



## CLASSIFIED SCHOOL BUS DRIVER APPLICATION

FOCUSED ON LEARNING AND LINKING LEARNING TO LIFE

To be considered for any classified position with the **Tonasket School District** applicants must submit the following:

1. ***Classified Application*** - Complete a district application.
2. ***WA State Sexual Misconduct Disclosure Release*** - List all the school districts with whom you have worked. Complete a disclosure form for *each* district and return with your application packet.
3. ***Letter of Interest*** - Indicate for which position you are applying and your participation in other specialty areas.
4. ***Resume***
5. ***Letters of Recommendation*** - Include letters of recommendation, if possible from previous employers that describe your work ethics and character reference.
6. ***Copy of current driver's license*** - Required to run Abstract.
7. ***Abstract Release.***

Questions regarding any deviation from these guidelines should be directed to:  
**Tonasket School District Office**, 35 DO Hwy 20 East, Tonasket, WA 98855.  
Phone: 509-486-2126.

THE TONASKET SCHOOL DISTRICT IS  
AN EQUAL EMPLOYMENT OPPORTUNITY/DIVERSITY EMPLOYER



# Tonasket School District

## APPLICATION FOR CLASSIFIED EMPLOYMENT AN EQUAL EMPLOYMENT OPPORTUNITY/DIVERSITY EMPLOYER

Tonasket School District  
35 DO Hwy 20 East  
Tonasket, WA 98855  
509-486-2126  
Fax: 509-486-1263

THE TONASKET SCHOOL DISTRICT IS A TOBACCO FREE,  
DRUG AND ALCOHOL FREE EDUCATIONAL SYSTEM

### CLASSIFIED SCHOOL BUS DRIVER APPLICATION

PLEASE TYPE OR PRINT

#### PERSONAL INFORMATION

Full Name

\_\_\_\_\_  
Last First Middle

Date

\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
Street City State Zip

Telephone

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Present position or employment status

\_\_\_\_\_

Telephone

\_\_\_\_\_

#### By District Policy and State Law you are required to disclose whether you have ever been:

1. Convicted of any crimes against persons as listed: aggravated murder; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment?

NO YES SPECIFY \_\_\_\_\_

2. Found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

NO YES SPECIFY \_\_\_\_\_

3. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

NO YES SPECIFY \_\_\_\_\_

4. Found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

NO YES SPECIFY \_\_\_\_\_

5. In the last seven years, released from prison or convicted of any offense that involved drugs, embezzlement, or fraud?

NO YES SPECIFY \_\_\_\_\_

A fingerprint check will be **required prior to employment**, and a background check by the Washington State Patrol and FBI will be completed.

#### SIGNATURE RELEASE

All of the information I have provided in this application is true, correct, and complete. I authorize Tonasket School District #404 to inquire with former employers or references and obtain any and all information regarding my job related background. I release and waive Tonasket School District #404, my former employer(s), and all references from any and all liability in obtaining or disclosing such information. I agree that information provided by any individual shall be confidential and I shall not have access to such information. I agree that if I have provided false or incomplete statements, the District may, at its sole discretion, without notice or due process procedures, terminate my employment contract. If such action is taken by the District, the contract shall be deemed void from its inception.

Signature of Applicant

Date

**JOB INTEREST/SKILLS**

POSITION APPLYING FOR:

Have you had your license for at least 5 years?

Have you been previously authorized as a school bus driver?

Summarize any skills or qualifications:

Empty space for summarizing skills or qualifications.

**EDUCATION and TRAINING**

School	Name and Location	Course of Study	Dates Attended Mo/Yr - Mo/Yr	Grade Average	Grade Completed	Degree, Diploma, Certificate Received
High School						
College						
College						
Other						
Other						

**REFERENCES**

Name	Relationship	Home Phone	Work Phone

**EMPLOYMENT HISTORY (List most recent first)**

Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_  
 Dates Employed \_\_\_\_\_ Employer's Phone Number \_\_\_\_\_  
 Work Performed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_  
 Dates Employed \_\_\_\_\_ Employer's Phone Number \_\_\_\_\_  
 Work Performed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_  
 Dates Employed \_\_\_\_\_ Employer's Phone Number \_\_\_\_\_

Work Performed \_\_\_\_\_

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

### AFFIRMATIVE ACTION INFORMATION

In order to maintain the Tonasket School District's Affirmative Action Plan, the following information is needed. This information will be confidential.

**ETHNIC AND RACE DESIGNATION** Please answer the questions below.

**QUESTION 1. A.** Hispanic/Latino (Y)       **QUESTION 1. B.** Not Hispanic /Latino (N)

Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin,

**QUESTION 2.**

- (I) American Indian or Alaska Native     (P) Native Hawaiian or Other Pacific Islander  
 (A) Asian     (W) White  
 (B) Black or African American

**American Indian or Alaska Native (I)** - A person having origins in any of the original peoples of North and South American

**Asian (A)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent,

**Black (B)** - A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (P)** - A person having origins in any of the original peoples of Hawaii, Guam,

**White (W)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### DISABILITIES

Do you consider yourself to have a disability? (Definition of "disability" for affirmative action includes persons with physical, sensory, or mental impairments that would impede obtaining and maintaining permanent employment and promotional opportunities. The impairments must be significant and permanent.)

