



775 Hazen Street • Paw Paw, Michigan 49079-2001
 Phone 269.657.2581 • Toll Free 800.792.0366
 Fax 800.834.2500 • www.tricountyhs.org

FOR OFFICE USE ONLY:

Received Date: _____

BUS DRIVER

APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in our organization and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, genetic information, the presence of a medical condition or handicap, height, weight, or any other protected status.

PERSONAL

Name _____ Date of birth _____
Last First Middle (bona fide occupational qualification for drivers)

Other names by which known _____ / _____
Last First Middle Last First Middle

Address _____
(Number) (Street) (City) (State) (Zip)

Length at current address _____

Cell phone number _____ Home phone number _____

Addresses at which you resided for the last 3 years preceding the date of this application:

Address _____
(Number) (Street) (City) (State) (Zip)

Length at this address _____

Address _____
(Number) (Street) (City) (State) (Zip)

Length at this address _____

Address _____
(Number) (Street) (City) (State) (Zip)

Length at this address _____

If needed, include additional addresses on a separate piece of paper.

Are you a US Citizen? Yes No Are you authorized to work in the United States? Yes No

Have you been previously employed here? Yes No If yes, dates and supervisor name(s) _____

Have you filed an application before? Yes No If yes, dates _____

List any friends working here _____

List any relatives working here _____

Have you ever had a child in Head Start? Yes No If yes, when and where? _____

What method of transportation will you use to come to work? _____

License Plate # _____ State of _____

BUS DRIVER EMPLOYMENT DESIRED:

Location(s) applied for _____ Date available to work _____

Kind of work sought: Full Time Part Time Other _____

Do you have a CDL with a PS endorsement? Yes _____ No _____

What special training, skills, qualifications or other experiences do you have that relate to the position(s) applied for?

What language(s) do you speak fluently? _____

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law only, disabled employees and applicants may request accommodation of their disability by notifying the firm in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the American Disabilities Act. Failure to properly notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.

MOTOR VEHICLE INFORMATION

For Each unexpired commercial motor vehicle operator's license or permit held, record the following:

Issuing State _____ License # _____ Expiration Date _____

Issuing State _____ License # _____ Expiration Date _____

Issuing State _____ License # _____ Expiration Date _____

If needed, include additional license on a separate piece of paper.

List and include facts and circumstances of all motor vehicle accidents you were involved in for the past 3 years.

1. _____
2. _____
3. _____

List all violations of motor vehicle laws or ordinances you forfeited bond or were convicted of in the past 3 years.

1. _____
2. _____
3. _____

Give a detailed statement of facts and circumstances of any suspension, denial, or revocation of any license, permit, or privilege to operate a motor vehicle that has been issued to you.

1. _____
2. _____
3. _____

EMPLOYMENT EXPERIENCE for the prior three years: List current or most recent job first

1	Employer	Date		<u>Work Performed</u> Include the nature of experience as it relates to commercial motor vehicles. (If applicable)	
	Address	From	To		
	City State Zip	Hourly Rate/Salary			
	Phone Number (with area code)	Starting	Final		
	Job Title				While employed were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the job designated as a safety sensitive function subject to drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Supervisor				
	Reason for Leaving	If current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Employer	Date		<u>Work Performed</u> Include the nature of experience as it relates to commercial motor vehicles. (If applicable)	
	Address	From	To		
	City State Zip	Hourly Rate/Salary			
	Phone Number (with area code)	Starting	Final		
	Job Title				While employed were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the job designated as a safety sensitive function subject to drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Supervisor				
	Reason for Leaving				
3	Employer	Date		<u>Work Performed</u> Include the nature of experience as it relates to commercial motor vehicles. (If applicable)	
	Address	From	To		
	City State Zip	Hourly Rate/Salary			
	Phone Number (with area code)	Starting	Final		
	Job Title				While employed were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the job designated as a safety sensitive function subject to drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Supervisor				
	Reason for Leaving				

	Reason for Leaving
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If additional space is needed, include information on another sheet of paper.

