



South Burlington School District

500 Dorset Street • South Burlington, VT 05403

Human Resources Department: FHTMS

Phone: (802)652-7255 • FAX: (802)652-7257

Employment Application

Date: _____

Applicant Information

Full Name: _____ Phone #: _____
Last First M.I.

Current Address: _____
Street Address Apartment/Unit #

_____ Email: _____
City State Zip Code

Are you able to provide proof of eligibility to work in the United States, if offered employment? YES NO

Have you ever received discipline greater than an oral reprimand at work? If yes, please explain: YES NO

Have you ever been discharged or requested to resign any position at work? If yes, please explain: YES NO

Are you able to travel if the job requires? YES NO

Have you ever worked for the South Burlington School District? If so, dates; _____ YES NO

Are you eligible for a recall to SBSD or to another District/Job? YES NO

Are you under the age of 18? YES NO

Are you currently working or under contract in another district? YES NO

Employment Interest

Position Applying for: _____ Date available to work: _____

Location(s) Preferred: ALL SBHS FHTMS RMCS GECS ORCHARD

Are you available to work: Part Time Full Time

What Attracted you to apply to our District? _____

Why are you looking to move from your current position? _____

Military Service

Branch: _____ Dates: _____

Skill Set Acquired: _____



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For Transportation Positions ONLY

Date of Birth: _____ Social Security Number: _____

License Number: _____ State: _____ Class: _____ Expiration Date: _____

Have you ever been denied a driver's license? YES NO

Has your license ever been suspended or revoked? YES NO

Have you ever been bonded? Name of bonding company: _____ YES NO

List states you have operated a vehicle in over the last five (5) years: _____

List your safe driving awards and from whom they were received: _____

List courses/training you have taken that has helped as a driver: _____

If you have not been at your current address for three (3) or more years, please provide previous addresses:

1. _____
Street City State Zip

2. _____
Street City State Zip

Driver Experience and Qualifications

Equipment Class	Type of Equipment (van, bus, flat, etc.)	From	To	Approx. miles/year
<i>Truck</i>				
<i>Tractor/Semi-trailer</i>				
<i>Tractor/Two-trailer</i>				
<i>Other</i>				

Accident Record for the Past Three (3) Years:

	Date	Nature of Accident	Fatalities	Injuries
<i>Last Accident</i>				
<i>Next Previous</i>				
<i>Next Previous</i>				

Traffic Convictions and Forfeitures for the Past Three (3) Years: (Other Than Parking Violations)

Date	Location	Charge	Penalty



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Driver Applicants: Please understand that information you provide regarding current and previous employers may be used and those employers will be contacted for the purpose of investigating your safety performance history as required by 49 CFR 391.23 (d), (e), (i) (1) and (2).

(1) The District must expressly notify drivers with DOT regulated employment during the preceding three years, via the application form or other written documentation prior to any hiring decision, that he or she has the following rights regarding the investigative information that will be provided to the District pursuant to paragraphs (d) and (e) of this section:

(i) The right to review information provided by previous employers; (ii) The right to have errors in the information corrected by the previous employer and for that, previous employer is to resend the corrected information to the District; (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(2) Drivers who have previous DOT regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the District, which may be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment. The District must provide this information to the applicant within five (5) business days of receiving the written request. If the District has not yet received the requested information from the previous employer(s), then the five-business day deadline will begin when the District receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the District making them available, the District may consider the driver to have waived his/her request to review the records.

I have read, understand, and agree to the preceding statement.

Applicant Signature: _____ **Date:** _____

Education

Did you Graduate?

Highest Grade Attained:

9 10 11 12

YES

NO

High School/GED and Location

YES

NO

College and Location

YES

NO

College and Location

YES

NO

Other School and Location

Previous Employment

Company: _____ Supervisor: _____

Address: _____ Phone Email: _____

Job Title: _____ From: _____ To: _____

Duties: _____



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Company: _____ Supervisor: _____

Address: _____ Phone Email: _____

Job Title: _____ From: _____ To: _____

Duties: _____

Company: _____ Supervisor: _____

Address: _____ Phone Email: _____

Job Title: _____ From: _____ To: _____

Duties: _____

Background Checks and Information Disclaimer

Criminal Records Check: Individuals subject to the background checks shall be ineligible for hire (or continued employment if employment begins prior to the receipt of results) if convicted of one or more of the following crimes (see: 16VSA §252 and §1698). The list of disqualifying crimes is not meant to be all inclusive. For convictions not listed, eligibility to work shall be considered on a case by case basis. The totality of the crime(s) shall also be considered when determining one's eligibility to work. The decision of the Superintendent in these matters shall be final:

