



TRANSPORTATION APPLICATION OF EMPLOYMENT

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

Return to: Forest Hills School District
Transportation Office
7600 Forest Road
Cincinnati OH 45255-4320
(513) 231-3335

NAME: \_\_\_\_\_ (Last) (First) (Middle)

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Present Position: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

a) Reason for Leaving: \_\_\_\_\_

b) Current Salary: \_\_\_\_\_ Salary Expected: \_\_\_\_\_

Table with 2 columns: EDUCATIONAL TRAINING: SCHOOL and LOCATION. Rows a, b, c.

Table with 3 columns: PREVIOUS PLACES OF EMPLOYMENT:, DATES, NATURE OF WORK. Rows a, b, c.

EXPERIENCE:

CPR Training? Yes \_\_\_ No \_\_\_ First Aid Training? Yes \_\_\_ No \_\_\_
Number of years experience driving: Car \_\_\_ Truck \_\_\_ Bus \_\_\_
Type driver's licenses(s) now held: Operator \_\_\_ Chauffeur \_\_\_ School Bus \_\_\_
Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_
Auto Mechanics Experience? Yes \_\_\_ No \_\_\_
A) Have you ever been involved in a traffic accident? Yes \_\_\_ No \_\_\_
B) Has your driver's license ever been revoked? Yes \_\_\_ No \_\_\_
C) Have you ever been arrested for traffic violations? Yes \_\_\_ No \_\_\_

If your answer to A, B, or C is "Yes" write date, explanation and details:

**MEDICAL**

Do you have any physical or mental disability that would prevent you from safely and substantially performing the job for which you are applying? YES \_\_\_\_\_ NO \_\_\_\_\_

**REFERENCES: NAME ADDRESS ZIP TELEPHONE**

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, or you are unsure, please explain below. A criminal record will not necessarily bar you from employment with Forest Hills, but an untruthful answer will. Stated falsification or falsification by omission will be grounds for immediate dismissal. \_\_\_\_\_

\_\_\_\_\_

This will be my authorization to the Forest Hills Board of Education to obtain any and all information regarding previous employment from any and all persons, firms or corporations by whom I was previously employed and to obtain information regarding medical treatment and/or the condition of my health.

This will further authorize any hospital, doctor, physician or other treating practitioner and any person, firm or corporation by whom I was previously employed to release any and all information concerning my health and/or previous employment to the Forest Hills Board of Education and its representatives.

I understand that a criminal records check will be required prior to or during the early weeks of my being employed. My signature below authorizes the Forest Hills School District to obtain police records on me.

Also, I swear or affirm the facts set forth above in this application are true and complete. I understand that if employed, false statements on this application shall be considered as sufficient cause for rejection or dismissal. I am willing to have a physical examination with the understanding that if the report is unsatisfactory, I will resign or be terminated.

In consideration of my employment, I agree to conform to the rules and regulations of the Forest Hills School District. I understand that falsification of an information given or any failure to state information is grounds for immediate rejection or immediate dismissal.

I agree that any claim or lawsuit relating to my service with Forest Hills School District must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

*"The Forest Hills Board of Education affirms that no person shall, on the basis of sex, race, religion, creed, color, national origin or handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity conducted under its auspices. This shall extend to employees therein and to admission thereto. Inquiries concerning the application of this policy may be referred to the superintendent or the designated coordinator."*

APPLICATIONS WILL BE KEPT ON FILE AND ACTIVE FOR ONE YEAR.

PLEASE ADVISE HUMAN RESOURCES OFFICE OF CHANGE IN EMPLOYMENT STATUS OR CONTACT INFORMATION.

OFFICE USE ONLY

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

HIRE: \_\_\_\_\_ POSITION: \_\_\_\_\_

WILL REPORT: \_\_\_\_\_ SALARY: \_\_\_\_\_

APPROVED: \_\_\_\_\_