EDUCATION	Name/Location	Years Completed	Diploma / Degree	Courses of Study
High School				
College				
Graduate				
GED				
Vocational / Training				

REFERENCES WILL BE CONTACTED: List at least three **PROFESSIONAL** references, current within the last three years. A minimum of one former supervisor must be included.

	Name, Title	Address – Street, City, State	Name of Business	Phone Number
1				
2				
3				
4				

MILITARY SERVICE RECORD

If yes, what branch? _____ Rank at Discharge _____ Date of Discharge _____

Are you in the reserves? Yes No If yes, date obligation ends _____

Special / Technical training _____

ADDITIONAL INFORMATION

Have you ever been convicted of a crime? Yes No

If so, where, when and the nature of the offense _____

Are there any felony charges pending against you now? Yes ____ No ____ If yes, describe: _____

Do you have a valid driver's license? Yes No License No. _____ State _____

List professional, trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veteran status, height, weight or age. _____

State any additional information that you feel may be helpful to us in considering your application. _____

Name, address, and telephone number of the person to be notified in the event of accident or emergency. _____

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY:

1. Certification of Truthfulness.

I certify that all statements on this Application for Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed may result in my dismissal.

2. Authorization for Employment/Educational Information.

I authorize the references listed in the Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give Tri-County Head Start any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I hereby waive written notice that employment information is being provided by any person or organization.

3. Employment at Will.

If I am hired, in consideration of my employment, I agree to abide by the rules and policies of Tri-County Head Start, including any change made from time to time, and agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Tri-County Head Start or myself. I understand that no administrator or other representative of Tri-County Head Start, other than the Director, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the Director must be made in writing to be effective.

4. Authorization to Work.

If I am selected for hire, I will be offered employment provided I verify that I am authorized to work as requested by the Immigration Reform and Control Act of 1986.

5. Need for Accommodation.

If I am disabled and require an accommodation to perform the job, I must notify Tri-County Head Start of that need within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that Tri-County Head Start has not accommodated me as required by law.

6. Criminal Records Check.

I authorize Tri-County Head Start to conduct a criminal history check from the Michigan State Police and from any other appropriate law enforcement agency. If necessary, I will provide a set of fingerprints to the necessary authority for the purposes of conducting a criminal history check. I understand that the information obtained through a criminal history check will be used by Tri-County Head Start to determine whether I may be employed by Tri-County Head Start. Child Care Licensing Regulations and Head Start Performance Standards are used in the determination. I agree that I will not make any claims or allegations against Tri-County Head Start or its personnel on account of the criminal history check, and I expressly waive and release any such claim or allegation.

7. Release of Medical Information.

I authorize every medical doctor, physician or other healthcare provider to provide any and all information, including but not limited to, all medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I hereby release every medical doctor, healthcare personnel and every other person, firm, officer, corporation, association, organization or institute which shall comply with the authorization or request made in this respect from any and all liability. I understand that this release will not be sent to my physician or other healthcare provider until a job offer has been made.

8. Driving Records Check.

I authorize Tri-County Head Start and its agents the authority to make investigations and inquiries of my driving record. I understand that no more than 2 minor violations (minor is defined at 3 points and under) are allowed for employment. If I am hired, I understand I am required to promptly report any traffic violations I receive to the Transportation Supervisor.

9. Limitation on Claims.

I agree that any lawsuit against Tri-County Head Start and/or its governing authority, board of directors, employees and agents arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.

10. Fringe Benefits.

I understand that it is my responsibility to provide documentation for verification of eligibility for fringe benefits as well as information regarding mailing address, telephone numbers or contact arrangements, withholding exemptions and dependent information. Tri-County Head Start shall rely on the most recent information for all purposes.

11. Confidentiality.

If I am hired, I agree that during my employment all records, papers, information and documents to which I may have access in the course of employment are considered confidential by Tri-County Head Start and will be treated as such by me and Tri-County Head Start.

12. Physical Exam and Drug Testing.

I agree to take a physical exam following an offer of employment. I understand I must pass the DOT physical as a condition of employment. I agree to drug and alcohol testing at the employer's request including the withdrawal of specimen(s) of my blood, urine or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. Tri-County Head Start has a Zero Tolerance Policy for Drugs and Alcohol and I understand that decisions concerning my employment will be made as a result of this test.

