

**SCHOOL BUS DRIVER APPLICATION/TRAINING PROCESS  
SOUTH SPENCER COUNTY SCHOOL CORPORATION**

1. Completed application along with Expanded Background Authorization form should be returned to:

South Spencer County School Corporation Attn: Transportation Director P.O. Box 26 Rockport, IN 47635
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2. Applicant references and records of any crimes or motor vehicle violations including an "Expanded criminal history" are checked with local, state and federal agencies. After requirements are satisfactorily completed, applicant may be called for an interview.
3. When applicant completes above procedures, he/she is assigned to a mandated three day, pre-service training and certification of school bus drivers, presented by the Division of School Bus Traffic Safety and Emergency Planning, as required by statute.
- 4. Driver Requirements.**
- a. Drivers must be no less than twenty-one years of age.
  - b. Drivers must hold a valid CDL license with Passenger Endorsement.
  - c. Drivers must be certified by Indiana School Bus Committee.
  - d. Driver must be of good moral character.
  - e. Drivers must pass a physical examination every two years as prescribed by the statute of Indiana. The Board of School Trustees, at its expense, reserves the right to require a driver to take an additional physical examination if there is change of driver's physical condition.
  - f. Drivers are required to attend all driver meetings as announced by Director of Transportation.
- 5. Training Requirements.** The current requirements consist of twenty hours of pre-service classroom instruction, four hours on-bus observation of a certified bus driver, and eight hours behind-the-wheel supervised by a certified bus driver. The observation/behind-the-wheel portions are completed in the corporation with the employer and are documented. By statute the training provided by the Department of Education may not exceed forty hours. However, the employer may supplement these requirements with local policy, philosophies and procedures.  
The applicant will be assigned to the Transportation Coordinator for supervised school bus driver's training/education.
- 6. Certificate of Enrollment.** The certificate of enrollment is a temporary card that authorizes the school bus driver to transport passengers while completing the certification process. Statute requires the certificate to be in the driver's possession when transporting passengers. It is used in conjunction with a commercial driver's license. The certificate is valid for 180 days from the date of issue.

7. **Alcohol and Controlled Substance Testing Program for Commercial Drivers License (CDL) Employees.** All drivers will be tested for alcohol and drug abuse in accordance with the approved procedures when directed by the Superintendent (Transportation Director). Drivers will be tested under the following guidelines:
- a. Pre-employment (paid drivers). Under no circumstances will an individual be placed on the payroll without proof of a successful completion of a drug test.
  - b. Random (paid by corporation). A minimum rate of 50% of drivers shall be tested annually for drugs and 25% of drivers shall be tested annually for alcohol.
  - c. Post-Accident (paid by corporation). Drivers are required to submit to drug and alcohol testing as soon as possible following a "DOT" accident.
  - d. Reasonable Suspicion (corporation pay for negative test; drivers pay for positive). Reasonable Suspicion is defined to mean, that the driver while on duty is indicative of the use of alcohol and/or controlled substance.
  - e. Return-to-Duty Testing (test result indicating a verified negative result).
  - f. Follow-Up Testing. The driver will subject to a minimum of six (6) follow-up test in the first twelve (12) months.
8. Once the above requirements are satisfactorily completed, the applicant may apply for employment as a school bus driver in the South Spencer County School Corporation.

SCHOOL BUS DRIVER APPLICATION  
SOUTH SPENCER COUNTY SCHOOL CORPORATION

In compliance with Federal and State equal employment opportunity, qualified applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of non-job related medical condition or handicap.

(answer all questions – please print)

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Present Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ Phone Number (work) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Application \_\_\_\_\_

WORK EXPERIENCE

1. Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Worked Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Worked Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Worked Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

SOUTH SPENCER COUNTY SCHOOL CORPORATION  
INSERT TO EMPLOYMENT

Dear Applicant,

Jobs with the South Spencer County School Corporation involve contact with our student population. We ask that you complete the questions below to help evaluate your suitability to work with these students.

Give a brief summary of why you wish to drive a school bus: \_\_\_\_\_

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Have you driven a bus or a truck? If yes, for how long? \_\_\_\_\_

List any medical, mental, nervous, organic or functional disease which might impair your ability to operate a school bus: \_\_\_\_\_

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Please comment on your ability to get along with others (supervisors, co-workers, etc.): \_\_\_\_\_

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Do you believe you are capable of maintaining good discipline on the school bus? Please explain: \_\_\_\_\_

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Give names and addresses of three persons not related to you for references regarding your general character and behavior.