- | | | |
|--------------------------------------|--|--|
| Sex offender crimes | Cruelty by person having custody | Drug sales, including selling or dispensing |
| Crimes involving a victim | Prohibited acts | Abuse, Neglect, or Exploitation of Vulnerable Adults |
| Contributing to Juvenile Delinquency | Displaying obscene materials to minors | Sexual activity by a caregiver |
| Cruelty to children | Sexual exploitation of children | Crimes that are cause for licensing actions |

Department for Children and Families (DCF) and Department of Disability, Aging, and Independent Living (DDAIL) Registries: An individual whose name appears on any registry of listings of substantiated abuse cases shall be ineligible to serve (or continue to serve) as a licensed educator, substitute, paraeducator, or any other position within the District that involves regular direct contact with school children. The Superintendent shall have the final say as to which positions involve regular direct contact with school children.

Transportation: An individual shall be ineligible for hire into a position that requires *transporting students* or *driving a district vehicle* if they have been convicted within the last ten years of any of the following: Driving Under the Influence (DUI); Reckless/negligent driving; Driving while license has been suspended or revoked; Hit and run driving; Driving to endanger or if s/he has lost his/her license within the past five years for any other traffic violation(s) not listed above as defined under 23 V.S.A. §2302 (i.e. speeding, running a red light, failure to stop/yield).

I understand that a part of my employment application process the District may request my Social Security Number as required to meet federal and state reporting requirement. These purposes include to verify eligibility for employment and/or to comply with DOT regulation. The District will take all reasonable efforts to protect the confidentiality of its applicants' Social Security numbers (SSNs) obtained and used in the course of business. Only persons who have a legitimate business reason will have access to SSNs.

Disclaimer Statement: I certify that the information contained in this application and attachments are true and correct to the best of my knowledge and I understand that false or incorrect information in this application is grounds for disqualification from further employment consideration or for dismissal should I be granted or awarded a position. Further, I hereby authorize my former employer(s), reference(s) and any other individual or organization to speak freely about my employment and/or to provide information solicited by the School District including a copy of my personnel file. I hereby release and discharge each of the above, including the School District, from any liability of any kind or nature.

All qualified applicants receive consideration for employment in accordance with the policy of the South Burlington School District. It is the policy of the District not to discriminate in educational programs, activities, or employment practices on the basis of age, race, color, creed, sex, national origin, place of birth, ancestry, sexual orientation, gender identity, gender information, genetic information, or handicap under the provisions of Titles VI and VII of the Civil Rights Act of 1964; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973; the Individuals with Disabilities Education Act (IDEA) and Fair Employment Practices, 21 V.S.A. Chapter 5, Subchapter 6; and Title II of the Genetic Information Nondiscrimination Act of 2008 (GINA). If you require reasonable accommodation in completing this application, interviewing, completing any pre-employment testing, or otherwise participating in the employee selection process, please direct your inquiries to the Human Resources Department at 802-652-7255 or at the address on the front of the application form.



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The Drug Free Workplace Act requires specific actions on the part of employers including publication of a statement notifying employees of the prohibition against illegal drugs in the workplace, the establishment of a drug-free awareness program with specific elements, the notification to employees that compliance with the prohibition against drugs is a requirement for employment and imposing specific sanctions on any employee who is convicted of violations occurring in the workplace. See 41 U.S.C. §701.

I understand that nothing contained in this application or in the interview process is intended to create an employment contract between District and myself. If this application results in employment, I will be provided information regarding my rights as an employee of the District.

I understand that as part of my employment application process, the District may conduct a review of existing state and federal criminal records of convictions for certain crimes as specified by law and a review of the Agency of Human Services Adult Protective Services and Child Abuse Registry. I hereby acknowledge and agree to a check of any record of criminal convictions as per VSA, Title 16, Chapter 5, Subchapter 4, which may be maintained by the Vermont Criminal Information Center, the criminal record repositories of other states where I have been employed and/or resided, and the FBI. A record of substantiation may not be an automatic bar to employment. I understand that the results of that check will be made available to the South Burlington School District, Agency of Education, or for use in reviewing my suitability for employment. I further understand that within 30 days of receiving the results of the record checks, I have the right to appeal the findings to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT 05671-2101.

Certain positions, because of physical requirements and/or legal requirements, may require you to pass a physical exam at the School District expense after a conditional offer of employment is extended to you.

I understand that this application, under no circumstances, represents any obligation by the South Burlington School District to offer me employment of any type. I hereby acknowledge that I have read each of the above statements and understand the same and consent thereto.

Signature of Applicant: _____ **Date:** _____