

SCHOOL BUS, INC.  
5100 W 8th St  
Sioux Falls, SD 57107

## APPLICATION FOR EMPLOYMENT

*Please print.*

APPLICANT NAME: \_\_\_\_\_  
  First  Middle  Last

DATE OF APPLICATION: \_\_\_\_\_ POSITION: \_\_\_ Driver \_\_\_ Aide \_\_\_ Other

### TO BE READ AND SIGNED BY APPLICANT

South Dakota Codified Laws and Constitution enacted by the Legislature of South Dakota has amended Section 1 that Chapter 13-10 to add an act to require a criminal background check of school employees and contracted employees done through fingerprinting. Fingerprinting will be done by Sioux Falls School District and submitted to the Division of Criminal Investigation and the Federal Bureau of Investigation for purposes of conducting criminal background checks. The information will be made available to Sioux Falls School District for purposes of employment. I agree to submit to the required fingerprinting and give my permission to release all information from Sioux Falls School District to School Bus Inc. I also authorize SBI to check my motor vehicle driving record.

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

The information provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

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

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PREVIOUS ADDRESSES (if different from above, for prior three years):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_ Yes \_\_\_ No

How did you hear about the position? (*If a current employee, include first and last name*)  
\_\_\_\_\_

Please list all educational institutions attended and degrees attained (high school and above), beginning with most recent.

| <u>School</u> | <u>Location</u> | <u>Course of Study</u> | <u>Years</u> | <u>Completed?</u> |
|---------------|-----------------|------------------------|--------------|-------------------|
| _____         | _____           | _____                  | _____        | _____             |
| _____         | _____           | _____                  | _____        | _____             |
| _____         | _____           | _____                  | _____        | _____             |

Please list your work history for the previous three years. **Driver applicants must list the previous ten years of work experience for employers for whom the driver operated a commercial vehicle.**

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ POSITION: \_\_\_\_\_  
DATES OF EMPLOYMENT: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
WERE YOU SUBJECT TO DRUG/ALCOHOL TESTING?  Yes  No  
*For driver applicants: Was the position subject to FMCSR?  Yes  No*

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ POSITION: \_\_\_\_\_  
DATES OF EMPLOYMENT: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
WERE YOU SUBJECT TO DRUG/ALCOHOL TESTING?  Yes  No  
*For driver applicants: Was the position subject to FMCSR?  Yes  No*

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ POSITION: \_\_\_\_\_  
DATES OF EMPLOYMENT: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
WERE YOU SUBJECT TO DRUG/ALCOHOL TESTING?  Yes  No  
*For driver applicants: Was the position subject to FMCSR?  Yes  No*

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ POSITION: \_\_\_\_\_  
DATES OF EMPLOYMENT: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
WERE YOU SUBJECT TO DRUG/ALCOHOL TESTING?  Yes  No  
*For driver applicants: Was the position subject to FMCSR?  Yes  No*

Explain any gaps in employment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied for employment with us?  Yes  No  
*If yes, when?* \_\_\_\_\_

Have you ever been discharged by a prior employer?  Yes  No  
*If yes, please explain.* \_\_\_\_\_  
\_\_\_\_\_

How many days were you absent in the last five years without prior permission of your employer for reasons other than illness of yourself or an immediate family member? \_\_\_\_\_  
*If more than one, please explain.* \_\_\_\_\_  
\_\_\_\_\_

Have you ever tested positive for drugs or alcohol?  Yes  No  
*If yes, please explain.* \_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with or convicted of a felony?  Yes  No  
*If yes, please explain.* \_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with or convicted of any other criminal offense not including traffic violations?  Yes  No  
*If yes, please explain.* \_\_\_\_\_  
\_\_\_\_\_

Availability (please circle): M T W R F 6am-9:30am 10:30am-1:30pm 2pm-5pm  
When are you available to begin? \_\_\_\_\_

Please list three personal or professional references.

| <u>Name</u> | <u>Relationship</u> | <u>Email and/or Phone</u> |
|-------------|---------------------|---------------------------|
| _____       | _____               | _____                     |
| _____       | _____               | _____                     |
| _____       | _____               | _____                     |