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

ACCIDENT RECORD FOR PAST 5 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-IN, UPSET, ETC)	FATALITIES	INJURIES
Last accident			
Next previous			
Next previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (OTHER THAN PARKING TICKETS)

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? Yes \_\_\_ No \_\_\_

IF THE ANSWER TO EITHER "A" OR "B" IS YES, ATTACH STATEMENT GIVING DETAILS

TO BE READ AND SIGNED BY APPLICANT

This certifies that the application was completed by me, and that all entries on it and information in it are true and completed to the best of my knowledge.

\_\_\_\_\_  
Date

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

Request for Background Information

Dear Applicant:

Jobs with the South Spencer County School Corporation involve contact with our student population. We ask that you complete the questions below to help us evaluate your suitability to work with these students. All applicants for employment are expected to provide us with this information; you are not being singled out for closer inspection. This is part of the Application itself and any misrepresentation or omission of fact may be grounds for disqualification from further consideration or for termination from employment regardless of when the misrepresentation or omission is discovered.

The conviction of a crime or any affirmative answer provided by you on this insert is not an automatic bar to employment. The School District will consider the nature of any conviction or alleged conduct underlying the affirmative response, the date of the alleged conduct in question, your intervening conduct and the relationship between the offense or alleged conduct underlying the affirmative response for which you are applying.

1. If you are now working, is your conduct as an employee or the quality of your work the focus of any investigation by your employer? If yes, explain the circumstances:

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2. Have you ever resigned from a job after being disciplined by your employer or after being offered the opportunity to resign rather than be terminated? If yes, explain the circumstances:

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3. Have you ever been investigated for, charged with or pled guilty or "no contest" to any crime involving the sexual abuse of any person or indecency with a minor? If yes, explain the circumstances:

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4. Have you ever been charged with a crime, other than a minor traffic offense, where the court has deferred further proceedings without entering a finding of guilt and placed you on probation or in a public service or education program? If yes, explain the circumstances:

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## AUTHORIZATION AND RELEASE

I authorize the South Spencer County School Corporation to check my employment history, including without limitations, reference checks, and to seek the release of investigatory information, including an "expanded criminal history", possessed by any private or public employer or any local, state or federal agency. I authorize these private or public employees or local, state or federal agencies to provide the South Spencer County School Corporation any information they may release concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I expressly waive in connection with any request for, or provision of such information, any claims or causes of action, including without limitations, defamation, infliction or emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the South Spencer County School Corporation, Its officials, employees, trustees or agents, or against any provider of such information.

I have read this authorization and release of all claims, and I expressly agree to the terms set out herein.

## MOTOR VEHICLE RECORDS CHECKS

I \_\_\_\_\_ do hereby authorize the Bureau of Motor Vehicles to release a 5-year copy of my driving record to the South Spencer County School Corporation.

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

SS Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Name (printed): \_\_\_\_\_

<p>South Spencer County School Corporation is committed to equal opportunity. It is an Equal Opportunity Employer and does not discriminate on the basis of age, race, color, religion, sex, handicapping conditions, or national origin, including limited English proficiency, in any employment opportunity. No person is excluded from participation in, denied the benefits of, or otherwise subjected to unlawful discrimination on such basis under any educational program or student activity.</p>
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**CONSENT TO PERFORM INVESTIGATIVE CONSUMER REPORT  
IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

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Last Name First Name Middle Name or Initial

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Maiden or other name(s) used in any and all other records of birth or records of residence.

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\* Address Apartment or #

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City County State Zip

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\*\* Date of Birth Social Security Number \*\*Gender \*\*Race

**\*AS SHOWN ON THE ORIGINAL APPLICATION  
\*\*TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL  
FILE.**

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent to my application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal record check, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to Employer's use of any information provided on this form or during the application process in performing the investigative consumer report. Employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. I agree to release, indemnify and hold harmless Employer and any reporting agency Employer uses with regard to any information reported by the reporting agency. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone number of the agency which provided the information. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of Employer. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. I acknowledge that facsimile, copy or email shall be as valid as the original.

The following are my responses to questions about my criminal history (if any).

1.  YES  NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).  
If yes, please provide details below.

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State: County: Date of Offense: / /

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Details of conviction:

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2.  YES  NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?  
If yes, please provide details below.

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State: County: Date of Offense:

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Details of offense:

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3. \_\_\_YES \_\_\_NO Have you ever-received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of supervision:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_YES \_\_\_NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: \_\_\_\_\_ City: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of conviction:  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_YES \_\_\_NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Arrest \_\_\_\_\_

Details of pending charges:  
\_\_\_\_\_  
\_\_\_\_\_

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

APPLICANT (PRINT NAME) \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_