Yes       No    If yes, explain \_\_\_\_\_

### VETERAN

Are you a Vietnam Era Veteran (served actively in the armed forces between 8/5/64 and 5/7/76)?

Yes       No

Do you consider yourself to be a Disabled Veteran?

Yes       No

Definition of a Disabled Veteran:

"Person who is materially disabled (handicapped as defined above) and who is a veteran of the armed services."

## Abstract of Driving Record Release of Interest

Employer, prospective employer, or volunteer organization name: Tonasket School District

Agent business name if acting on behalf of the company for employment purposes: \_\_\_\_\_

This is an authorization of:

1. Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment; or
2. Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed; or
3. Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization.

I, \_\_\_\_\_, am an employee, prospective employee, or volunteer of  
Your name  
the company named above and I request a copy of my official driving record in the state of Washington to my employer, prospective employer, volunteer organization, or their agent.

No employer, prospective employer, or their agent may use information contained in a driving record related to the sealed juvenile record of an employee or prospective employee for any purpose unless required by federal law. The employee or prospective employee must furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Employee/Prospective employee/Volunteer full name <i>(First, Middle, Last)</i>	WA driver license number or date of birth
Employee/Prospective employee/Volunteer signature <b>X</b>	Date signed

The company listed below agrees to, and shall indemnify and hold harmless the state of Washington, Department of Licensing (DOL), the DOL Director, and all DOL employees from any and all suits at law or equity, and from any and all claims, demands or loss of any nature, including but not limited to all costs and attorney’s fees, arising from any incorrect or improper disclosure of individual names or addresses under this “Release of Interest;” any defects in any of Company’s procedures followed or omitted or arising from the failure of Company or its officers, employees, customers, contractors or agents to fulfill any of its obligations under this contract; or arising in any manner from any negligent act or omission by the company or its officers, employees, customers, contractors, or agents.

I hereby certify:

1. The company named below is an employer, prospective employer, or volunteer organization of the above-named individual.
2. The information contained in the abstracts of driver records obtained from DOL shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130. No information contained therein will be divulged, sold, assigned, or otherwise transferred to any third person or party. The abstracts of driver records shall be used exclusively for:

I affirm that I am a representative authorized to bind the company named below.

Company name Tonasket School District	Authorized representative name	Title
Address 35 Hwy 20 Tonasket WA 98855		

\_\_\_\_\_  
Date and place signed

**X**  
\_\_\_\_\_  
Authorized representative signature

**NOTE: The employer or prospective employer must maintain this record for a period of not less than two (2) years from the date of the request. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.**



# WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

(District Submits This Form to Previous School District Employer(s))

<b>To:</b>	SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No prior school district employment
	PERSONNEL DEPARTMENT	
	STREET ADDRESS	
	CITY, STATE, ZIP	

The named applicant is under consideration for a position in our district. The Legislature has determined that additional safeguards are necessary in the hiring of school district employees to ensure the safety of Washington's school children. The individual whose name appears below has had previous employment with your organization. As a former employer, we request you provide the information requested on this form within 20 business days as required by state law (RCW 28A.400). Sexual misconduct definitions are found in WAC 180-87 and WAC 180-88. Your assistance is appreciated.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)	
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION	
SOCIAL SECURITY NUMBER	CERTIFICATE NO.
APPROXIMATE DATES OF EMPLOYMENT	
POSITION(S)	

I authorize you to release to the school/district listed above, all information related to any acts of sexual misconduct that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee's leaving his or her position at the school district. Such information includes copies of all related documents, including any rebuttal documents, in personnel, investigative or other files, in accordance with RCW 28A.400. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date

**This section to be completed by former school district employer(s) only.**

- |  |  |
|--|--|
| <input type="checkbox"/> No sexual misconduct materials were found.  | Was a complaint of sexual misconduct filed with OSPI? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, sexual misconduct materials are available.<br>Please contact for more information. |  |
| <input type="checkbox"/> No record of employment   |  |

\_\_\_\_\_  
Former Employer Representative Signature \_\_\_\_\_ Title \_\_\_\_\_ Date

Employing School Receipt Date \_\_\_\_\_ Received By \_\_\_\_\_

**Return all completed information to:**

SCHOOL DISTRICT		
Tonasket School District #404		
ADDRESS		PHONE
35 DO Hwy 20 East		509-486-2126
CITY	STATE	ZIP
Tonasket,	WA	98855
		FAX
		509-486-1263