**This section is required to be completed by driver applicants only.**

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_ EXPIRATION: \_\_\_\_\_  
CLASS: \_\_\_\_\_ RESTRICTIONS: \_\_\_\_\_ ENDORSEMENTS: \_\_\_\_\_

Have you held a commercial driver's license within the past ten years? \_\_ Yes \_\_ No  
*If yes, which state? \_\_\_\_\_*

Have you ever had privileges or license to operate a commercial vehicle denied, revoked, or suspended? \_\_ Yes \_\_ No  
*If yes, please explain. \_\_\_\_\_*  
\_\_\_\_\_

List all motor vehicle accidents in which you were involved in the last three years.

| <u>Date</u> | <u>Nature of Accident</u> | <u>Injuries/Fatalities</u> |
|-------------|---------------------------|----------------------------|
| _____       | _____                     | _____                      |
| _____       | _____                     | _____                      |
| _____       | _____                     | _____                      |
| _____       | _____                     | _____                      |

List all motor vehicle law and ordinance violations for which you were convicted or forfeited bond or collateral for the last three years.

| <u>Date</u> | <u>Charge and Penalty</u> | <u>City/State</u> |
|-------------|---------------------------|-------------------|
| _____       | _____                     | _____             |
| _____       | _____                     | _____             |
| _____       | _____                     | _____             |
| _____       | _____                     | _____             |

Have you ever been convicted of a DUI/DWI? \_\_ Yes \_\_ No  
*If yes, please explain. \_\_\_\_\_*  
\_\_\_\_\_

(Pursuant to 49 CFR 40.25j) Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? \_\_\_ Yes \_\_\_ No  
*If yes, have you successfully completed the return-to-duty process? \_\_ Yes \_\_ No*  
*If yes, documentation must be provided before any safety-sensitive transportation function can be performed.*

**This section is required to be completed by driver applicants only.**

The Federal Motor Carrier Safety Administration requires that we investigate the safety performance history of any driver applicant who has worked during the past three years for any employer regulated by the U.S. Department of Transportation. If you have been employed by an interstate motor carrier or in a safety-sensitive position for any motor carrier where you were subject to drug and alcohol testing, this applies to you.

You have the following rights regarding the information that we receive from your previous employers as a result of this required investigation:

- 1) The right to review information provided by your previous employer;
- 2) The right to request that your previous employer correct errors in the information and resend the corrected information to us;
- 3) The right to attach a rebuttal statement to the alleged erroneous information, if you and your previous employer cannot agree on the accuracy of the information.

If you wish to review the information provided by your previous employers, you must submit a written request to us. This can be done when you submit your application or up to 30 days after you are hired or denied employment. We will provide the information to you within five (5) business days of receiving your request, unless we have not yet received the information from your previous employers. In that case, we will provide it within five (5) business days of receiving the information. If you have not arranged to pick up the requested records within thirty (30) days of the date we notify you that they are available, we will consider that you have waived your request, and the information will no longer be available to you.

If you believe that there is an error in the information from your previous employer, you may send a request for correction of the information to that employer. That employer must either correct the information and send it to us or notify you within fifteen (15) days that they do not agree with you and will not correct the information.

If you want to rebut (disagree with) any information in the records we receive from your previous employers, you must send your rebuttal to that employer telling them to include the rebuttal in your safety performance history. Within five (5) business days of receiving your request, that employer must send a copy of your rebuttal to us. You may submit a rebuttal whether or not you request a correction of the records. If a previous employer fails to correct information or to notify you that they do not agree to correct the information, or if they fail to include your rebuttal as part of the safety performance information, you may report that employer to the FMCSA by sending a written complaint to the Assistant Administrator, Federal Motor Carrier Safety Administration, 400 7<sup>th</sup> Street, S.W., Washington, D.C. 20590.

*I have received an explanation of my rights under 49 CFR 391.23 and hereby give my consent to query my former employers concerning my safety performance.*

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SIGNATURE

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DATE