

Greenville City School District
CLASSIFIED PERSONNEL APPLICATION

(Employment requires a successful FBI & BCII background check at your expense)

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____
 Street City State Zip

_____ Email Address Home Phone Cell Phone

Person to Contact: *(if not available at the above address)*

_____ Name Street City State Zip Phone

List any name other than the one above that you have used or by which you have been known:

Last Name: _____ First Name: _____ Middle Name: _____

Position applying for:

- Para Professional
 Secretarial
 Custodian
 Food Service
 Bus Driver
 Administrator/Supervisor
 Crossing Guard
 Bus Para Professional

Indicate Interest:

- Full Time Employment
 Substitute*

**Substitute employment is on an as needed basis, requires BCII & FBI background check-employee is responsible for cost.*

Educational and Professional Training:

School	Major Subjects	Minor Subjects	Name & Location of School	Years Spent	Diploma or Degree	Total Sem. Hours
High School						
College or University						
College or University						
Special Courses						

Military Service:

_____ Branch of Service Highest Rank # of Months

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Work Experience

Employer	Position	Date Began	Date Ended

References:

Name	Position	Address	Phone Number

Have you previously applied or been employed in the Greenville City School District? Yes No
 If yes, When? _____

Have you lived in Ohio for the past 5 years? Yes No

Are you willing to take a physical exam? Yes No

Are you legally eligible to work in the U.S.? Yes No

I understand and agree that nothing stated in this employment application, in any other document, or in any interview is intended to create an employment contract between the Greenville City School District and myself for either employment or for the providing of any benefit. Likewise, no such contracts are intended to be created from the mere granting of an interview. No promises or guarantees regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Greenville City School District unless made in writing by the Superintendent of Greenville City Schools, and then only for the time specified.

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. Any falsification of this record will be sufficient cause for disqualification and, if employed, discharge. Any person who knowingly makes a false statement is guilty of falsification under section 2921.13 of the revised code, which is a misdemeanor of the first degree. Furthermore, it is understood that this application becomes the property of the Board Education, which reserves the right to accept or reject it. I authorize the verification of all references and information contained in this application and regard this information as confidential, not to be revealed to me. I also authorize the Board of Education or its agents to conduct such investigation and to obtain such records (including criminal and credit records) as the Board deems necessary. I also agree to indemnify and hold the Greenville City School District harmless from any liability which might result from conducting such investigations.

Signature of Applicant

Date

**Greenville City Schools Transportation Department
PRE-EMPLOYMENT AGREEMENT**

FAILURE TO PASS DRUG TEST:

I understand in the event the result of my pre-employment drug screen is positive, I will pay in full the cost of the drug screening test and physical exam (approximately \$100). The drug test will be taken at Wayne Hospital and the T8 physical will be done by Wilson Hospital Occupational Health. In the event I fail either the drug test or the T8 physical, I will have 30 days in which to repay Greenville City Schools.

BOARD APPROVED DRIVERS:

In the event I leave the employment of Greenville City Schools Transportation Department, for any reason, within a period of one year after the date the Board Of Education approves my employment, I will be liable for the reimbursement of the costs the District incurs (\$625.50-\$779.50 depending on the amount of training hours) associated with my training. This amount includes, but may not be limited to, the Pre-employment drug test, T8 physical, Pre-Service classroom hours and CDL testing fees. It is agreed that I will have up to 90 days after my separation in which to repay Greenville City Schools.

Signature of Driver: _____

Date: _____

Transportation Supervisor Signature: _____

Date: _____

(Revision date: May 8, 2014)

School Bus Driver
FMCSA Drug and Alcohol Background Check Form
Applicant History Sheet

Hiring Employer _____ Date _____

Federal Motor Carrier Safety Administration regulations (49 CFR Part 40) require employers to inquire about the following information on an employee from the employee's previous employers during the two years immediately preceding the employee's date of application. This requirement applies only to employees seeking to begin performing safety-sensitive duties for the first time. The employer must obtain the employee's written consent to request this information. As an applicant/employee, you may refuse to provide this written consent, however the employer is not permitted to use the employee to perform safety-sensitive functions.

The information which must be requested is as follows:

- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- (2) Verified positive drug tests;
- (3) Refusals to be tested (including verified adulterated or substituted drug test results);
- (4) Other violations of DOT agency drug and alcohol testing regulations; and
- (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests).

The information obtained must be held confidential, and must be retained for three years from the date of the employee's first performance of safety-sensitive functions.

The employer must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol test rules during the past two years.

(The entire text of this section of 49 CFR Part 40.25 is reprinted as an attachment/on the reverse side of this form)

TO BE COMPLETED BY THE APPLICANT:

The person below has applied for employment in a DOT safety-sensitive position, and grants permission for the above named employer to request the information required under 49 CFR Part 40.

Applicant name: _____ Social Security # _____

I hereby attest that the information I have provided herein is accurate and complete, and furthermore consent to the release of all drug and alcohol testing information that is being requested from the past two years of this application date.

Applicant Signature _____ Date _____

Listed below are all employers for whom I have worked in the last two years in a safety sensitive position:

Employer	Supervisor Name	Area Code and Phone Number

Have you applied, but not been hired by any employers in the past two years who required a DOT drug and alcohol test? Yes No

If the answer above is YES, complete the following:
 On any of these tests, did you test positive or refuse to test? Yes No

PART 40 - PROCEDURES FOR TRANSPORTATION WORKPLACE DRUG AND ALCOHOL TESTING PROGRAMS

Source: 65 Federal Register (FR) 79462, Dec. 19, 2000;
65 FR 41944, Aug. 9, 2001

Subpart B - Employer Responsibilities

§40.25 Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?

(a) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.

(b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:

- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- (2) Verified positive drug tests;
- (3) Refusals to be tested (including verified adulterated or substituted drug test results);
- (4) Other violations of DOT agency drug and alcohol testing regulations; and

(5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.

(c) The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under this section or other applicable DOT agency regulations.

(d) If feasible, you must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. However, you must not permit the employee to perform safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain this information.

(e) If you obtain information that the employee has violated a DOT agency drug and alcohol regulation, you must not use the employee to perform safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of this part and DOT agency drug and alcohol regulations.

(f) You must provide to each of the employers from whom you request information under paragraph (b) of this section written consent for the release of the information cited in paragraph (a) of this section.

(g) The release of information under this section must be in any written form (e.g., fax, e-mail, letter) that ensures confidentiality. As the previous employer, you must maintain a written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.

(h) If you are an employer from whom information is requested under paragraph (b) of this section, you must, after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry.

(i) As the employer requesting the information required under this section, you must maintain a written, confidential record of the information you obtain or of the good faith efforts you made to obtain the information. You must retain this information for three years from the date of the employee's first performance of safety-sensitive duties for you.

(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

