



Penn-Harris-Madison School Corporation

Educational Services Center
55900 Bittersweet Road
Mishawaka, IN 46545
www.phm.k12.in.us

BUS OPERATOR APPLICATION

PLEASE TYPE OR LEGIBLY PRINT ALL INFORMATION.

GENERAL INFORMATION:

Date of Application

Last Name

First Name

Middle Initial

Other Name(s)

Date of Application

Address

City/State

Zip Code

Telephone number

Alternate/email

Social Security number
optional at this time

I will accept (check all that apply) ➤ ____ full time ____ part time ____ temporary assignments ◀

Education History:

High School : _____ City: _____ Dates: _____ Diploma: _____

Post-Secondary Schools or Training Programs: _____

Employment History: for the last three (3) years if you have never held a CDL, for the last ten (10) years if you currently hold a CDL. (List most current experience first)

Employer & Address	Type of Position	Dates of Employment	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

May we contact your present employer for reference purposes prior to scheduling an interview with you? _____

Driver's License Number _____ State where issued _____ Date of issue _____

Do you currently hold a valid CDL license? ____ Yes ____ No State where issued _____ Date of issue _____

List any restrictions to license(s): _____

Years of driving experience: Car _____ Truck _____ School Bus _____ (Will be verified with State Police records)

Are you trained in basic first aid ____ Yes ____ No. If yes, where and when did training occur? _____

List accomplishments, interests, or experiences which you consider to be relevant: _____

Employment References:

Immediate Supervisor	Company	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal References:

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Addresses (last three years):

Address	City	State	Zip Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Information Requested At This Stage of Application

1. **Copy of your driver's license**
2. To avoid possible conflict of interest in the interview, hiring, or assignment process, list any relative(s) who work for the corporation and cite the relationship(s).

PERSONAL DATA

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you ever been reprimanded, disciplined, discharged or asked to resign from a previous position? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever been charged with or investigated for sexual abuse of another person or related offense? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever been convicted of a felony or possession and/or use of a controlled substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever received a ticket that resulted in damage, fatality or personal injury? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Has your driver's license ever been suspended, revoked or denied? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever forfeited a bond or collateral during the three years preceding the date of this application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you had a traffic accident or received a traffic ticket in the last three years (other than parking)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered yes to any of the previous questions, you are required to explain the circumstances on a separate sheet and attach it to this application. In reference to number 4, you must include to what extent the damage or personal injury was and the disposition of the traffic ticket. In reference to number 7, you must list the accident or ticket that you have incurred. Conviction of a crime is not an automatic bar to employment. Penn-Harris-Madison School Corporation will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

THE SCHOOL BOARD DOES NOT DISCRIMINATE ON THE BASIS OF RELIGION, RACE, COLOR, NATIONAL ORIGIN, SEX, DISABILITY OR AGE IN ITS PROGRAMS, ACTIVITIES OR EMPLOYMENT.

Authorization To Conduct Background Check and Pre-Employment Drug Testing:

My signature below authorizes the Penn-Harris-Madison School Corporation to conduct a personal and employment background and credentials investigation to confirm my educational and employment experiences. This investigation may include a civil/criminal history review, contact with previous employers and/or administrators, an academic history review, professional references, and other appropriate sources. I certify that I have made true, correct, and complete answers and statements on this application. I understand that any omission or false statements will be sufficient grounds for rejecting this application or dismissal if subsequently employed. I release Penn-Harris-Madison School Corporation and any other person, organization or institution from any liability which may result from such investigation. My signature below also indicates that I agree to submit to pre-employment drug testing.

Date: _____ Signature: _____

**Process for obtaining a
LIMITED CRIMINAL HISTORY CHECK**

It is the policy of the Penn-Harris-Madison School Corporation to do an Indiana State Police criminal history check on all applicants that we are interested in hiring.

Please complete the information below. We will then apply for the criminal history report through the Human Resources Office.

First Name

M.I.

Last Name

Date of Birth

Sex

Race