including oral assessments of my job performance, ability, and fitness, to the Washington County School District for the purpose of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**NAME AND ADDRESS OF  
PREVIOUS EMPLOYER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS FORM WAS (check appropriate box)**

Mailed, Date \_\_\_\_\_

Faxed, Date \_\_\_\_\_

Received by Phone, Date \_\_\_\_\_

Name of Person Contacted:

\_\_\_\_\_

**Dear Sir/Madam:**

**The below named individual has made application to Washington County School District for a position as a \_\_\_\_\_ and states that he/she was employed by your company as a \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.**

**We appreciate your time in completing, in confidence, the information requested below. Please fax this form back to 435-652-4710 upon completion. Thank you for your courtesy.**

**Sincerely,**

\_\_\_\_\_  
**Transportation Department**  
**Washington County School District**

Name of Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

1. Employed from \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_  
at wage/salary of \_\_\_\_\_.

2. Did he/she drive a motor vehicle for your company? Yes No  
Please specify the type of vehicle (Bus, Straight Truck, etc) \_\_\_\_\_

3. Was he/she a safe and efficient driver? Yes No

4. Reason for leaving your employ: Discharged \_\_\_\_\_; Resignation \_\_\_\_\_; Lay Off \_\_\_\_\_; Military Duty \_\_\_\_\_.

5. Was his/her general conduct satisfactory? \_\_\_\_\_

6. Please advise history of past driving record if available for past three years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONFIDENTIAL REPORT OF PERSONAL REFERENCE**

Please indicate your opinion by placing a check (√) in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				

Any additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

## PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

As required by Sec. 40.25(j) of the Federal Motor Carrier Safety Regulations, the Washington County School District must ask the prospective employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she has a positive test or a refusal to test, Washington County School District must not use the employee to perform safety sensitive functions until and unless the employee documents successful completion of the return-to-duty process.

Prospective Employee Name (please print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

The prospective employee is required by section 40.25 (j) to respond to the following questions:

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

Check One:             Yes                             No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return to duty requirements?

Check One:             Yes                             No

Prospective Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DRIVER'S ANNUAL CERTIFICATION OF VIOLATIONS**

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

During the past twelve months I have received the following citations for a moving violation: (If there were none to report, write "None")

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During the past twelve months I have received the following citations for involvement in a traffic collision: (If there were none to report, write "None")

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I certify that the above information is true and correct.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date