13. Right to Inspect.

I agree that the contents of my offices, work spaces, desks, computer and computer-generated data, any of Tri-County Head Start's property that I may be using, and any of my own property, including but not limited to vehicles, that I bring onto Tri-County Head Start's premises may be inspected by Tri-County Head Start at any time.

14. Credit Report.

I understand that Tri-County Head Start may request a consumer report or an investigative consumer report, including information as to my character, general reputation, personal characteristics and mode of living for the general purpose of evaluating my application for employment. I further understand that I may request in writing from Tri-County Head Start a complete and accurate disclosure of the nature and scope of the investigation requested. I consent to the furnishing of such report to Tri-County Head Start.

15. Documentation.

I agree to document all employment for the previous three years, regardless of the length of any employment.

16. Consideration of Employment.

I agree to the above terms of employment if I am employed by Tri-County Head Start. Should I be employed, I understand and agree that these provisions of my employment can be revised only by a signed contract authorized by a written resolution as described above. I understand and agree that, except as provided above, all compensation, benefits, programs, rules and policies of Tri-County Head Start are subject to exception or change at any time as decided by Tri-County Head Start in its sole discretion.

I have read and understand items 1 through 16 above, and acknowledge that with my signature below.

Dated: _____

Applicant's Signature

Return this Application for Employment to:

**Tri-County Head Start
Administrative Offices
775 Hazen St.
Paw Paw, MI 49079**

No applicant will be considered if the application is sent without a resume, copy of High School diploma (or GED), or college transcripts for all colleges attended.

BUS DRIVERS- attach a copy of your drivers license

Applicant Signature

Date

Complete the Request for Central Registry Clearance form (next page) and attach a copy of your Driver's license. Submit with the application.

NOTE: Your license address must match your current mailing address.

REQUEST FOR CENTRAL REGISTRY CLEARANCE

State of Michigan
Michigan Department of Human Services

INSTRUCTIONS: Complete the following information and submit request to your **LOCAL** Department of Human Services (DHS) Office. See www.michigan.gov/canregistryclearance for information on central registry clearance requests and how to contact the local DHS office.

I am requesting that DHS provide me with a Central Registry Clearance on myself.

Today's Date		
Name		
Birthdate	Social Security Number	
Current Mailing Address (Street No. and Name)		
City	State	Zip Code
Current Phone Number		
Other Names By Which Known (Maiden Names/Former Names)		

Indicate below how you want to receive the results of the central registry clearance:

I would like the results mailed to the address on my picture identification.

IF YOU WANT THE RESULTS MAILED TO YOU, PLEASE SUBMIT ALONG WITH THIS FORM, A COPY OF YOUR CURRENT PICTURE IDENTIFICATION. DUE TO CONFIDENTIALITY RESTRICTIONS, A COPY OF THE RESULTS WILL BE MAILED ONLY TO THE ADDRESS ON YOUR PICTURE IDENTIFICATION.

I would like to pick up the results from the local DHS office.

IF YOU ARE TEMPORARILY IN MICHIGAN AND THE ADDRESS ON YOUR PICTURE IDENTIFICATION AND YOUR TEMPORARY ADDRESS DO NOT MATCH, YOU MUST CHOOSE THIS OPTION.

I would like the results mailed to:

Employer/Potential Employer

Volunteer Agency

Address:

Tri County Head Start
775 Hazen Street
Paw Paw, MI 49079

Address:

ATTN: Debbie May

IF YOU ARE LISTED ON CENTRAL REGISTRY, THE RESULTS CANNOT BE MAILED TO AN EMPLOYER/POTENTIAL EMPLOYER OR VOLUNTEER AGENCY. RESULTS WILL BE MAILED TO YOU INSTEAD. A COPY OF YOUR CURRENT PICTURE IDENTIFICATION MUST BE PROVIDED.

Signature of Requestor	Signature of DHS Staff Person Completing Request
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AUTHORITY: State P.A. 238 of 1975, MCL 722.627-722.627 RESPONSE: Voluntary PENALTY: Inappropriate release of this information is a misdemeanor.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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